**VPDES Permit Application Addendum**

1. **Entity to whom the permit is to be issued:** Click or tap here to enter text.

*(Who will be legally responsible for the treatment facilities and compliance with the permit? This may or may not be the facility or property owner.)*

1. **State Corporation Commission (SCC) Entity Identification No.:** Click or tap here to enter text.

*(If the owner is required to obtain an entity identification number by law (e.g. Incorporated (Inc.), Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority). If not applicable to the owner, please indicate “NA” as your answer.)*

1. **What is the design average effluent flow of this facility (MGD)?**

Click or tap here to enter text.

***For industrial* facilities, please provide the maximum 30-day average production level and include units:**

Click or tap here to enter text.

**In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☐ Yes ☐ No**

**If “Yes”, please identify the other flow tiers (in MGD) or production levels:**

Click or tap here to enter text.

*(Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?)*

1. **Briefly describe any changes at the facility since last reissuance (e.g. outfall addition or removal, installation of nutrient removal technology or other treatment system upgrades, facility expansion,**

Click or tap here to enter text.

Not applicable. There have been no changes at the facility since last reissuance.

1. **Nature of operations generating wastewater:** Click or tap here to enter text.

% of flow from domestic connections/sources.

Number of private residences to be served by the treatment.

% of flow from non-domestic connections/sources.

1. **Please indicate if the pH of the effluent is adjusted by chemical addition?**

Yes, please specify: Click or tap here to enter text.  No

1. **Materials (Chemical) Storage:**

Using the table below, provide a list of the chemicals used/stored at this facility such as disinfection and pH adjustment products, polymers, and other treatment additives, or other materials and chemicals, along with the volume stored and the spill/stormwater prevention measures taken to prevent the stored chemicals from reaching state waters.

|  |  |  |
| --- | --- | --- |
| Material/Chemical | Volume Stored | BMPs/Spill Prevention Procedures |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **For industrial facilities (as applicable), *all* POTWs (Publicly Owned Treatment Works), and PVOTWs (Privately Owned Treatment Works): Given that the Water Quality Standards for ammonia are dependent on the pH and temperature of both the receiving stream and the effluent, pH and temperature data play a crucial role in establishing ammonia limitations. To facilitate this process, please provide a minimum of one complete years’ worth of daily effluent temperature and pH data (in a spreadsheet) with your permit application. In the absence of such specific data, the DEQ will utilize five years of monthly effluent pH DMR data and a default temperature value of 28 ºC to derive conservative approximations.**

Has daily pH and temperature data been provided with this permit application?

Yes  No  N/A

1. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

Please provide email address: Click or tap here to enter text.

Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

1. **For facilities that use Ultraviolet (UV) disinfection, please provide the following information:**

Not applicable – UV disinfection is not used.

* + - **Does the facility Ultraviolet (UV) system use dose pacing with appropriate alarms?**

Click or tap here to enter text.

* + - **Does the facility have any of the following alarms: failure to achieve dose alarm, high/low flow alarm, low UV intensity alarm, transmittance alarm, and flow out of range alarms? Monitoring and recording (e.g. a SCADA) may be considered.**

Click or tap here to enter text.

* + - **Does the facility have any performance issues or concerns with the UV treatment system?**

Click or tap here to enter text.

* + - **How often is the facility UV system maintained?**

Click or tap here to enter text.

* + - **Does the facility have an O&M protocol in place for the UV system?**

Click or tap here to enter text.

1. **Has a new significant industrial user (SIU) been added since last reissuance?**

Yes  No  N/A

**Name of significant industrial user:** Click or tap here to enter text.

**Volume of discharge (GPD):** Click or tap here to enter text.

**Date the new SIU started discharging to the plant?** Click or tap here to enter text.

1. **Financial Assurance/Closure (for PVOTWs)**

The Financial Assurance Regulation, 9VAC25-650 applies to all privately owned sewerage systems that treat sewage generated by private residences and discharge more than 1,000 gallons per day and less than 40,000 gallons per day. A private residence is defined as any building, buildings or part of a building owned by a private entity which serves as a permanent residence where sewage is generated. It does not apply to hotels, motels, seasonal camps and industrial facilities that do not serve as permanent residences. The regulation requires that a closure plan, a cost estimate and a financial assurance mechanism be in place.

**Is the financial assurance regulation applicable to this facility?**  Yes  No

If financial assurance/cost estimate/closure plan requirement is applicable to this facility, please review the following:

*For reissuances (existing facilities):*

The Financial Assurance Regulation 9VAC25-650 also requires that the permittee review the closure plan and cost estimate at the end of the VPDES permit term and that the permittee submit the plan, the cost estimate and a written summary of their review, and of any modifications to the plan, concurrently with this application for permit reissuance. If the permittee’s review of the closure plan and cost estimate result in changes to the cost estimate greater than that which would result from the required annual inflationary adjustment per the permit’s special condition and 9VAC25-650-30 B, the resulting increase to the existing financial assurance mechanism should be made.

Review and update if necessary, the closure plan, cost estimate and financial assurance mechanism per the last annual inflationary adjustment or today if changed from last annual inflationary adjustment. **Send to the DEQ Office of Financial Responsibility at the address below via tracked mail.**

*Transfer of ownership (*[*9VAC25-650-70*](https://law.lis.virginia.gov/admincode/title9/agency25/chapter650/section70/)*):*

Changes in the ownership or operational control of a facility may be made as a minor modification with prior written approval of the department in accordance with [9VAC25-31-380](https://law.lis.virginia.gov/admincode/title9/agency25/chapter31/section380/), except as otherwise provided in this section. When a transfer of ownership or operational control occurs, the new owner or operator shall demonstrate compliance with this chapter and the department shall approve the financial mechanism prior to the transfer of the permit. Upon demonstration to the department by the new owner or operator of compliance with this chapter, the department shall notify the old owner or operator that the old owner or operator no longer needs to comply with this chapter as of the date of demonstration.

*For issuances (new facilities or facilities not built):*

Include the closure plan, cost estimate and financial assurance mechanism with this application to the following address via UPS, FEDEX or USPS tracked mail:

**Department of Environmental Quality**

**Office of Financial Responsibility and Waste Programs**

1111 East Main Street, Suite 1400

Richmond, Virginia 23219

*You may use the templates on the* [*DEQ website*](https://www.deq.virginia.gov/permits/water/surface-waters-vpdes) *(under Miscellaneous Forms/Resources) with suggested wording for closure plan - permanent facility closure, 24-month contract operation and closure plan - third party implementation agreement. Please include the signed application for closure plan approval.*

Questions about these financial assurance and closure requirements may be directed to Suzanne Taylor at (804) 659-1533 or suzanne.taylor@deq.virginia.gov and Josiah Bennett at (804) 659-2660 or josiah.bennett@deq.virginia.gov.

**13. Certification Statement**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

|  |  |
| --- | --- |
| Name  Click or tap here to enter text. | Official Title  Click or tap here to enter text. |
| Signature  Click or tap here to enter text. | **Date Signed**  Click or tap here to enter text. |