**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM**

**GENERAL PERMIT REGISTRATION STATEMENT**

**FOR POTABLE WATER TREATMENT PLANTS**

***Please Type or Print All Information***

1. FACILITY Information

Name of Facility

Facility Street Address

City or Town State  Zip Code

Telephone Number

2. OWNER INFORMATION

Owner Name

Owner Mailing Address (Street or P.O. Box)

City or Town State  Zip Code

Telephone Number

Email Address

Indicate if DEQ may transmit the permit electronically.  Yes  No

1. OPERATOR OR OTHER CONTACT Information

Contact Name

Contact Mailing Address (Street or P.O. Box)

City or Town State  Zip Code

Telephone Number

Email Address

1. Will this facility discharge to surface waters?  Yes  No

If yes, name of receiving waters:

1. Describe the type of water treatment (e. g., conventional filtration treatment (describe), microfiltration, ultrafiltration, nanofiltration, reverse osmosis or some combination of these) and describe any treatment changes since the previous registration statement was submitted (if applicable).

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1. Does this facility currently have an existing VPDES or VPA Permit?  Yes  No

If yes, provide the Permit Number(s):

1. Provide the Virginia Department of Health Public Water Supply Identification (PWSID) number:
2. Are the settling basins and/or lagoons lined to a permeability of no greater than 10-6 cm/sec?  Yes  No

1. Does the facility have an existing VPDES permit containing a ground water monitoring plan?  Yes  No

Has the ground water monitoring plan been submitted and approved by DEQ?  Yes  No

If yes, cite the plan and date of approval:

If no, attach a copy of the DEQ ground water monitoring plan.

1. Have you completed a Whole Effluent Toxicity (WET) evaluation for this facility?  Yes  No

If yes, attach the results of the evaluation required by 9VAC860-70 B 10 or as part of your individual permit unless you have previously submitted the results to DEQ. Note: WET testing is not required to complete this registration.

11. MAP

Attach a USGS 7.5 minute topographic map or equivalent computer generated map extending to at least one mile beyond the property boundary; indicate location of facility and the discharge point(s).

12. NATURE OF BUSINESS: (provide a brief description)

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13. NUMBER OF OUTFALLS AND THE FLOW RATE

Provide the daily maximum wastewater flow rate (millions of gallons per day (MGD) or gallons per day (GPD) monthly average process wastewater flow rate (MGD or GPD), duration of discharge (e.g. minutes, hours, days, continuous) and frequency of discharge (e.g., number of discharges per day/week/ month/continuous). Coordinates should be in decimal degrees (six digits – ten thousandths place).

Outfall No.

Daily Maximum Flow (MGD or GPD specify)

Monthly Average Flow (MGD or GPD specify):

Duration of Discharge:

Frequency of Discharge:

Lat/Long:

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Outfall No.

Daily Maximum Flow (MGD or GPD specify)

Monthly Average Flow (MGD or GPD specify):

Duration of Discharge:

Frequency of Discharge:

Lat/Long:

14. FACILITY DRAWING AND TREATMENT INFORMATION

Attach a schematic drawing showing the source(s) of water used on the property and the conceptual design of the methods of treatment and disposal of wastewater. The drawing should show the treatment of the water from raw water intake through finished water distribution point at the plant. Indicate clearly where backwash, reject water, clean in place water, and disinfection chemicals could enter the process wastewater and exit the outfall to state waters. Also include in schematic where solids from any treatment process are settled or dried.

15. CHEMICALS USED:

Provide the information in the table below on chemicals used in the production of drinking water and the treatment of the process wastewater. Attach a Material Safety Data Sheet (MSDS).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chemical Description or Name | Proposed or Actual Schedule of Usage | Quantity of Chemical Usage | Will Chemical Enter Process Wastewater? Explain | Has this Chemical or its Usage Changed Since the Previous Registration? |
|  |  |  |  |  |
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15. SOLIDS DISPOSAL:

Provide a description of how solids and residue from any settling basins or lagoons are disposed.

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If solids are landfilled, provide the name of the landfill receiving the solids.

If solids are land applied, provide the VPDES or VPA Permit # under which the solids are land applied.

16. MUNICIPAL SEPARATE STORM SEWER SYSTEM

Does any outfall discharge to a municipal separate storm sewer system (MS4)?  Yes  No

If yes, please provide the name of the MS4 owner:

If the owner of the potable water treatment plant is not the owner of the MS4, you must notify the MS4 owner of the existence of the discharge and include a copy of this notification with this registration statement. The notification to the MS4 owner shall include the name of your facility, a contact person and phone number, location of the discharge, nature of the discharge and your VPDES general permit registration number.

17. NEW POTABLE WATER TREATMENT PLANT NOTIFICATION

If the owner of a new potable water treatment plant owner proposes to discharge within five miles upstream of another public water supply system’s intake, the plant owner shall notify the public water supply system’s owner and include a copy of the notification with this registration statement.

18. CERTIFICATION:

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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name of person signing above:

(printed or typed)

Title:

ATTACHMENTS:

Ground water monitoring plan (if applicable)

WET testing results (if any)

Topographic Map

Facility Drawing

MSDS

MS4 Notification (if MS4 owner is not potable water treatment plant owner)

New Potable Water Treatment Plant Notification to Downstream Public Water Supply Intakes (if applicable)

**INSTRUCTIONS FOR COMPLETING THE REGISTRATION STATEMENT**

**GENERAL VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) PERMIT**

**FOR POTABLE WATER TREAMENT PLANTS (VAG64)**

**WHO MUST FILE THE REGISTRATION STATEMENT**

This registration statement must be completed and submitted by the owner of a new or existing potable water treatment plant that discharges to state waters and wishes to be covered under this general permit instead of an individual permit.

**WHERE TO FILE THE REGISTRATION STATEMENT**

The completed registration statement should be sent to the Department of Environmental Quality Regional Office for your area. To locate the appropriate regional office see the Department’s website at the following link: https://www.deq.virginia.gov/get-involved/about-deq/contact-us. The fee form and your check or money order ($600 payable to “Treasurer of Virginia”) should be sent to Department of Environmental Quality, Receipts Control, P.O. Box 1104, Richmond, VA 23218.

**COMPLETENESS**

Complete all items except where indicated, or enter NA for "not applicable." Attach extra sheets of paper if more space is needed.

**DEFINITIONS**

“Conventional filtration treatment” means a series of processes including coagulation, flocculation, sedimentation, and filtration resulting in substantial particulate removal.

"Department" or "DEQ" means the Virginia Department of Environmental Quality.

"Membrane treatment" means a pressure driven process using synthetic materials to separate constituents from water. Membranes are used for dissolved solids or suspended solids removal. Membrane treatment for dissolved solids removal includes reverse osmosis and nanofiltration. Membrane treatment for suspended solids removal includes ultrafiltration and microfiltration.

"Microfiltration" means a method of membrane treatment designed to remove particles down to 0.1 µm in size. The treatment removes cysts, bacteria, and most (but not all) particulates.

"Municipal separate storm sewer system" or "MS4" means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains) (i) owned or operated by a state, city, town, county, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, storm water, or other wastes, including special districts under state law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under § 208 of the Clean Water Act (CWA) that discharges to surface waters of the state; (ii) designed or used for collecting or conveying storm water; (iii) which is not a combined sewer; and (iv) which is not part of a publicly owned treatment works (POTW).

"Nanofiltration" or "low-pressure reverse osmosis" or "membrane softening" means a method of membrane treatment designed to remove multivalent ions (softening) and removes contaminants down to 1 nm (nanometer = 0.001 µm) in size.

“Potable Water Treatment Plant” means an establishment engaged in producing water for domestic, commercial or industrial use as designated by Standard Industrial Classified (SIC) Code 4941 – Water Supply (Office of Management and Budget (OMB) SIC Manual, 1987), or others as approved by the board.

"Reverse osmosis" means a method of membrane treatment designed to remove salts and low-molecular weight solutes and remove all contaminants down to 0.0001 µm (microns) in size. Reverse osmosis methods apply pressure in excess of osmotic pressure to force water through a semi-permeable membrane from a region of high salt concentration to a region of lower salt concentration.

“Wastewater” is water that results from the treatment of raw water to produce potable water.

**LINE BY LINE INSTRUCTIONS**

**Item 1. FACILITY INFORMATION.** Provide the name, street address (911 address) and telephone number of the potable water treatment plant.

**Item 2. OWNER INFORMATION.** Provide the name, mailing address, telephone number and email address (if available) of the entity that owns the potable water treatment plant. This should be an entity that is responsible for the plant and that wants coverage under the general permit. Normally, for this type of permit the owner is a town or county. Please indicate whether we may send the permit to you via email. If **Yes**, DEQ will send the permit to the owner’s and the contact’s email address. If **No**, the permit will be mailed hard-copy to the owner via regular postal mail.

**Item 3. OPERATOR OR OTHER CONTACT INFORMATION.** Provide the name, mailing address, telephone number and email address of the plant operator or any other contact person you would like DEQ to have for day to day questions.

**Item 4.** If the wastewater discharge will be to surface waters check **Yes**, and give the name of the receiving waters. If you discharge to a municipal separate storm sewer (MS4) see **Item 16**. Otherwise check **No**.

**Item 5.** Describe the type of water treatment used at the plant. For example, describe the conventional filtration treatment or type of filtration or reverse osmosis or any combination of treatment processes in use. Attach extra pages if necessary. Also indicate changes made to the type of water treatment since permit coverage was last issued. If nothing has changed write **“No changes.”**

**Item 6.** If this facility has an existing VPDES permit (either coverage under a general permit or an individual permit), check **Yes** and list the VPDES Permit Number(s).

**Item 7**: Provide the Virginia Department of Health Public Water Supply Identification (PWSID) number. See <https://www.vdh.virginia.gov/drinking-water/information-for-consumers/listing-of-waterworks-and-owners/> .

**Item 8.** If the settling basins and/or lagoons are earthen lined to a permeability of no greater than 10-6 cm /sec check Y**es**. Otherwise check **No**.

**Item 9.** Indicate if the existing VPDES permit contains a ground water monitoring plan by checking **Yes**. Next, indicate if that plan has been submitted and approved by DEQ. If **Yes**, cite the plan name and date of approval. It is not necessary to attach a copy of the groundwater monitoring plan if DEQ already has a copy. Otherwise, the ground water monitoring plan must be attached. This permit gives the owner an opportunity during the permit term to change or eliminate the plan upon Board approval and to do correction action if the ground water is contaminated. See permit special condition 9VAC25-860-70 B 7 as follows: *If a board-approved groundwater monitoring plan was submitted with the registration statement, the permittee shall continue to sample and report in accordance with the plan. The approved plan shall be an enforceable part of this permit. The board or the owner, with board approval, may evaluate the groundwater monitoring data and demonstrate that revisions to or the cessation of the groundwater monitoring are appropriate.* *If the department determines that monitoring indicates that groundwater is contaminated, the permittee shall submit a corrective action plan within 60 days of being notified by the regional office. The plan shall set forth the steps to ensure the contamination source is eliminated or that the contaminant plume is contained on the permittee's property. In addition, based on the extent of contamination, a risk analysis may be required. Once approved, this plan or analysis shall become an enforceable part of this permit.*

**Item 10.** Indicate if you have conducted a Whole Effluent Toxicity evaluation by checking **Yes.** Attach the results of the tests unless they have previously been submitted to DEQ. It is expected most existing permittees have already conducted and submitted WET testing. Note that Whole Effluent Toxicity testing is not a prerequisite to obtaining coverage under this permit. However, it is required during the first year of the permit for plants consistently (at least over 3 consecutive months) >= 50,000 that are new and for existing plants when there have been changes to the effluent characteristics (e.g., new chemicals in use, new process, new polymer). See special condition 9VAC25-860-70 B 10 for the full requirement.

**Item 11. MAP.** The map should be legible and of sufficient scale to show the required features with the site boundaries clearly marked. Copies of U.S. Geographical Survey 7.5 minute quadrangle maps are allowed or any similar computer generated map.

**Item 12. NATURE OF BUSINESS.** Describe the nature of the business. This is normally a locality producing drinking water from raw water. However, the permit offers coverage now to an industry that might be producing potable water for its own use. If that is the case, the industry type should be described here also.

**Item 13. NUMBER OF OUTFALLS.** For each outfall number provide the daily maximum wastewater flow rate in gallons per day (GPD) or millions of gallons per day (MGD), the monthly average wastewater flow rate in million gallons per day (MGD or GPD), the duration of discharges (e.g., 30 minutes?, 5 hours? 5 days? continuous?) and the frequency of the discharges (every day? once a month? twice a year? continuous?). Flow, duration and frequency information should be gathered from the previous permit cycle. Add the latitude or longitude of the outfall(s) if you have that information. Coordinates should be in decimal degrees (six digits – ten thousandths place). There are a number of web sites that can estimate this for you (e.g., Google maps - left click on point). Do this for each outfall. There are lines for two outfalls on the registration form. If more than two outfalls exist, attach that information to the form. If only one outfall exists, write NA in the second outfall blanks.

**Item 14. FACILITY DRAWING AND TREATMENT INFORMATION.** The line drawing should show the treatment of the water from raw water intake through finished water distribution. Indicate clearly where backwash, reject water, clean in place water, and disinfection chemicals could enter the process wastewater and exit the outfall to state waters. Also include in schematic where solids from any treatment process are settled or dried. This drawing may be hand drawn but should be legible.

# Item 15. CHEMICALS USED. List any chemicals used at the plant in the drinking water production and the process wastewater treatment. Provide the actual name or the common name (description). Provide the proposed or actual schedule of usage (daily, weekly, monthly?) and the quantity used (# gallons, pounds?). Indicate of the chemical is expected to enter the process wastewater (e.g., if chlorinated water is used in the filter backwash, then it is likely to enter the process wastewater). Indicate (Yes/No) if the chemical or its usage has changed since the previous registration. Enter NA if this is the first issuance of coverage.

**Item 16. SLUDGE DISPOSAL.** List the disposal method for solids in the basins and/or lagoons, such as landfill or land applied, etc. If landfilled, provide the name of the landfill. If land applied provide the VPDES or VPA permit under which the solids are land applied.

**Item 17. MUNICIPAL SEPARATE STORM SEWER SYSTEM.** Indicate if the discharge from the plant goes into to a municipal separate storm sewer system instead of directly to a receiving stream (a surface water stream within an MS4 area is not part of the MS4). If yes, please provide the name of the MS4 owner. Usually the owner of the potable water treatment plant is the same locality that owns the MS4. If the owner of the potable water treatment plant is not the owner of the MS4, you must notify the MS4 owner of the existence of the discharge and include a copy of this notification with this registration statement. The notification to the MS4 owner shall include the name of your facility, a contact person and contact information (phone and email), the location of the discharge, the nature of the discharge and your VPDES general permit registration number (or individual VPDES permit number for individual permit holders applying for coverage under this general permit). A copy of an email sent to the MS4 owner is sufficient. MS4 owners and contact information can be found at the bottom of this website:

MS4 areas are listed on DEQ’s MS4 web site under “Forms” here:

<https://www.deq.virginia.gov/permits-regulations/permits/water/municipal-separate-storm-sewer-system-permit-ms4s-stormwater>

Definition of MS4: "Municipal separate storm sewer" means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains): (i) owned or operated by a state, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to state law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under state law, such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under § 208 of the CWA that discharges to surface waters of the state; (ii) designed or used for collecting or conveying stormwater; (iii) that is not a combined sewer; and (iv) that is not part of a publicly owned treatment works (POTW).

**Item 18. NEW POTABLE WATER TREATMENT PLANT NOTIFICATION.** If an owner of a new potable water treatment plant owner proposes to discharge within five miles upstream of another public water supply system’s intake, the plant owner shall notify the public water supply system’s owner and include a copy of the notification with this registration statement. This notification may be a letter to the intake owner or an email.

**Item 19. CERTIFICATION.** All registration statement shall be signed as follows:

1. For a corporation: by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (i) A president, secretary, treasurer, or vice‑president of the corporation in charge of a principal business function, or any other person who performs similar policy‑ or decision‑making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

2. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

3. For a municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a public agency includes: (i) The chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency