



WASTEWATER APPLICATION FORM 2ES

PERMIT TO DISCHARGE NON-PROCESS WASTEWATER
FROM NEW OR EXISTING
INDUSTRIAL WASTEWATER FACILITIES
TO SURFACE WATERS

Form 2ES Instructions

Who Must File Form 2ES

DEP Form 62-620.910(7) (Form 2ES) must be completed in conjunction with DEP Form 62-620.910(1) (Form 1). This short form may be used only by operators of facilities which discharge only non-process wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, by-product, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and non-contact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by domestic wastewater facilities.

Where to File Applications

The application forms should be sent to the DEP district office covering the area in which the facility is located except for applications for permits for Steam Electric Generating Plants which should be sent to the DEP at its Tallahassee office. Form 1 lists the DEP Tallahassee and district offices.

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Chapter 119, F.S., requires that all permit applications shall be available to the public for inspection and copying. This information will therefore be made available to the public upon request.

You may claim as confidential any information you submit to DEP which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, DEP may make the information public without further notice. Claims of confidentiality will be handled in accordance with Chapter 62-620, F.A.C.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question. Also, you may need to complete a Plan of Study (POS) to develop Water Quality Based Effluent Limitations (WQBEL) required by Rule 62-650, Florida Administrative Code. Please contact the Department for further information.

Follow-up Requirements for New Dischargers and New Sources

Please note that no later than 6 months after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (2ES). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the Department.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name and classification of the receiving water for the outfall. When there is more than one outfall, you must submit for each outfall a separate Form 2ES, Items I, III, and IV only.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other non-process wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/L	milligrams per liter	tons	(English tons)
ppb	parts per billion	mg	milligrams
µg/L	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are:

- average daily discharge flow
- biochemical oxygen demand (BOD)
- total suspended solids (TSS)
- fecal coliform (if believed present or if sanitary waste is discharged)
- pH
- total residual chlorine (if chlorine is used)
- temperature (winter and summer)
- oil and grease
- chemical oxygen demand (COD)
- total organic carbon (TOC)
- ammonia (as N).

The analysis of these pollutants or parameters must be done in accordance with procedures established in Chapter 62-620, F.A.C. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to the Department. The Department may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

B. New Dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that follow-up testing and reporting are required no later than 6 months after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering Study	Code
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others (specify on the form)	

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the Department a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted before or with the permit application. The Department may waive the requirements for information about any pollutant or parameter if it determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the Department if he wishes to receive instructions on what his particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used or to be used, indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used or to be used. For example, if a physical treatment system is used or will be used, specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information, such as sampling results, that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, that is, an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible. You will be contacted by the Department for more specific information.

Item VIII

These certifications are required. Your application will not be considered complete without the appropriate signatures.

FORM 2ES



APPLICATION FOR PERMIT TO DISCHARGE NON-PROCESS WASTEWATER TO SURFACE WATERS

Facility I.D. Number: _____

Please type or print in black ink. If additional space is needed for your answer, use plain sheets and attach to the application form.

I. Receiving Waters

For each outfall, list the latitude and longitude, name and classification of the receiving water(s).							
Outfall No.	Latitude			Longitude			Receiving Water (name and class.)
	Deg.	Min.	Sec.	Deg.	Min.	Sec.	

II. Discharge Date (If a new discharger, the date you expect to begin discharging.) _____

III. Type of Waste

A. Check the general type(s) of wastes discharged.

1. Sanitary Wastes Restaurant or Cafeteria Wastes Non-contact Cooling Water
- Other Non-process Wastewater _____ (identify)
2. Once-through Recycled Number of Cycles.

B. If any cooling water additives are used, list them (attach additional sheets as necessary). Briefly describe their composition if this information is available.

A. Existing Sources - Provide measurements for the parameters listed in the left-hand column below, unless waived by the Department.

B. New Dischargers - Provide estimates for the parameters listed in the left-hand column below, unless waived by the Department. Instead of the number of measurements taken, provide the source of estimated values.

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year)(include units)		(3) No. of Measurements Taken (last Year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform ¹						
Total Residual Chlorine ²						
Oil and Grease						
Chemical Oxygen Demand (COD)						
Total Organic Carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value:					
pH (give range)	Value:					
Temperature (Winter)	Deg. C		Deg. C			
Temperature (Summer)	Deg. C		Deg. C			

¹If believed present or if sanitary waste is discharged. ²If chlorine is used.

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? Yes No
 If yes, briefly describe the frequency of flow and duration.

VI. Treatment System (Describe briefly any treatment system(s) used or to be used)

VII. Other Information (Optional)
 Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII-A CERTIFICATIONS FOR NEW OR MODIFIED FACILITIES

Facility I.D. Number _____

This is to certify the engineering features of this pollution control project have been designed by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department. It is also agreed that the undersigned, if authorized by the owner, will furnish the applicant a set of instructions for the proper maintenance and operation of the pollution control facilities and, if applicable, pollution sources.

Signature

Company Name

Name (please type)

Address

(Affix Seal)

Florida Registration No.: _____

Telephone No.: _____ Date _____

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 & Official Title (type or print)

Signature

Telephone No. (area code & No.)

Date Signed

VIII-B CERTIFICATIONS FOR PERMIT RENEWALS

This is to certify the engineering features of this pollution control project have been examined by me and found to be in conformity with sound engineering principles, applicable to the treatment and disposal of pollutants characterized in the permit application. There is reasonable assurance, in my professional judgment, that the pollution control facilities, when properly maintained and operated, will discharge an effluent that complies with all applicable statutes of the State of Florida and the rules of the Department.

Signature	Company Name
Name (please type)	Address
(Affix Seal)	Florida Registration No.: _____
	Telephone No: _____ Date: _____

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 & Official Title (type or print)	Signature
Telephone No. (area code & No.)	Date Signed