Wyoming Pollutant Discharge Elimination System

Department of Environmental Quality
Application for Permit to Discharge Wastewater from

Coal Mining Facilities
Form F

August 8, 2016

For Agency Use Only
Application Number
***WY00*_____**
Date Received
*:*_____
mo/day/yr

- ✓ Please print or type. Submission of illegible materials will result in return of the application to the applicant.
- ✓ All items must be completed accurately and in their entirety or the application will be deemed incomplete and the processing will be delayed.
- ✓ An original signature of the applicant is required. Faxes cannot be accepted.

1. Type of application being applied for (check one):

☐ New

☐ Renewal

☐ Major modification

For permit renewal or major modification: Permit number _____ Expiration Date: _____

2. Provide a brief description of the nature of the business conducted at this facility

_____
_____
_____
_____

3. Type of wastewater (check all that apply)

☐ A. Pit Dewatering
☐ B. Dewatering Well Water
☐ C. Domestic Wastewater
☐ D. Other Process wastewater (please explain):_____

4. General Facility Location: Township(s)_____ Range(s) _____

5. Street address if applicable: _____

6. Immediate Receiving Waters: _____

7. Name of the facility producing the discharge (this is the facility name that will appear on the WYPDES permit)

_____

Unique Footer ID: Company Name/Year/Month/Day/Application Type/ /Permit # or Application #/Document #

8. **Permittee Contact Name, mailing address, e-mail address, and telephone number** of the individual or company which owns the facility producing the discharge, and the person (consultant) responsible for permit submission.

Permittee Contact Name	*Consultant Contact Name*
Permittee Name	*Company Name*
Mailing Address	*Mailing Address*
City, State, and Zip Code	*City, State, and Zip Code*
Preference for contact:	*Preference for contact:*

Status of applicant: ☐ Federal ☐ State ☐ private ☐ public ☐ Other _____

Status of applicant ☐ Owner ☐ Operator ☐ Both

9. **Name(s) and mailing address(es) of owner(s) of the surface rights on whose land the discharge occurs** (in cases where the land is owned by the state or federal government but surface rights are leased to a private individual, provide lessee's name and address)

Landowner #1 Name	*Landowner #2 Name*
Mailing Address	*Mailing Address*
City, State, and Zip Code	*City, State, and Zip Code*

(additional spaces may be added as necessary)

10. Facility map: Attach a description and a clear, legible, detailed topographic map of the discharging facility that extending one mile beyond the property boundaries of the source. Include the following:
    - **a.** A legend
    - **b.** Well locations where fluids from the facility are injected underground
    - **c.** Retention Ponds
    - **d.** Each intake sites
    - **e.** Discharge points of process water* (outfalls)
    - **f.** Monitoring and/or compliance points
    - **g.** Hazardous waste treatment, storage, or disposal facilities
    - **h.** Immediate receiving streams
    - **i.** Section, Township, and Range information
    - **j.** Wells, springs, other surface water bodies, drinking water wells, and surface water intake structures listed in public records, or otherwise known to the applicant in the map area.

*__Process water__ includes the following: water originating from a pit or shaft in which mining is occurring or has occurred, sanitary waste, equipment washdown water, ore handling and processing wastewaters, ore or coal storage area runoff, and the discharge from any sedimentation pond or sedimentation control structure which is designed to treat runoff from disturbed areas and is <u>not</u> designed to completely contain the runoff from a 10- year 24-hour precipitation event.

Process water does not include the discharge from sedimentation ponds or sedimentation control structures which are designed to treat runoff from disturbed areas and are designed to completely contain the runoff from a 10-year 24-hour precipitation event and such discharge points <u>do not</u> have to be identified in this application.

11. **Date you anticipate the discharge(s) will begin: _____**

12. Complete Table 1: Discharge quality (if the facility has not yet begun to produce water, analyze for the parameters below from wells tapping those aquifer(s) which are expected to eventually constitute the discharge(s).

TABLE 1		
Parameter* **(See notes following the table on chemical states)**	**Required Detection Limits and Required Units**	**Results**
Alkalinity, Total	**1 mg/l as $CaCO_3$**	
Aluminum, Dissolved	**50 µg/l**	
Arsenic, Total Recoverable	**1 µg/l**	
Barium, Total Recoverable	**100 µg/l**	
Bicarbonate	**10 mg/l**	
Cadmium, Dissolved	**5 µg/l**	
Calcium, Dissolved	**50 µg/l, report as mg/l**	
Chlorides	**5 mg/l**	
Copper, Dissolved	**10 µg/l**	
Dissolved Solids, Total	**10 mg/l**	
Fluoride, Dissolved	**100 µg/l**	
Hardness, Total	**10 mg/l as $CaCO_3$**	
Iron, Dissolved	**50 µg/l**	
Lead, Dissolved	**2 µg/l**	
Magnesium, Dissolved	**1 mg/l, report as mg/l**	
Manganese, Dissolved	**50 µg/l**	
Mercury, Dissolved	**1 µg/l**	
pH	**to 0.1 pH unit**	
Radium 226, Total Recoverable	**0.2 pCi/l**	
Radium 228, Total Recoverable**	**0.2 pCi/l**	
Selenium, Total Recoverable	**5 µg/l**	
Sodium Adsorption Ratio	**Calculated as unadjusted ratio**	
Sodium, Dissolved	**100 µg/l, report as mg/l**	
Specific Conductance	**5 micromhos/cm**	
Sulfates	**10 mg/l**	
Zinc, Dissolved	**50 µg/l**	

13. The values listed in item 12. are from samples collected from:

☐ The water actually being discharge or produced at the mine
☐ Well(s) which tap the aquifer(s) which are expected to eventually constitute the discharge (If this item is checked, attach a map showing the location of each well tested.)

14. Describe the control measures that will be implemented to prevent significant damage to or erosion of the receiving water channel at the outfall(s)_____

15. Treatment system: Describe briefly any treatment system(s) used or to be used, i**nclude list of chemicals** used and provide a Material Safety Data Sheet (MSDS) for each chemical

_____
_____
_____
_____

16. Describe the control measures that will be implemented to prevent significant damage to or erosion of the receiving water channel at the outfall(s)_____

a. Will any flocculants (settling agents or chemical additives) be used to treat water prior to discharge?

☐ **YES** ☐ **NO**

If yes, list here the chemical name, manufacture, and purpose. Include MSDS sheets.

_____

17. For applications for existing facilities, has the facility ever exceeded permit limits or water quality standards?

☐ YES ☐ NO

If the yes,

a. Which constituents?
b. Has the exceedance been addressed?
c. Describe how the exceedance was addressed.

18. Other information: Any optional information the permittee wishes to have considered:

_____
_____

19. Provide a list of all potential pollutants expected to be in the discharge and an explanation of their presence in the discharge.

_____
_____

20. Complete Table 2: Indicate the exact location of each discharge point. Provide quarter, section, township and range, as well as decimal degrees. Include name(s) of the immediate drainage or waterway which will receive the discharge. All samples must be taken in accordance to 40 CFR Part 136 and must be taken as grab samples.

TABLE 2 OUTFALL DESCRIPTIONS										
Discharge Point (Outfall) #	**Immediate Receiving Stream**	**Mainstem (closest perennial water)**	**Distance from outfalls to mainstem**	**Quarter/ Quarter**	**Section**	**Township**	**Range**	**Latitude (NAD 83, decimal degrees accurate to a minimum of 5 decimal places)**	**Longitude (NAD 83, decimal degrees accurate to a minimum of 5 decimal places)**	**County**
001										
002										
003										
004										
005										

21. Complete Table 3: Include a verbal description of each outfall

Table 3		
Outfall number	**Narrative Outfall Descriptions**	**Indicate if outfall discharge is:** A. Continuous B. Intermittent C. Seasonal D. No Discharge (indicate one for each outfall)
(EXAMPLE) 001	EXAMPLE: Outfall 001 will discharge from the settling pond A-1 which will receive sump water from the north pit; flows ½ mile to northwest in an unnamed dry gulch before reaching Deer Creek)	EXAMPLE: Intermittent
001		
002		
003		

22. Complete Table 4: Provide expected discharge volume for each outfall and frequency of discharge.

TABLE 4 ANTICIPATED DISCHARGE VOLUME					
	For Continuously Discharging outfalls	For Non-Continuous Discharging Outfalls			
Outfall Number #	Average Daily Discharge (MGD)	Number of times per year the discharge is to occur	Anticipated duration of each discharge	Anticipated flow of each discharge (MGD)	Months in which discharge is expected to occur.
001					
002					
003					

Authorized signatories for this application are the following (as per* 40 CFR Part 122.22*):	
For corporations:	*A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.*
For partnerships:	*A general partner.*
For a sole proprietorship:	*The proprietor.*
For a municipal, state, federal or other public facility:	*Either a principal executive officer or ranking elected official.*

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.

_____

Printed Name of Person Signing Title

_____

Signature of Applicant Date

_____

Telephone Fax

Section 35-11-901 of Wyoming Statutes provides that:

*All permit applications must be signed in accordance with 40 CFR Part 122.22, "for" or "by" signatures are not acceptable.

Section 35-11-901 of Wyoming Statutes provides that:
Any person who knowingly makes any false statement, representation, or certification in any application ... shall upon conviction be fined not more than $10,000 or imprisoned for not more than one year, or both.

Mail this application to:

WYPDES Permits Section
Department of Environmental Quality/WQD
200 W. 17th Street, Suite 400
Cheyenne, WY 82002

Wyoming Statute 35-11-312 was revised to require discharge permit fees be paid prior to permit issuance. Therefore, payment of permit fees must be accompanied with the application. Any application received without proper fee payment will be returned.

Individual permits are issued for a period of five years. A check for $500 per permit must be included with all applications for new permits and renewals for individual WYPDES permits.

I have enclosed a check for $_____

Check Number _____

For Agency Use Only

Date Check Received _____

Check Amount _____

Permit Term _____

Approval _____