

FORM KS - INQ

Federal Permit No. _____

Kansas Permit No. _____

**WATER POLLUTION CONTROL PERMIT APPLICATION
FOR NON-OVERFLOWING WASTEWATER TREATMENT FACILITIES**

This form should be returned to the address shown at the end of this application.

Pursuant to K.S.A. 65-164 and 65-165, the undersigned representing

Facility Name: _____

Facility Address: _____

Facility City: _____ State _____ Zip _____

Permittee Name: _____

Permittee Address: _____

Permittee City: _____ State _____ Zip _____

Contact Name: _____

Contact Address: _____

Contact City: _____ State _____ Zip _____

Contact Phone: (Land Line #) _____ (Cell #) _____

Contact Email: _____

Hereby makes application for a permit for a non-overflowing wastewater treatment facility at:

_____ ^S
Qtr Qtr Qtr Section Township Range E/W County

Latitude: _____ Longitude: _____

1. Number of people routinely at this site: _____

2. Type of Industrial Wastewater Discharged to the Lagoon:

- Non-Contact Cooling Water
- Contact Cooling Water (water which contacts any raw, intermediate or finished product)
- Cooling Tower Blowdown
- Groundwater Remediation Discharge
- Water Softening Regenerate
- Dewatering Operations
- Miscellaneous Wastewater - Boiler Blowdown, Washdown Water, Condensate, etc.
- Other, Describe: _____

3. How are domestic (human) wastewater handled?

- None generated at this Site
- Connected to a City Sewer
- Routed to a separate domestic on-site Mechanical Wastewater Treatment Plant
- Commingled with the Industrial Wastewater and Treated On-Site
- Separate Septic Tank and Lateral Field
- Separate Wastewater Stabilization Lagoon
- Other, Describe: _____

4. Final wastewater disposal method currently used or desired. (Check as many as apply)

- Evaporation / Percolation
- Irrigation
- Other (Specify) _____

5. Facility Description – **Provide a brief description of the facility including the nature of this business (products manufactured, etc.) and a complete and accurate description of the wastewater generating and handling practices of your facility. (If completed on-line, this section expands as you type. If this form is printed off, provide information as an attachment to this application.)**

6. Provide the information below or provide the Facility Plan with the information below contained in it.

Cell Name	Normal Operating Level (NOL) ft.	Dimensions at NOL – ft.	Capacity at NOL – gal.	Maximum Operating Level (MOL) ft.	Dimensions at MOL – ft.	Capacity at MOL – gal.

7. Permit Fee: Kansas law requires the first year’s annual permit fee to be submitted with the permit application. Permit fees are based on type of wastewater discharged.

- Noncontact Cooling Water and Dewatering Operation: \$60/year
- Cooling Tower Blowdown: \$120/year
- All others \$320 / year

Make Checks Payable to: KANSAS DIVISION OF ENVIRONMENT
(See Permit Fee Information on this website for additional information on permit fees)

Certification Statement

I certify under penalty of law that this document and all attachments were prepared and/or reviewed under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather, evaluate and/or review the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering, evaluating and/or reviewing 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.

I certify that I am authorized to sign this permit application pursuant to the requirements shown below.

Signed: _____

Title: _____

Print or Type Signature

Date: 4/1/2010

This application will be signed by the following: (a) in the case of a corporation, by the principal executive officer of at least the level of Vice President; (b) in the case of a partnership, by a general partner, (c) in the case of a sole proprietorship, by the proprietor, and (d) in the case of publicly-owned treatment works, by the official having responsibility for the overall operations of the treatment works OR e) a designee of these signatories.

Return Completed Application to: KDHE – Bureau of Water
Technical Services Section
1000 SW Jackson St., Suite 420
Topeka, KS 66612-1367