

KS-PWS

Federal Permit No.

Kansas Permit No.

STATE OF KANSAS
WATER POLLUTION CONTROL PERMIT APPLICATION
FOR WASTEWATER DISCHARGES FROM POTABLE WATER TREATMENT PLANTS

This application 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 to discharge wastewater at

Table with 10 columns: Qtr, Qtr, Qtr, Section, Township, Range, E/W, County, Latitude, Longitude.

into:

Name of river, stream, lake, etc.

1. Facility Description - Provide a short facility description indicating raw water source, the type of facility, plant capacity, type of wastewater treatment system (none, cell lagoon, mechanical), discharge point (to ditch, stream, river) etc..

2. Permit Fee - Per K.A.R. 28-16-56d Kansas law requires the first year's annual permit fee to be submitted with the permit application. Permit fees are based on type and quantity of wastewater discharged. Public Water Supply Fees \$320/year per million gallons per day or any portion thereof

3. TYPE OF OPERATIONS GENERATING WASTEWATER FROM THIS FACILITY

Description	Quantity of Wastewater, gallons/day	Type of Wastewater	Type of Treatment*
Primary Clarification		Settleable Solids	
Secondary Clarification		Settleable Solids	
Lime Softening		Lime Slurry	
Filter-to-Waste		Chlorinated Water	
Filter Backwash-Conventional		Chlorinated Water	
Filter Backwash – Membrane		Chlorinated Water	
Filter Backwash - Other		Chlorinated Water	
Reverse Osmosis Reject		Process Water	
Nano/Ultra Filtration Reject		Process Water	
Ion Exchange Reject		Process Water	
Reject – Other (Describe Below)		Process Water	
Clean – In – Place		Process Water	
On-Line Monitoring and Lab Wastewater		Chlorinated Water	
Miscellaneous Floor Drains		Miscellaneous	
Toilets, Sinks, Showers, Kitchen Wastewater		Domestic	
Other (Describe Below)			

*Choose – None, Lagoon, Septic Tank/Lateral Field, Mechanical or Other for Type of Treatment

4. If the wastewater is routed to a lagoon, during how many months / year does this lagoon discharge, at least one day of the month during an average year?
- Routinely (6-12 mo/yr) Seldom (2-5 mo/yr) Rarely (1mo/yr or less)
5. Attach a flow diagram for this facility showing the major portions of the water treatment plant, including water treatment additive entry points (lime, flocculating and coagulating agents, CO₂, ammonia, PAC, chlorine, clean-in-place chemicals, etc.) and the flows to and from the wastewater treatment facility. If the wastewater treatment center is a multi-cell lagoon show the inlet and outlet points.
6. Attach sample results for Total Residual Chlorine (TRC) mg/l, Total Suspended Solids (TSS) mg/l and pH to this application.

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 40 CFR 122.22 as noted below.

Signed: _____

Title: _____

Print or Type Signature

Date: _____

40 CFR 122.22: 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) 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