|               | DEQ USE ONLY | ·     |
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| Application # |              |       |
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| State of Oregon          |               |         |
| <b>DEQ</b> Department of | Environmental | Quality |

# **WPCF-OS** Application for New Water Pollution Control Facilities **Individual Onsite Permit**

| DEQ USE ONLY            |  |  |  |
|-------------------------|--|--|--|
| Date Received:          |  |  |  |
| Total Amount Received:  |  |  |  |
| Add. Amt. Due (if any): |  |  |  |
| Check #                 |  |  |  |
| Deposit #               |  |  |  |
| Receipt #               |  |  |  |
| ☐ IND ☐ DOM             |  |  |  |
| OSS Surcharge:          |  |  |  |
|                         |  |  |  |

|    |  | See pages 4-0              | 6 for detailed  | instru  | ictions   | _ 033 3uit | onarge    |  |
|----|--|----------------------------|-----------------|---------|-----------|------------|-----------|--|
|    | A. Reference Information   |                            |                 |         |           |            |           |  |
| 1. | Legal Name of Applicant:   |                            |                 |         |           |            |           |  |
| 2. | Is the name of the applicant the owner of the facility? ☐ Yes ☐ No |                            |                 |         |           |            |           |  |
| 3. | Legal Status of Applicant:   | ☐ Federal ☐                | ☐ State ☐       | ] Publi | c 🗆 Priv  | ate        | ☐ Other   |  |
| 4. | (specify): Name of Facility (                                      | if different than legal na | ıme):           |         |           |            |           |  |
| 5. | Facility SIC Code:   |                            | 0               | r, NAIC | S code:   |            |           |  |
|    |  | B. Fa                      | cility Location | on      |           |            |           |  |
| 1. | Physical Street Address:   |                            |                 |         |           |            |           |  |
|    | City:  | State:                     | ZIP Co          | ode:    |           | County:    | :         |  |
| 2. | Latitude: degree   | s minutes                  | second          | 3.      | Township: |            | Range:    |  |
|    | Longitude: degree  | s minutes                  | second          | ls      | Section:  |            | Tax Lot # |  |
|    |  | C. Fa                      | cility Contac   | ts      |           |            |           |  |
| 1. | Responsible Official   |                            |                 |         |           |            |           |  |
|    | Full Name:   | Full Name: Telephone #:    |                 |         |           |            |           |  |
|    | Mailing Address:   |                            | City:           |         | State:    | Z          | lip Code: |  |
|    | Email Address:   |                            |                 |         |           |            |           |  |
| 2. | Facility Contact   |                            |                 |         |           |            |           |  |
|    | Full Name:   |                            |                 |         | Telepho   | one #:     |           |  |
|    | Mailing Address:   |                            | City:           |         | State:    | Z          | lip Code: |  |
|    | Email Address:   |                            |                 |         |           |            |           |  |
| 3. | Invoice to   |                            |                 |         |           |            |           |  |
|    | Full Name:   |                            |                 |         | Telepho   | one #:     |           |  |
|    | Billing Address:   |                            |                 |         |           |            |           |  |
|    | City:  |                            | State:          |         |           | Zi         | ip Code:  |  |
|    |  |                            |                 |         |           |            |           |  |

|     | Legal Name of Applicant:   |  |  |  |  |
|-----|--|--|--|--|--|
|     | D. General Information   |  |  |  |  |
| 1.  | Briefly describe the proposed facility, type of wastewater, and primary method of wastewater treatment and disposal:   |  |  |  |  |
|     | What is the projected daily sewage flow for each system included in the application?   |  |  |  |  |
|     | What is the combined projected daily sewage flow for the facility?   |  |  |  |  |
| 2.  | Is the proposed facility located within a half-mile of an area wide community sewerage system?   |  |  |  |  |
|     | If "Yes", how close is the nearest connection point to the sanitary sewer:   |  |  |  |  |
| 3.  | Does the proposed facility described in D.1 discharge wastewater to an Underground Yes No Injection Control (UIC) system?  |  |  |  |  |
| 4.  | Is there any other wash water or wastewater that will be or is being discharged to a UIC system not described in D.1? If "Yes", also provide the information required in Section F, Project Description and Facility Plans for each UIC. |  |  |  |  |
| 5.  | Does or will stormwater at the facility be drained to a UIC system other than described by this application? If "Yes", also complete <i>UIC Registration Form: Stormwater Drainage</i> Systems.  |  |  |  |  |
|     | E. Other DEQ or Public Agency Permits  |  |  |  |  |
| Lis | List all other DEQ or public agency permits issued to or applied for this project:   |  |  |  |  |
|     |  |  |  |  |  |
|     |  |  |  |  |  |
|     | F. Project Description and Facility Plans  |  |  |  |  |

Attach two copies of a project plans and specifications that fully describes the proposed project using a narrative description, maps, diagrams, and any other necessary materials. The report must contain the following information

1. Complete description of the proposal.

(see instructions for more detail):

- 2. Location of the project, adjacent facilities, and waterways on a USGS topographic map. Include the location and latitude/ longitude for all UIC wastewater systems on this map.
- 3. Also provide a tax lot map for the project.
- 4. Schedule for development, including future expansion plans if applicable.
- 5. Schematic diagrams of waste streams and treatment/disposal facilities. Include the source and quantity of drinking water and water used for processing or manufacturing.
- 6. Wastewater characterization.
- 7. Site evaluation report prepared as outlined by OAR 340-071-0150.
- 8. Groundwater information for all areas where wastewater will be treated or disposed.
- 9. Evaluation of groundwater and surface water impacts and the steps that will be taken to prevent impacts from occurring as outlined by OAR 340-071-0520. **12/2/2020: Updated instructions on Page 5**
- 10. Operation and maintenance plan that specifies the normal operation parameters of the system.

## G. Land Use Compatibility Statement

Attach a complete Land Use Compatibility Statement (LUCS) signed by the local land use authority. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals.

### H. Underground Injection Control (UIC) Registration

Federal and state regulations require that all UIC systems be registered with DEQ. By completing this application, your wastewater UIC systems will be registered with DEQ and you will be sent a UIC registration confirmation letter to be maintained at the facility. You will be informed by DEQ of any additional UIC regulations that are applicable to your UIC system once this application has been reviewed.

|  | application is true and correct to the best of my knowledge and belief. In regon Administrative Rule 340-071. This includes a new application fee to e invoiced annually by DEQ to maintain the permit. |  |  |
|--|---|--|--|
| Legally Authorized Representative (Type or Print): | Title:  |  |  |
| Signature of Legally Authorized Representative:    | Date:   |  |  |

I. Signature of Legally Authorized Representative

**Legal Name of Applicant:** 

### **Application Instructions for New WPCF-OS Permit**

Please answer all questions and submit with the required application fees.

An incomplete application or incorrect fees will not be processed. If the information requested is not applicable, please indicate as such.

#### A. Reference Information

- 1. Enter the legal name of the applicant. The permit will be issued to this entity. This is the person, business, public organization, or other entity that controls the facility described in this application and will be responsible for complying with the conditions of the permit. This must be the legal Oregon name (i.e., Acme Products, Inc.) or the legal representative of the company if it operates under an assumed business name (i.e. John Smith, dba Acme Products). The name must be a legal active name registered with the Oregon Department of Commerce, Corporation Division (503-986-2200), unless otherwise exempted by their regulations
- 2. Indicate if the applicant is the owner of the facility.
- 3. Provide the legal status of the applicant. Indicate "public" for a facility solely owned by local government.
- 4. Enter the common name of the facility or operation if different from the legal name of the applicant.
- 5. Enter the Standard Industrial Classification (SIC) four-digit code or North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997, however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at https://www.naics.com/search/.

### **B.** Facility Location

- 1. Enter the physical location of the facility (street address, not mailing address), including city, state, zip code, and county.
- Enter the latitude and longitude of the approximate center of the facility or site in degrees/minutes/seconds.
   Latitude and longitude can be obtained from DEQ's location finder web site at
   <a href="https://www.oregon.gov/deq/wq/wqpermits/Pages/Tools-and-Data.aspx">https://www.oregon.gov/deq/wq/wqpermits/Pages/Tools-and-Data.aspx</a> or from United States Geological Survey (USGS) quadrangle topographic maps by calling toll-free at 1-888-ASK-USGS (1-888-275-8747). For obtaining latitude and longitude from USGS maps, instructions may be obtained from DEQ's website at <a href="http://www.oregon.gov/deq/FilterDocs/latlonginstr.pdf">http://www.oregon.gov/deq/FilterDocs/latlonginstr.pdf</a>.
- 3. Enter the Township, Range, Section, and Tax Lot numbers for the regulated site.

## C. Facility Contacts

- Enter the name, telephone number, and mailing address of the Responsible Official. The Responsible
  Official receives official correspondence from DEQ, such as renewal notices or violation notices, and contacted if
  there are questions about this application.
- 2. Enter the name, telephone number and mailing address of the Facility Contact if different from the Responsible Official. The Facility Contact is typically located at or near the facility and has specific knowledge of the facility or operation under permit, such as the treatment plant operator, and may be contacted if there are specific questions about this application.
- 3. Enter invoicing information for billing purposes if different from the Responsible Official, for example, "Invoice To: Business Office Accounts Payable".

#### D. General Information

- 1. Briefly describe the proposed facility, Source of wastewater, such as 20-space mobile home park with laundry facilities, and primary method of wastewater treatment and disposal. For example, "5,000 gallon per day recirculating gravel filter system followed by standard drainfields"
- 2. Indicate if a community sewer system is possibly available to serve this facility. If "yes," specify distance to nearest connection point to sewer.
- 3. Indicate if an Underground Injection Control (UIC) system will be used or is currently used to dispose of wastewater for the proposed facility described in D.1. Wastewater includes wash waster, process wastewater, and/or sewage. The following wastewater disposal systems are considered UICs:
  - Non-residential onsite sewage system with a design flow of 2,500 gallons per day or designed to serve 20
    or more people a day (excluding single-family residential systems)
  - Multi-family residential onsite sewage systems regardless of size
  - Any onsite sewage system, regardless of size, that receives industrial wastewater
  - Dry wells or sumps
  - Infiltration trenches

- French drains
- Industrial wastewater drain holes
- Cesspools/sewage drain holes
- 4. Indicate if there is any other wash water or wastewater at the regulated site that will be or is being discharged to a UIC system not included in the proposed facility description found in D.1. If "yes," also provide the information required in Section F, Project Description and Facility Plans for each UIC.
- 5. Indicate if a UIC system other than the one described in this application will be used or is currently used to drain storm water. The following storm drainage systems are considered UICs:
  - Any UIC wastewater system also used for storm damage
  - Dry wells or sumps
  - French drains
  - Infiltration trenches
  - Storm drain holes
  - Other DEQ or Public Agency Permits:
     In order for DEQ to coordinate with other DEQ divisions and public agencies, list all permits issued to or applied for this project.

### F. Project Description and Facility Plans:

Two copies of a Project Description and Facility Plans must accompany this application and contain the following minimum information:

- 1. A description that includes all aspects of the facility, including services to be provided and activities to be conducted.
- 2. A USGS topography map that shows the location and scope of the project, locations of adjacent facilities, waterways, wetlands, drainage ways, residential areas, industrial facilities, and commercial areas, including the location and latitude/longitude for all UIC wastewater systems. Also provide a tax lot map for the project.
- 4. The proposed development and construction schedule. Also include future expansion plans or potential plans.
- 5. Schematic diagrams that include each waste stream, collection facilities, treatment and control facilities, and ultimate disposal methods for each system. If alternatives for treatment are also being considered, they should be included as well. Plans and specifications must meet OAR 340-052, including the level of detail and who may design the system or systems.
- 6. A characterization of the quantity and quality of each waste stream, including nitrogen and phosphorous.
- 7. For onsite sewage systems only, a site evaluation report prepared as outlined in OAR 340-071-0150 by a DEQ Agent. The report shall contain, at a minimum, a site diagram and observations of the site characteristics.
- 8. Groundwater information for all areas where wastewater or sludge will be stored or disposed. Also include the source of drinking water for the facility being served. The following minimum information is required:
  - Climatic information, including annual precipitation
  - Groundwater aquifer characteristics, including quality and gradient
  - Topography, flooding and erosion potential and NRCS soil profile description
  - Hydrogeologic properties (transmissivity, hydraulic conductivity)
  - Location of all wells and springs within a ½ mile radius (provide well logs and identify on map when known)
  - The source of drinking water for the facility being served (public water system number, if applicable)

In areas of shallow, unprotected aquifers or other areas with high potential for groundwater contamination, additional information may be required (see OAR 340-040-0030)

- 9. The applicant must provide a written assessment of the impact of the proposed system on the quality of public waters and public health, prepared by a registered geologist, a certified engineering geologist qualified as a hydrogeologist. We advise gathering and submitting this information prior to submitting an application.
- 10. An operation and maintenance plan that specifies the normal operating parameters of the system or systems. Include, for example, the length and spacing of dose cycles, gallonage of a dose cycle, and calibration of flow meters or elapsed time meters. The maintenance schedule should address ALL components to be inspected and maintained, together with procedures for doing so. For each item, include the frequency for inspecting it and the maintenance procedure. Plans for collection, storage, and disposal of any sludges generated by the treatment process, including a characterization of volume and quality.

If available, include the manufacturer's operation and maintenance literature for system components.

### G. Land Use Compatibility Statement:

A completed Land Use Compatibility Statement (LUCS) signed by the local land use authority must be submitted with this application. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals. A LUCS form is enclosed with this application.

## H. Underground Injection Control (UIC) Registration:

Federal and state regulations require that all UIC systems be registered with DEQ. By completing this application, your wastewater UIC system(s) will be registered with DEQ and you will be sent a UIC registration confirmation letter to be maintained at the facility. You will be informed by DEQ of any additional UIC regulations that are applicable to your UIC system once this application has been reviewed.

#### I. Signature of Legally Authorized Representative

The signature of a legally authorized representative must be provided in order to process this application. See the table below for more information.

# **Definition of Legally Authorized Representative:**Please also provide the information requested in brackets []

- **Corporation** president, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities that is authorized in accordance to corporate procedure to sign such documents
- Partnership General partner [list of general partners, their addresses, and telephone numbers]
- Sole Proprietorship Owner(s) [each owner must sign the application]
- City, County, State, Federal, or other Public Facility Principal executive officer or ranking elected official
- Limited Liability Company Member [articles of organization]
- Trusts Acting trustee [list of trustees, their addresses, and telephone numbers]

#### Fee and Application Submittal:

Please call the appropriate regional office below for fee information and to determine where to send this application. Send this form and fee to the regional office. Make your check payable to the Department of Environmental Quality.

| For Onsite Sewage Systems in Northwest and Western Regions | For Onsite Sewage Systems in Eastern Region |  |  |
|--|---|--|--|
| Attn: WPCF-OS  | <b>DEQ</b>                                  |  |  |
| 165 East Seventh Ave, Suite 100                            | 800 SE Emigrant Ave, Suite 330              |  |  |
| Eugene, OR 97401-3049                                      | Pendleton, OR 97801                         |  |  |
| 541-686-7838 or 1-800-844-8467                             | 541-276-4063 or 1-800-452-4011              |  |  |

#### **DEQ Regional and Branches Offices**

Note: Submit your application to the appropriate regional office.

| Northwest Region Counties |           |           |           |           |            |  |
|---------------------------|-----------|-----------|-----------|-----------|------------|--|
| Clackamas                 | Clatsop   | Columbia  | Multnomah | Tillamook | Washington |  |
| Western Region Counties   |           |           |           |           |            |  |
| Benton                    | Coos      | Curry     | Douglas   | Jackson   | Josephine  |  |
| Lane                      | Lincoln   | Linn      | Marion    | Polk      | Yamhill    |  |
| Eastern Region Counties   |           |           |           |           |            |  |
| Baker                     | Crook     | Deschutes | Gilliam   | Grant     | Harney     |  |
| Hood River                | Jefferson | Klamath   | Lake      | Malheur   | Morrow     |  |
| Sherman                   | Umatilla  | Union     | Wallowa   | Wasco     | Wheeler    |  |