



# PERMIT APPLICATION FORM 2DC

## PERMIT TO DISCHARGE DEMINERALIZATION CONCENTRATE

1 INSTRUCTIONS - FORM 2DC

2 This form must be completed by all applicants who check "yes" to Item II.I in DEP Form 62-620.910(1).

3 **Public Availability of Submitted Information.**

4 You may not claim as confidential any information required by this form or DEP Form 62-620.910(1)  
5 ("Form 1"), whether the information is reported on the forms or in an attachment. This information will be  
6 made available to the public upon request. Any information you submit to the Department which goes  
7 beyond that required by this form or Form 1 you may claim as confidential, but claims for information  
8 which is effluent data will be denied. If you do not assert a claim of confidentiality at the time of  
9 submitting the information, the Department may make the information public without further notice to  
10 you. Claims of confidentiality must be in accordance with Rule 62-620.302, Florida Administrative Code  
11 (F.A.C.).

12 **Completeness**

13 Your application will not be considered complete unless you answer every question on this form and on  
14 Form 1, in addition to meeting all other completeness requirements. If an item does not apply to you,  
15 enter "NA" (for "not applicable") to show that you considered the question. You may also need a Plan of  
16 Study (POS) to develop Water Quality Based Effluent Limitations (WQBEL) required by Chapter 62-650,  
17 F.A.C. Please contact the Department for information.

18 **Definitions**

19 All significant terms used in these instructions and in this form are defined in the glossary found in the  
20 General Instructions that accompany Form 1.

21 **DEP ID Number**

22 If you are applying for a renewal of an existing permit or for a substantial revision to an existing permit,  
23 fill in your DEP Identification Number at the top of each page of Form 2DC. You may copy this number  
24 directly from Item 1 of Form 1. If you are applying for a permit for a proposed facility, leave the DEP  
25 Identification Number blank. The Department will assign a number.

26 **SECTION I FACILITY DESCRIPTION**

- 27 1. **Size of Demineralization Discharge** Indicate whether the demineralization concentrate flow is less than  
28 50,000 gallons per day or greater than or equal to 50,000 gallons per day. A facility that distributes  
29 potable water to two or more customers and has a concentrate discharge of less than 50,000 gallons per  
30 day is defined as a "Small Water Utility Business," pursuant to Section 403.0882, Florida Statutes (F.S.).  
31 This flow is determined as follows:
- 32 ■ For existing facilities, use the average daily concentrate flow from the month in which the flow of  
33 drinking water produced by the facility was the maximum for the calendar year preceding submittal of the  
34 application.
  - 35 ■ For proposed facilities, use the estimated average daily concentrate flow from the month in which the  
36 flow of drinking water produced by the facility is projected to be the maximum.
- 37 2. **Application Type** Indicate whether this application is for construction of new facilities, for substantial  
38 modification of existing facilities requiring substantial revision of an existing facility permit, or for  
39 renewal of an existing facility permit. "Substantial modification" and "substantial revision" are defined in  
40 Rule 62-620.200, F.A.C. Application for minor modification of existing facilities shall be made on Form  
41 1. "Minor modification" and "minor revision" are defined in Rule 62-620.200, F.A.C.
- 42 3. **Type of Demineralization Technology** Indicate the type of demineralization technology used at the  
43 subject facility. Certain types of demineralization technologies are listed in the definition of

1 demineralization concentrate in Rule 62-620.200, F.A.C. If a technology not listed in the definition is  
2 proposed or used at the subject facility, please describe the technology.

3 4. **Map or Aerial Photograph with process information** The figure submitted with Form 1 may be  
4 adapted for this item and must indicate the locations of all outfalls and discharge points.

5 5. **Line Drawing** The drawing must incorporate the following information:

- 6 ■ The line drawing should depict process flow for product water and wastewater/byproduct streams in your  
7 facility from source water to distribution and/or discharge. Similar or redundant operations may be  
8 grouped into a single process flow. The water balance should depict all significant flows or losses of  
9 water and wastewater/byproduct streams to products water, atmosphere, and discharge, and should be in  
10 terms of average and maximum flow. Use actual measurements whenever available; otherwise, use the  
11 best estimate.
- 12 ■ List all sources of wastewater to each discharge point. Operations may be described in general terms (for  
13 example, "filter backwash" or "RO concentrate"). Estimate the flow contributed by each source if no data  
14 are available. Indicate the size, flow rate, and retention time of each treatment unit, and describe the  
15 ultimate disposal of any solid or liquid wastes not discharged to ground water or surface water of the  
16 state.
- 17 ■ All chemical additives or biocides used in the water or wastewater/byproduct treatment processes at the  
18 facility must be indicated and Material Safety Data Sheet (MSDS) provided, with the requested  
19 information to provide a basis for the Department to evaluate potential toxicity and monitoring  
20 requirements.

## 21 SECTION II SOURCE WATER DESCRIPTION

22 1. **Source water information** Obtain source water identification data from engineering and/or geological  
23 studies water treatment facility development and permitting documentation. Document the information  
24 sources. Use the classifications of surface and ground waters of the state in Chapters 62-302 and 520,  
25 F.A.C., to determine source classification. Provide any additional classification information on the  
26 source water, such as National Estuary Program, Outstanding Florida Water, etc. Consult with  
27 Department Staff if the classification of the specific source(s) is not clear.

28 2. **Source water characterization** Analytical data characterizing the source water(s) for the  
29 demineralization facility are of key importance in evaluating demineralization concentrate discharge  
30 characteristics, particularly for new facilities that do not have historical operating data. The Department  
31 strongly recommends that Applicants consult with Department permitting Staff during the planning  
32 process for assistance in identifying acceptable types of source water characterization data. Acceptable  
33 source water characterization data may include: monitoring data from existing production wells to be  
34 used for the facility in the application, monitoring data from onsite test wells in the areas and at the  
35 depth intervals planned for production wells, and existing analytical results from nearby offsite  
36 production or test wells that can be demonstrated to provide representative data.

## 37 SECTION III TYPE OF DISPOSAL SYSTEM

38 1. **Type(s) of disposal system used by the facility** Identify all types of demineralization concentrate  
39 disposal systems for which the application is submitted, whether the system is used continuously or  
40 intermittently.

41 2. **Complete description of the disposal systems** Describe the operations, methods of conveyance, types  
42 of equipment, treatment processes, and other relevant information regarding the means by which  
43 demineralization concentrate is disposed. If concentrate is mixed or blended with other waste streams  
44 for disposal, described the activity in this section. Subsequent sections will require details for  
45 applicable mixing and blending.

- 1 3. **Surface water discharge information** Outfall numbers must correspond to outfall numbers in the  
2 figures required by Section I of this application.
- 3 A. Outfall location. Obtain latitude and longitude from a USGS topographic map, GPS device, or other  
4 accurate means.
- 5 B. Outfall design. Use data from engineering drawings for the facility and surveyed elevations and  
6 locations, if available. The minimum water depth at the POD must be based on mean low water  
7 elevation.
- 8 C. Concentrate discharge flow. Express flow in million gallons/day (mgd).
- 9 D. Minimum receiving water depth. This information, if applicable, may be obtained from the Department's  
10 Watershed Assessment Section (850-245-8449) or from the appropriate Department District office.
- 11 E. New discharge. If either the facility or the individual discharge has not been previously permitted by the  
12 Department, it must be considered a new discharge. Additionally, if the individual discharge has been  
13 previously permitted, but the discharge characteristics have changed, it may be considered a new  
14 discharge. If the latter circumstance is the case, consult with the Department's District office before  
15 submitting this application.
- 16 F. Expanded discharge. If the individual discharge has been previously permitted, but its flow or pollutant  
17 load has or will increase, the discharge is considered expanded.
- 18 G. Antidegradation analysis requirements. New or expanded discharges are subject to the antidegradation  
19 requirements in Rules 62-302.300 and 62-4.242, F.A.C. In particular, applicants should be aware of  
20 requirements in paragraph 62-4.242(1)(d), F.A.C., for industrial wastewater dischargers. Discharges  
21 from Small Water Utility Businesses are presumed to be allowable and permissible pursuant to the criteria  
22 in Sections 403.0882(6)(a)1.,2., and 3., F.S., which are listed in Section IV of this form, provided that none  
23 of the conditions that overcome the presumption, as listed in Sections 403.0882(6)(b)1. through 7., F.S., are  
24 present. The Department strongly recommends that the Applicant discuss these requirements with the  
25 District office before submitting this application in order to make the permitting process more efficient.
- 26 H. Demonstrate the discharge meets water quality criteria. The concentrate/effluent characterization  
27 analytical data required in Section V of this application must be compared to the water quality criteria in  
28 Chapter 62-302, F.A.C., to determine whether the discharge will meet the applicable criteria.
- 29 I. Mixing zone for ionic imbalance toxicity or other parameters.
- 30 As identified in Rule 62-4.244(3)(d), F.A.C., the term "ionic imbalance toxicity" refers only to the failure  
31 of whole effluent toxicity tests due predominantly to the presence of constituents naturally occurring in  
32 the source water, which are listed in Rule 62-4.244(3)(d), F.A.C. and Section 403.0882(4), F.S.. The  
33 maximum size of the mixing zone available under paragraph 62-4.244(3)(d), F.A.C., shall be no greater  
34 than two times the minimum natural water depth at the POD. (refer to sub-subparagraph 62-  
35 4.244(3)(d)1.b., F.A.C.). The Department strongly recommends that the Applicant discuss all mixing  
36 zone requests with the District office before submitting this application to make the permitting process  
37 more efficient. Additionally, the Department strongly recommends that Applicants discuss  
38 implementation of the Major Seawater Ion Imbalance Toxicity (MSIIT) protocol with the Department's  
39 Biology Section in Tallahassee prior to conducting MSIIT testing.
- 40 (a) If the application requests a mixing zone as described in Section 403.0882(4), F.S. for acute  
41 toxicity based on ionic imbalance due predominantly to constituents naturally occurring in the source  
42 water, the applicant must provide the water depth pursuant to sub-subparagraph 62-4.244(3)(d)1.b.,  
43 F.A.C., and the results of the MSIIT test procedure.

1 (b) If the applicant is requesting a mixing zone for acute toxicity based on ionic imbalance and the  
2 facility is a Small Water Utility Business, as defined in Section 403.0882, F.S., the mixing zone  
3 informational requirements in Section IV of this application must be completed.

4 (c) If the application is for an existing facility, but not a Small Water Utility Business, and a mixing  
5 zone is requested for acute toxicity under the specific provisions of paragraph 62-4.244(3)(d), F.A.C.,  
6 which apply only to concentrate discharges permitted under subsection 62-620.625(6), F.A.C., then the  
7 Applicant must provide MSIIT documentation testing results, or approved alternative procedure results.

8 Note for discharge to Outstanding Florida Waters (OFWs): Pursuant to Section 403.061(11)(b), F.S.,  
9 mixing zones for demineralization concentrate discharges are prohibited, except for chronic toxicity due to  
10 ionic imbalance under Section 403.0882(4), F.S., for facilities that are otherwise permissible under Section  
11 403.0882, F.S. Section 403.061(11)(b), F.S., and Rule 62-4.244, F.A.C., do not allow mixing zones in  
12 OFWs for other constituents.

13 (d) If the application is for an existing facility and a mixing zone for acute toxicity based on ionic  
14 imbalance is not requested, but a mixing zone for any other parameter, including chronic toxicity, is  
15 requested, then the informational requirements of paragraph 62-4.244(3)(a), F.A.C. must be completed  
16 for each parameter for which a mixing zone is requested.

17 Note for new facilities: New facilities, which have not previously discharged and therefore have not had  
18 the opportunity to conduct toxicity testing, shall provide desktop calculations to evaluate ionic imbalance  
19 as part of the permit application package. If a permit is issued, the facility will be required by permit  
20 condition to conduct appropriate toxicity testing and provide the results of the MSIIT.

21 J. Bioassay toxicity testing data. Provide the requested information on all bioassay toxicity tests conducted  
22 on any discharge from the facility in the three years prior to this application, regardless of who conducted  
23 the testing.

24 K. Specific data for failed acute or chronic toxicity tests. If any of the toxicity tests in item III.3.J. failed,  
25 provide the requested data.

26 4. **Underground injection discharge information** All facilities that discharge by underground injection  
27 must obtain an underground injection control (UIC) permit, pursuant to the requirements of Chapter 62-  
28 528, F.A.C. Additionally, UIC permitted facilities that discharge demineralization concentrate may also  
29 be required to obtain a permit in accordance with subsection 62-620.625(6), F.A.C., and Section  
30 403.0882, F.S., if underground injection is not the sole means of discharge for demineralization  
31 concentrate. The Department strongly recommends that Applicants with proposed UIC discharges  
32 contact the Ground Water Regulation Section in the Bureau of Water Facilities Regulation (850-245-  
33 8644) regarding UIC permitting requirements.

34 A. Identify all disposal systems. Indicate whether or not UIC is the sole disposal method. Identify all  
35 primary and backup disposal systems.

36 B. UIC well location. Provide street address, if applicable. Provide latitude and longitude, regardless of  
37 whether street address is applicable.

38 C. UIC well ID number. If the facility already has existing UIC wells, provide the identification number(s).  
39 If the facility has applied for a UIC permit, but has not yet been issued identification number(s), provide  
40 the permit application number. If a UIC permit application has not been submitted, indicate that an  
41 application number and permit number will be provided when available.

42 D. UIC discharge flow data. Provide the required data, as applicable, to three decimal places.

43 E. Basis of design flow. Enter the basis for the current design capacity, the proposed incremental design  
44 capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly  
45 average daily flow, three-month average daily flow) for the injection well facilities.

- 1 F. Injection continuous or intermittent. Self explanatory
- 2 5. **Land application requirements**
- 3 A. Type of land application system. Subsection 62-600.200, F.A.C., defines "land application" as the
- 4 "reuse of reclaimed water or the utilization or disposal of effluents or wastewater residuals on, above, or
- 5 into the surface of the ground through spray irrigation, land spreading, or other methods."
- 6 B. Size of application areas and rates. Provide the data in the appropriate units for each area.
- 7 C. Groundwater Quality Evaluation. The Applicant will need to demonstrate that applicable groundwater
- 8 quality standards and criteria, pursuant to Chapter 62-520, F.A.C., will be achieved at the edge of an
- 9 appropriate zone of discharge, pursuant to subsection 62-522.410(2), F.A.C. The demonstration may
- 10 include monitoring data (for existing systems), calculations, modeling, or other engineering information.
- 11 The Applicant must also provide the background water quality data for the receiving groundwater, as
- 12 required by subparagraph 62-620.625(6)(a)10., F.A.C.
- 13 D. Existing or new discharge. If either the facility or the individual discharge has not been previously
- 14 permitted by the Department, it must be considered a new discharge.
- 15 E. Blended land application discharge. Indicate the type of waste stream with which the concentrate
- 16 discharge is blended. Note the references to other items within Section III of this application.
- 17 F. Design capacity. Provide the required data on discharge to the land application system, as applicable, to
- 18 three decimal places.
- 19 G. Basis of design flow. Enter the basis for the current design capacity, the proposed incremental design
- 20 capacity, and the proposed total design capacity (e.g., annual average daily flow, maximum monthly
- 21 average daily flow, three-month average daily flow) for the land application facilities.
- 22 H. Land application continuous or intermittent. Self explanatory.
- 23 I. Underdrains and perimeter ditches.
- 24 a. Self explanatory.
- 25 b. If the land application system is underdrained, provide engineering and effluent characterization data
- 26 on the discharge.
- 27 c. Self explanatory.
- 28 d. The response should be based on soil borings, ground water monitoring, modeling, or other site-
- 29 specific evaluations.
- 30 e. Provide monitoring data (for existing systems), calculations, modeling, or other engineering
- 31 information.
- 32 6. **Blending with reclaimed water** This disposal system involves blending (i.e., mixing) concentrate with
- 33 reclaimed water, which is defined in Rule 62-600.200, F.A.C., as treated domestic wastewater that has
- 34 "received at least secondary treatment and is reused after flowing out of a wastewater treatment facility."
- 35 The term "reuse" is defined in Rule 62-600.200(68), F.A.C., as "the deliberate application of reclaimed
- 36 water, in compliance with Department and District rules, for a beneficial purpose." The term "District" in
- 37 this definition refers to water management districts. If the Applicant discharging demineralization
- 38 concentrate (i.e., water treatment facility) is the same utility or entity as the facility discharging reclaimed
- 39 water (i.e., wastewater treatment facility), then the Applicant (i.e. utility or other entity) must determine
- 40 whether it prefers to obtain a separate discharge permit for the water treatment facility discharging
- 41 concentrate or to revise the existing domestic wastewater facility permit for the facility discharging the
- 42 reclaimed water.

1 Section III.6. items A-D require the Applicant (i.e., the concentrate facility owner) to provide documentation  
2 with this application demonstrating compliance with specific requirements of Rule 62-610.865, F.A.C. The  
3 documentation shall include a copy of a written agreement with the domestic wastewater facility (required  
4 by Rule 62-610.865, F.A.C.) on responsibility for project performance. It shall also include demonstration  
5 that concentrate storage, monitoring, and blend quality are in accordance with Rule 62-610.865, F.A.C.

6 7. **Blending at a Department permitted wastewater facility.** This disposal system involves blending or  
7 mixing concentrate with a domestic or industrial wastewater stream during treatment within a permitted  
8 wastewater treatment facility, or following treatment but prior to discharge. Blending of concentrate for  
9 purposes of treatment or disposal with wastewater from a Department permitted wastewater facility may  
10 require a separate permit unless the receiving wastewater facility permit is revised to incorporate all aspects  
11 of concentrate treatment or disposal, in accordance with the requirements of subsection 62-620.200 (F.A.C.,  
12 to provide reasonable assurance that the discharge will meet applicable water quality standards.

- 13 A. Facility ID and permit number. Self explanatory.
- 14 B. Point of concentrate blending at wastewater facility. Describe the point at which concentrate is blended  
15 at the existing wastewater facility (e.g., into head works, into equalization tank, following primary  
16 treatment, effluent prior to discharge, etc.).
- 17 C. Permitted capacity of existing wastewater facility. Indicate the maximum design flow (permitted  
18 capacity) and averaging period (e.g., maximum daily flow, etc.).
- 19 D. Blend ratio. Self explanatory.
- 20 E. Blend characterization. Provide analytical data for the blend of concentrate and wastewater. The  
21 characterization should include constituents expected in both the concentrate and wastewater. The  
22 Department recommends that the Applicant consult with the District office to identify appropriate  
23 parameters for the characterization.
- 24 F. Copy of agreement. The documentation shall include a copy of a written agreement with the existing  
25 wastewater facility on operational protocols and division of responsibilities for project performance.

#### 26 SECTION IV REQUIREMENTS FOR SMALL WATER UTILITY BUSINESSES

27 This section applies only to facilities that:

- 28 a. meet the definition of Small Water Utility Businesses pursuant to sub-section 62-620.200, F.A.C.,  
29 which is as follows: "Small Water Utility Business" means any facility that distributes potable water to  
30 two or more customers and discharges demineralization concentrate at a flow rate less than 50,000  
31 gallons per day; and
- 32 b. discharge to surface waters of the state.

33 1. **Meeting the presumption of allowability and permissibility** In this part of Section IV, the Applicant  
34 provides information to determine whether the discharge meets the "presumption of allowability and  
35 permissibility" in Section 403.0882(6)(a), F.S. Applicants should note that facilities/discharges that cannot  
36 meet the requirements for the presumption may still be eligible for discharge permitting under other  
37 provisions of Section 403.0882, F.S., and/or Chapters 62-620 and 62-4, F.A.C.

38 A. Dilution ratio. The Applicant must provide calculations, modeling, and/or other appropriate information  
39 demonstrating that adequate dilution will occur in the receiving body of water at a horizontal distance  
40 from the concentrate point of discharge (POD) that is no more than two times the water depth (i.e. pre-  
41 existing bottom) at the POD, consistent with sub-subparagraph 62-4.244(3)(d)1.b., F.A.C. In a flowing,  
42 non-tidal stream, measure this distance in the downstream direction. In tidal waters, measure the  
43 distance radially from the POD. Additionally, at this distance, the receiving body of water must consist  
44 of no more than 20 percent (i.e., a 4:1 ratio) of concentrate discharge.

- 1 B. All water quality standards. Use the characterization data presented in Section V of this application to  
2 evaluate compliance with water quality standards at a distance no more than two times the water depth  
3 from the POD, consistent with sub-subparagraph 62-4.244(3)(d)1.b., F.A.C.
- 4 C. Analytical requirements. The applicant must provide analytical data demonstrating that the discharge  
5 meets the advanced waste treatment (AWT) criteria from Section 403.086(4), F.S.
- 6 D. Fecal coliforms. If characterization data presented in Section II of this application indicate that fecal  
7 coliforms are present in the source water, the Applicant must present analytical data demonstrating that  
8 fecal coliforms in the discharge do not exceed the applicable water quality standard.
- 9 2. **Conditions that overcome the presumption of allowability and permissibility** Complete this item only  
10 if the response was "YES" to all questions in the previous item. Section 403.0882(6)(b), F.S., lists  
11 conditions related to the discharge and/or the receiving water which overcome, or negate, the presumption  
12 of allowability and permissibility for Small Water Utility Businesses, if they occur. This part of the  
13 application incorporates questions that the Applicant must answer in order for the Department to determine  
14 whether the presumption prevails or is overcome.
- 15 A. Location of point of discharge (POD). The Applicant must demonstrate that the POD (i.e., the actual  
16 end-of-pipe discharge point) meets the requirements identified in this application and in the statute.
- 17 B. Is the receiving water an Outstanding Florida Water (OFW)? Rule 62-302.700, F.A.C., lists OFWs.  
18 Additionally, applicants may contact the District office or the Watershed Assessment Section (850-245-  
19 8449) for assistance with the identification of OFWs.
- 20 C. Is the receiving water a Class I or Class II water? Rule 62-302.400, F.A.C., identifies the classification  
21 of surface water bodies. Additionally, applicants may contact the District office or the Watershed  
22 Assessment Section (850-245-8449) for assistance with the classification of specific surface water  
23 bodies.
- 24 D. Total Maximum Daily Load (TMDL). The Applicant must determine whether the receiving water has a  
25 TMDL established by the Department for a constituent present in the discharge. Additionally, the  
26 Applicant must evaluate whether the discharge will cause or contribute to a violation of the established  
27 load for the receiving water. If the receiving water has a TMDL for a constituent of the discharge, the  
28 Applicant needs to contact the District office for information on meeting the requirements of the TMDL.  
29 TMDLs can be identified by visiting the Watershed Assessment Section TMDL website,  
30 <http://www.dep.state.fl.us/water/tmdl/index.htm>, or by contacting the Watershed Assessment Section (850-  
31 245-8449).
- 32 E. Toxicity testing results. The Applicant must provide the results for toxicity tests and indicate whether  
33 the test failed to meet Department requirements. Failed toxicity test results may disqualify the facility  
34 from the presumption of allowability and permissibility.

## 35 SECTION V CONCENTRATE DISCHARGE CHARACTERIZATION

36 NOTE: This section must be completed by all Applicants.

- 37 1. **Sampling QA demonstration** Applicants must provide documentation with this application certifying  
38 that samples for source water and effluent characterization were collected in accordance with Chapter  
39 62-160, F.A.C.
- 40 2. **Laboratory certification** Applicants must provide documentation with this application certifying that  
41 the laboratory conducting analyses for this project is appropriately certified.
- 42 3. **Standard operating procedures (SOPs) for field activities** Applicants must certify that all field  
43 procedures were in accordance with Chapter 62-160, F.A.C.
- 44 4. **Ground water discharge** Provide characterization data for the appropriate ground water parameters.

- 1 5. **Surface water discharge** Provide characterization data for the appropriate surface water parameters.
- 2 6. **Chemical Additives** All chemical additives and/or biocides that the facility intends to use and which  
3 may be discharged in any quantity must be included in the permit application in order to be considered  
4 for authorization in a permit. The Applicant must provide material safety data sheets with toxicity  
5 information and characterization data with the application.

6 **Characterization data (Table V)** In addition to the preceding instructions, demineralization concentrate  
7 characterization data must be provided in accordance with the following guidance:

- 8     ▪ This item requires the Applicant to collect and report data on the pollutants discharged from each outfall.  
9 Each part of this item addresses a different set of pollutants and must be completed in accordance with the  
10 specific instructions for that part.
- 11     ▪ General Instructions: Part V-A requires the Applicant to report the results of at least one analysis for each  
12 pollutant listed. Parts V-B and V-C require the Applicant to indicate whether the listed pollutants are  
13 known or presumed to be either present or absent in the discharge. For pollutants believed to be present,  
14 analytical data, or other information, must be provided. Base the determination that a pollutant is present  
15 in or absent from the discharge on knowledge of source water, chemical additives, calculations of  
16 concentrate characteristics, and any previous analyses of the discharge or similar discharge.
- 17     ▪ Reporting requirements: All reporting of values for metals discharged to surface water must be in terms  
18 of "total recoverable metal," unless (1) an applicable, promulgated effluent limitation or standard specifies  
19 the limitation for the metal in dissolved, valent, or total form; or (2) all approved analytical methods for  
20 the metal inherently measure only its dissolved form (e.g., hexavalent chromium).
- 21     ▪ General sampling: Samples should be collected during normal operations, if possible, with all processes  
22 that contribute wastewater in normal operation, with the treatment system operating properly, and with no  
23 system upsets. Hardness must be analyzed to evaluate water quality criteria for discharge of metals to  
24 predominantly fresh surface water.
- 25     ▪ Number of samples: If only one daily value is measured, report the value under "Max. Daily Values" and  
26 report the "Number of Analyses" as "1." The Department may require additional analyses to further  
27 characterize discharges. For composite samples, the daily value is the average concentration found in a  
28 composite sample taken over the operating hours of the facility during a 24-hour period; for grab samples,  
29 the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of  
30 at least four grab samples taken over the operating hours of the facility during a 24-hour period. If more  
31 than one daily value is measured for a pollutant and those values are representative of the  
32 demineralization concentrate stream, they must be reported. Methods of testing and data analysis must be  
33 described. Analyses of "Long Term Avg. Values" and "Max. 30-day Values" are not compulsory, but  
34 should be provided if data are available.
- 35     ▪ Sample types: For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal  
36 coliforms, grab samples must be used. For all other pollutants, 24-hour composite samples must be used.  
37 However, a minimum of one grab sample may be taken for demineralization concentrate from holding  
38 ponds, or other impoundments with a retention period of greater than 24 hours. The Department may  
39 waive composite sampling for any discharge point for which you demonstrate that use of an automatic  
40 sampler is infeasible and that a minimum of four grab samples during a 24-hour period will be  
41 representative of your discharge.
- 42     ▪ Use of prior data: Data from samples taken in the past may be used if: the sampling and analytical  
43 methods meet current requirements, sampling was done no more than three years before submission, and  
44 all data are representative of the present discharge. Among the factors that would cause the data to be  
45 unrepresentative are: significant changes in production level; changes in raw materials, processes, or final  
46 products; and changes in wastewater treatment.

- 1           ▪ Substantially identical discharges: If the facility has two or more substantially identical discharge points,  
2           the Applicant may request permission from the Department to sample and analyze only one point and  
3           submit the results of the analysis for other substantially identical points. In such a case, identify which  
4           point was tested and describe why the points which were not tested are substantially identical to the point  
5           which was tested.

6   **SECTION 6   CERTIFICATIONS**

7   There are severe penalties for submitting false information on this application form. As indicated, complete the  
8   appropriate certifications for new facilities, modifications to existing facilities, and permit renewals. This  
9   application and all attachments shall be signed in accordance with Rule 62-620.305, F.A.C. Additionally, this  
10   application and all attachments shall be signed and sealed by a professional engineer registered in Florida in  
11   accordance with Rule 62-620.310, F.A.C.



## APPLICATION FORM 2DC FOR A PERMIT TO DISCHARGE DEMINERALIZATION CONCENTRATE FROM A NEW OR EXISTING PUBLIC WATER SUPPLY FACILITY

Instructions for selected items are included in the "INSTRUCTIONS – FORM 2DC." Refer to these instructions before filling out each item.

### SECTION I FACILITY DESCRIPTION

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS, REGARDLESS OF THE SIZE OF THE FACILITY OR DISCHARGE FLOW

**1. Size of Demineralization Concentrate Discharge**

(If the facility's demineralization concentrate discharge is <50,000 gal/day,\* the facility is a "Small Water Utility Business" as defined in Section 403.0882(2)(b), F.S., and the instructions for this form)

<50,000 gal/day  
(Facilities with concentrate flows in this range must complete all sections of this form)

≥50,000 gal/day  
(Facilities with concentrate flows in this range must complete Sections I,II,III,IV, and VI of this form)

**2. Application Type**

- New
- Revision
- Renewal

**3. Type of Demineralization Technology**

- Reverse Osmosis
- Electrodialysis
- Electrodialysis Reversal
- Other (describe)\_\_\_\_\_

\*Daily average for maximum month in one year

**4. Attach a map or aerial photograph indicating the locations of the facility and all outfalls and discharge points. The figure attached to Form 1 may be adapted to include this information.**

**5. Attach a line drawing showing the water flow through the facility.** Indicate source water; operations contributing demineralization concentrate to the effluent; and all discharges to waters, and indicate whether they are associated with demineralization. Indicate all waste streams, including solids, which are associated with demineralization but which are not discharged to waters, and indicate their disposition. Construct a water balance on the line drawing by showing average and maximum flows between intakes, operations, treatment units, and discharges. For each discharge, provide a description of the following:

- A. All operations contributing to the effluent, including process wastewater, sanitary wastewater, filter backwash, membrane wash water, color removal wash water, etc.;
- B. The design maximum flow contributed by each operation;
- C. The treatment received by the effluent; and
- D. Material Safety Data Sheets (MSDS), dosage rates, frequency of addition, or similar information for any chemical additives or biocides.

**SECTION II SOURCE WATER DESCRIPTION**

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS, REGARDLESS OF THE SIZE OF THE FACILITY OR DISCHARGE FLOW

**1. For each source water, supply the following information:**

A. Source Water Identification (aquifer name, screened or intake depth interval, geological formation, or name of surface water body)	B. Classification of Source Water (See instructions for this form and Chapter 62-520 or 62-302, F.A.C.)

- 2. Attach analytical data reports documenting water quality characterization for the source water.** Note: Source water characterization is required for completion of this application. Where appropriate, results may be summarized in the tables in Section V of this form, in the columns titled "Intake."

**SECTION III TYPE OF DISPOSAL SYSTEM**

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS, REGARDLESS OF THE SIZE OF THE FACILITY OR DISCHARGE FLOW

**1. Types of disposal system(s) used by the facility:**

(check all applicable items)

- Surface water discharge
- Ground water discharge (other than underground injection)
- Underground injection
- Blending at a DEP-permitted wastewater facility
- Blending with reclaimed water
- Other (describe) \_\_\_\_\_

Note: If underground injection is the sole form of disposal for demineralization concentrate at the facility, a separate wastewater permit for demineralization concentrate discharge is not required.

**2. Provide a complete description of the disposal system(s) used by the subject facility.**

**3. For surface water discharge, complete the following items:**

A. Outfall Location

1. Outfall No. (List)	2. Latitude			3. Longitude		
	Deg.	Min.	Sec.	Deg.	Min.	Sec.

B. Outfall Design

1. Outfall No. (List)	2. Design Configuration and Materials	3. Distance from Shore (ft.)	4. Diameter (ft.)	5. Invert elevation of discharge (ft. NGVD)	6. Minimum Water Depth at POD (ft.)

C. Identify the concentrate discharge flow from each outfall.

D. What is the minimum 7-day 10-year low flow of the receiving water at each outfall (if applicable)?

E. Is this a new discharge?

- YES
- NO

F. Is this an expansion of an existing discharge?

- YES
- NO

G. New or expanded discharges are subject to the antidegradation requirements in Rules 62-4.242, F.A.C., and 62-302.300, F.A.C. If the response is YES to either Item E. or F., above, provide documentation that the discharge will meet the antidegradation requirements in these rules by attaching a separate report.

Note: Discharges from Small Water Utility Businesses are presumed to be allowable and permissible pursuant to the criteria in Sections 403.0882(6)(a)1,2, and 3, F.S., which are listed in Section IV of this form, provided that none of the conditions in Sections 403.0882(6)(b)1. through 7., F.S., are present.

H. Provide documentation demonstrating that the discharge meets all applicable water quality criteria in Chapter 62-302, F.A.C. Refer to Section V, as needed.

I. Mixing Zone for Ionic Imbalance Toxicity or Other Parameters.

(a) Do you Request a Mixing Zone under paragraph 62-4.244(3)(d), F.A.C., for acute toxicity due to ionic imbalance?

Note: The term "ionic imbalance toxicity" refers only to the failure of whole effluent toxicity tests due predominantly to the presence of constituents naturally occurring in the source water (Section 403.0882(4), F.S.). The maximum size of the mixing zone available under Rule 62-4.244(3)(d), F.A.C., shall be no greater than two times the water depth at the POD. (ref. sub-subparagraph 62-4.244(3)(d)1.b., F.A.C.)

- YES (provide water depth at the POD and method of determination)
- NO

(b) If the response to Item I above is YES, is the facility a Small Water Utility Business as defined in Section 403.0882, F.S., and the instructions for this form?

- YES (complete Section IV, Item 1, regarding mixing zone requests for Small Water Utility Businesses)
- NO (continue)

(c) If the response to Item I.(b), above, is NO (i.e., the facility is not a Small Water Utility Business), but the Applicant is requesting a mixing zone for acute toxicity due to ionic imbalance under paragraph 62-4.244(3)(d), F.A.C., and if the demineralization concentrate discharge is already in existence, attach the results of tests conducted in accordance with the Major Seawater Ion Imbalance Testing (MSIIT) protocol, as updated in 2004, demonstrating ionic imbalance toxicity.

Note for discharge to Outstanding Florida Waters (OFWs): Pursuant to Section 403.061(11)(b), F.S., mixing zones for demineralization concentrate discharges are prohibited, except for chronic toxicity due to ionic imbalance under Section 403.0882(4), F.S., for facilities that are otherwise permissible under Section 403.0882, F.S. Section 403.061(11)(b), F.S., and Rule 62-4.244, F.A.C., do not allow mixing zones in OFWs for other constituents.

(d) If the response to Item I.(a), above, is NO, and a mixing zone is requested for any other parameter, documentation for each parameter for which a mixing zone is requested must be provided, in accordance with the requirements of paragraph 62-4.244(3)(a), F.A.C.

J. Bioassay Toxicity Testing Data

Identify all bioassay tests for acute and chronic toxicity conducted on the demineralization concentrate discharge from this facility within the last 3 years. Describe the purposes of the tests, indicate the test result [acute test: LC<sub>50</sub> >20% effluent; chronic test: No Observed Effect Concentration (NOEC)], and indicate whether each test passed or failed. Use the space below, or attach additional sheets, if needed.


K. If any of the acute or chronic toxicity tests in the preceding item of this section failed, provide the analytical results, if available, for calcium, potassium, sodium, magnesium, chloride, bromide, sulfate, alkalinity, specific conductance/salinity, carbonate, and fluoride in the source water and/or concentrate in order to demonstrate whether the failure was predominantly due to naturally occurring constituents from the source water, pursuant to Section 403.0882(4) F.S.

**4. For underground injection discharge, complete the following items:**

Note: All facilities that discharge by underground injection must obtain an Underground Injection Control (UIC) permit in accordance with Chapter 62-528, F.A.C., and, if an additional disposal system is used, may also be required to obtain a permit in accordance with subsection 62-620.625(6), F.A.C., and Section 403.0882, F.S.

A. Is injection:

- the sole disposal system used by the facility?
- the primary disposal system for the facility?  
If so, identify other disposal system(s) used by the facility \_\_\_\_\_
- a backup discharge for another disposal system?  
If so, identify other disposal system(s) used by the facility \_\_\_\_\_

B. Underground Injection Well Facility Location

County \_\_\_\_\_

City or Town (if applicable) \_\_\_\_\_

Street or Description \_\_\_\_\_

  

Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "N

Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ "W

Dates Coordinates Determined \_\_\_\_\_

Method Used to Obtain Coordinates \_\_\_\_\_

C. Underground Injection Well Facility

Identification Number or Permit Application Number \_\_\_\_\_

D. Design Capacity of the Underground Injection Well Facility

Current Design Capacity \_\_\_\_\_ Mgd

Proposed Incremental Design Capacity + \_\_\_\_\_ Mgd

Proposed Total Design Capacity = \_\_\_\_\_ Mgd

E. Basis of Design Flow

- Annual Average Daily Flow
- Maximum Monthly Average Daily Flow
- Three-Month Average Daily Flow
- Other

If other, specify. \_\_\_\_\_

F. Is injection continuous or intermittent?

- Continuous
- Intermittent

If the discharge is intermittent, describe the discharge frequency and duration and the discharge method during periods when demineralization concentrate is not injected.

**5. For land application, complete the following items:**

A. Type of Land Application System

- Spray field. Date of initial operation \_\_\_\_\_
- Infiltration basin. Date of initial operation \_\_\_\_\_
- Percolation/evaporation pond. Date of initial operation \_\_\_\_\_
- Infiltration gallery. Date of initial operation \_\_\_\_\_
- Other land application system. Describe \_\_\_\_\_, Date of initial operation \_\_\_\_\_

B. Size of Application Areas and Application Rates

Site	Area (acres)	Rate (inches/week)	Capacity (mgd)
<b>Total</b>			

C. Ground water Quality Evaluation: For the proposed land application system, explain how the ground water quality criteria in Chapter 62-520, F.A.C. will be met at the edge of the zone of discharge. Dimensions for zones of discharge are established in subsection 62-522.410(2), F.A.C. Additionally, provide background water quality data for the receiving groundwater, in accordance with subparagraph 62-620.625(6)(a)8., F.A.C.

D. Is the land application system:  Existing  New

E. Is the land-applied discharge blended, or proposed to be blended if the facility is new?:  YES  NO  
 If YES, indicate the type of waste stream with which the concentrate discharge is blended (check all of the following that apply):

Reclaimed water (If the discharge is blended with reclaimed water, please complete Item III.6., below)

Domestic or Industrial Wastewater (If the discharge is blended with wastewater please complete Item III.7., below)

Other; specify \_\_\_\_\_

F. Design Capacity of the Land Application System

Current Design Capacity	_____	Mgd
Proposed Incremental Design Capacity	+ _____	Mgd
Proposed Total Design Capacity	= _____	Mgd

G. Basis of Land Application System Design Flow

Annual Average Daily Flow

Maximum Monthly Average Daily Flow

Three Month Average Daily Flow

Other

If other, specify \_\_\_\_\_

H. Is land application continuous or intermittent?

Continuous  Intermittent

If the discharge is intermittent, describe the discharge frequency and length of discharge periods, and the discharge method during periods when demineralization concentrate is not land applied.

I. Underdrains and Perimeter Ditches

- a. Is the land application system underdrained?  YES  NO
- b. If yes, describe how effluent from the underdrain system discharges, whether it drains to surface water or ground water, and include the discharge in the appropriate part of Section III of this application, with discharge characterization, as needed.
- c. Are perimeter ditches used?  YES  NO
- d. If the response to Item c. is YES, will the perimeter ditches be excavated to a depth which will intersect the seasonal high ground water table or the ground water mound during any portion of the year?  
 YES  NO
- e. If the response to Item c. is YES, describe measures that will be implemented to assure compliance with applicable ground water quality standards.

**6. For blending with reclaimed water as defined in subsection 62-610.200 F.A.C., complete the following items:**

Note: If a single municipality or utility owns and operates both the water treatment facility that generates the concentrate and the domestic wastewater facility that produces the reclaimed water, a separate discharge permit is not required for the concentrate discharge in accordance with paragraph 62-610.865(7)(b), F.A.C. In this case, however, the domestic wastewater permit must be revised to incorporate all aspects of demineralization concentrate blending in accordance with the requirements of Rule 62-610.865, F.A.C.

- A. Attach a copy of an executed agreement between the water treatment facility owner and the domestic wastewater facility owner regarding acceptable project performance in accordance with paragraph 62-610.865(7)(c), F.A.C.
- B. Provide documentation that the facility will comply with the concentrate storage requirements in subsection 62-610.865(10), F.A.C.
- C. Provide documentation that the facility will comply with the concentrate monitoring requirements in subsection 62-610.865(8), F.A.C.
- D. Provide documentation of concentrate, reclaimed water, and blend quality in accordance with the requirements of subsection 62-610.865(6), F.A.C.

**7. For blending at a Department-permitted wastewater facility, complete the following items:**

Note: In accordance with the requirements of subparagraph 62-620.625(6)(a)4., F.A.C., blending of concentrate for purposes of treatment or disposal with wastewater from a Department-permitted wastewater facility may require a separate permit unless the receiving wastewater facility permit is revised to incorporate all aspects of concentrate treatment or disposal in accordance with the requirements of subsection 62-620.200, F.A.C., to provide reasonable assurance that the discharge will meet applicable water quality standards.

- A. Identify the type of receiving facility and DEP wastewater permit number:
  - Domestic wastewater facility -- permit number \_\_\_\_\_
  - Industrial wastewater facility -- permit number \_\_\_\_\_
- B. Identify the point at which concentrate is blended at the facility:
  - Blended with effluent (after treatment and prior to discharge)
  - Blended at another point within the treatment process. Specify \_\_\_\_\_

- C. What is the permitted capacity of the wastewater facility? Specify the averaging period used.
  
- D. What is the proposed blend ratio of demineralization concentrate and wastewater or effluent?
  
- E. Provide a characterization of the blended wastewater.
  
- F. Attach a copy of an executed agreement between the water treatment facility owner and the wastewater facility owner that establishes a framework for operating protocols and provisions and a division of responsibilities regarding water quality between the two parties.

**SECTION IV REQUIREMENTS FOR SMALL WATER UTILITY BUSINESSES**

THIS SECTION MUST BE COMPLETED FOR FACILITIES MEETING THE DEFINITION OF SMALL WATER UTILITY BUSINESS THAT DISCHARGE TO SURFACE WATERS

**1. The following items address the information required in Section 403.0882(6)(a), F.S., to demonstrate that the discharge is presumed to be allowable and permissible in all waters:**

- A. Will the discharge achieve a 4:1 dilution ratio within a distance  $\leq 2$  times the water depth from the Point of Discharge under all flow conditions, consistent with sub-subparagraph 62-4.244(3)(d)1.b., F.A.C.?
  - YES
  - NO
  
- B. Will the discharge meet all applicable water quality standards pursuant to Rule 62-302.530, F.A.C. within a distance  $\leq 2$  times the water depth from the Point of Discharge under all flow conditions, consistent with Rule 62-4.244(3)(d)1.b., F.A.C.? Provide data and/or calculations, as needed.

- YES
- NO

- C. Does the discharge meet the following criteria? (Attach analytical data, on an annual average basis, if multiple sampling events have been performed)

Carbonaceous Biochemical Oxygen Demand (five day)	5 mg/L
Total Suspended Solids	5 mg/L
Total Nitrogen as Nitrogen	3 mg/L
Total Phosphorus as Phosphorus	1 mg/L

- YES
- NO

- D. If fecal coliforms are present in the source water, does the concentration of fecal coliforms in the demineralization concentrate discharge meet applicable water quality standards for the receiving water classification pursuant to Rule 62-302.530, F.A.C.? (provide confirmatory data in Section V of this form)

- YES
- NO

Note: If the responses to Items IV.1.A., B., C., and D. were all "YES," then continue to Item IV.2. If any responses were "NO," then the discharge does not meet the presumption of allowability and permissibility. However, the concentrate discharge potentially may be permitted in accordance with other provisions of Section 403.0882, F.S., and Chapter 62-620, F.A.C. Continue to Section V.

**2. The following items address the information required in Section 403.0882(6)(b), F.S., to evaluate whether there are any specific factors that may disqualify the discharge from meeting the presumption of allowability and permissibility, as follows:**

A. Is the point of discharge located at a reasonably accessible point for operation and maintenance, regulatory inspection, sampling, and other appropriate activities? (Provide a map or other documentation demonstrating this, and describing how the selected discharge location will minimize water quality impacts to the greatest possible extent)

- YES
- NO

B. Is the receiving water an Outstanding Florida Water other than the Indian River Lagoon?

- YES
- NO

C. Is the discharge directly into Class I or Class II surface waters?

- YES
- NO

D. If the discharge is into a surface water with a Department-established Total Maximum Daily Load (TMDL), does any constituent present in the discharge not meet the established load for the receiving water?

- YES, one or more constituents present in the discharge does not meet the Department established load for the receiving water
- NO, all constituents present in the discharge meet Department-established loads.
- NA (Not Applicable: The discharge is not into a surface water with a Department-established TMDL)

E. Have any bioassay toxicity tests previously performed for a Department issued surface water discharge permit for the facility failed? If such results were provided as a response to Section III, Items 3.J. and K., regarding toxicity testing results, indicate so in the space below

- YES
- NO
- NA, no toxicity tests have been conducted.

Note: If the response to IV.2.A is NO or if the response to any one of Items IV.2.B., C., D., or E.. is YES, then the discharge does not meet the presumption of allowability and permissibility.

**SECTION V CONCENTRATE DISCHARGE CHARACTERIZATION**

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS, REGARDLESS OF THE SIZE OF THE FACILITY OR DISCHARGE FLOW.

**1. Provide documentation that all sampling for the analytical results reported in this section was performed in accordance with Chapter 62-160, F.A.C.**



PLEASE PRINT OR TYPE ONLY: You may report some or all of this information on separate sheets instead of completing these pages. Use the same format. SEE INSTRUCTIONS.

PART V-A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. Pollutant	2. Concentrate						3. Units		4. Intake (optional)			
	a. Max. Daily Value		b. Max. 30-day Value		c. Annual Avg. Value		d. No. of Analyses	a. Concentration	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Carbonaceous Biochemical Oxygen Demand (CBOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Total Nitrogen (as N)												
f. Total Phosphorus (as P)												
g. Ammonia (as N)												
h. Flow - actual or projected	Value		Value		Value					Value		
i. Flow - design	Value		Value		Value					Value		
j. Specific Conductivity	Value		Value		Value					Value		
k. Temperature (winter)	Value		Value		Value			°C		Value		
l. Temperature (summer)	Value		Value		Value			°C		Value		
m. pH	Min.	Max.	Min.	Max.				STANDARD UNITS				

PART V-B - Mark "X" in column 2a for each pollutant you know or have reason to believe is present. Mark "X" in column 2b for each pollutant you believe to be absent. If you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Concentrate						4. Units		5. Intake (optional)			
	a. believed Present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
a. Bromide (24949-67-9)	<input type="checkbox"/>	<input type="checkbox"/>												
b. Chlorine, Total Residual	<input type="checkbox"/>	<input type="checkbox"/>												
c. Color	<input type="checkbox"/>	<input type="checkbox"/>												
d. Fecal Coliforms	<input type="checkbox"/>	<input type="checkbox"/>												
e. Fluoride (16984-48-8)	<input type="checkbox"/>	<input type="checkbox"/>												
f. Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input type="checkbox"/>												

1. Pollutant and CAS No. (if available)	2. Mark "X"		3. Concentrate						4. Units		5. Intake (optional)			
	a. believed present	b. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
			(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
g. Nitrogen, Total Organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>												
h. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>												
i. Phosphorus, Total (as P) (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>												
j. Radioactivity														
(1) Alpha, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(2) Beta, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(3) Radium, Total	<input type="checkbox"/>	<input type="checkbox"/>												
(4) Radium 226, Total	<input type="checkbox"/>	<input type="checkbox"/>												
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>												
l. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>												
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)	<input type="checkbox"/>	<input type="checkbox"/>												
n. Surfactants	<input type="checkbox"/>	<input type="checkbox"/>												
o. Aluminum, Total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>												
p. Barium, Total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>												
q. Boron, Total (7440-42-8)	<input type="checkbox"/>	<input type="checkbox"/>												
r. Cobalt, Total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>												
s. Iron, Total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>												
t. Magnesium, Total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>												
u. Molybdenum, Total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>												
v. Manganese, Total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>												
w. Tin, Total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>												
x. Titanium, Total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

PART V-C - Mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2M. Arsenic, Total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3M. Beryllium, Total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4M. Cadmium, Total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5M. Chromium, Total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6M. Copper, Total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7M. Lead, Total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8M. Mercury, Total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9M. Nickel, Total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10M. Selenium, Total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11M. Silver, Total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12M. Thallium, Total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13M. Zinc, Total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14M. Cyanide, Total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15M. Phenols, Total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>DIOXIN</b>															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b>															
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS</b> (continued)															
3V. Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4V. Bis (Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8V. Chlorodi-bromomethane (124-8-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9V. Chloroethane (74-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11V. Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12V. Dichloro-bromomethane (75-24-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13V. Dichloro-difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15V. 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16V. 1,1-Dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17V. 1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18V. 1,3-Dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22V. Methylene Chloride (74-98-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23V. 1,1,2,2-Tetra-chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24V. Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
<b>GC/MS FRACTION - VOLATILE COMPOUNDS (continued)</b>															
25V. Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
26V. 1,2-Trans-Dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
27V. 1,1,2-Trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
28V. 1,1,2-Trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
29V. Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
30V. Trichloro-fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
31V. Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - ACID COMPOUNDS</b>															
1A. 2-Chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2A. 2,4-Dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3A. 2,4-Dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4A. 4,6-Dinitro-O-Cresol (534-53-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5A. 2,4-Dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6A. 2-Nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7A. 4-Nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8A P-Chloro-M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9A Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10A Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11A 2,4,5-Trichloro-phenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
<b>GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS</b>															
1B. Acenaphthene (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2B. Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
5B. Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
6B. Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7B. 3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8B. Benzo (ghi) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9B. Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11B. Bis (2-chloroethyl) Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12B. Bis (2-Chloroisopropyl) Ether (102-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13B. Bis (2-Ethylhexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15B. Butyl Benzyl Phthalate (84-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16B. 2-Chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17B. 4-Chlorophenyl Phenyl Ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19B. Dibenzo (a,h) Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20B. 1,2-Dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22B. 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23B. 3,3'-Dichlorobenzidine (92-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24B. Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
25B. Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
26B. Di-N-Butyl Phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
27B. 2,4-Dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
28B. 2,6-Dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
29B. Di-N-Octyl Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
32B. Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
34B. Hexachlorobutadiene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
35B. Hexachlorocyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
36B. Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
38B. Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
40B. Nitrobenzene (98-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
41B N-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
42B. N-Nitrosodi-N-Propylamine (621-64-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
43B. N-Nitrosodiphenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
44B Phenanthrene (85-01-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
45B. Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
46B. 1,2,4-Trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
2P. -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
3P -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
4P. -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
5P. -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

Facility ID. Number: \_\_\_\_\_ Outfall No. \_\_\_\_\_

1. Pollutant and CAS No. (if available)	2. Mark "X"			3. Concentrate						4. Units		5. Intake (optional)			
	a. testing required	b. believed present	c. believed absent	a. Maximum Daily Value		b. Max. 30-day Value (if available)		c. Long Term Avg. Value (if available)		d. No. of Analyses	a. Conc.	b. Mass	a. Long Term Avg. Value		b. No. of Analyses
				(1) Conc.	(2) Mass	(1) Conc.	(2) Mass	(1) Conc.	(2) Mass				(1) Conc.	(2) Mass	
6P. Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
7P. 4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
8P. 4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
9P. 4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
10P. Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
11P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
12P. -Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
13P. Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
14P. Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
15P. Endrin Aldehyde (7421-92-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
16P. Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
17P. Heptachlor Epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
18P. PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
19P. PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
20P. PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
21P. PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
22P. PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
23P. PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
24P. PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
25P. Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

**SECTION VI. CERTIFICATIONS**

**1. Certifications For New Or Modified Facilities**

This is to certify the engineering features of this project have been designed or examined by me and found to be in conformity with sound engineering principles, applicable to the treatment and/or disposal of demineralization concentrate characterized in the permit application. There is reasonable assurance, in my professional judgment, that the subject facilities, when properly maintained and operated, will discharge a demineralization concentrate 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 subject facilities.

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

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 (Please type or print)	Signature
_____	_____
Telephone No. (area code & No.)	Date Signed
E-mail Address: _____	

**2. Certifications For Permit Renewals**

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

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

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 (Please type or print)	Signature
_____	_____
Telephone No. (area code & No.)	Date Signed
E-mail Address:	_____