IOWA DEPARTMENT OF NATURAL RESOURCES NPDES PERMIT APPLICATION
FORM 2 FOR INDUSTRIAL FACILITIES

FORM 2 – FACILITIES WHICH DO NOT DISCHARGE PROCESS WASTEWATER

I. Receiving Stream

Outfall Number	**Description of Discharge**

Receiving Stream and Route of Flow

II. Type of Waste

Check the box(es) indicating the general type(s) of waste.

☐ **Sanitary Waste** ☐ **Noncontact Cooling Water** ☐ **Boiler Blowdown** ☐ **Other**

III. Effluent Characteristics

***A. Existing Sources - You must provide measurements for the pollutants listed in the left-hand column below unless a waiver is granted in writing by the department* (See testing waivers in instructions).**

***B. New Discharges - You must provide estimates for the pollutants listed in the left-hand column below unless a waiver is granted in writing by the department* (See testing waivers in instructions).**

Pollutant	**Maximum Daily Value** *(include units)*		**Average Daily Value (last year)** *(include units)*		**Number of Measurements Taken** *(past 12 months)*	**Source of Estimate** *(if new discharger)*	**Certified Laboratory Number**
	Mass	**Concentration**	**Mass**	**Concentration**			
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids							
***Escherichia coli* (E. coli)**							
Ammonia (as N)							
Oil and Grease							
Chemical Oxygen Demand (COD)							
Total Organic Carbon (TOC)							
Total Residual Chlorine							
Discharge Flow	Million Gallons per Day (MGD)		Million Gallons per Day (MGD)				
pH	Minimum		Maximum				
Discharge Temperature (summer max.)	°F						
Discharge Temperature (winter max.)	°F						

C. Chemical Additives - If you add any chemicals (e.g. cooling water or boiler chemicals) you must provide the following information:

(1) The name of the manufacturer of each chemical used and list their composition or provide a copy of each Material Safety Data Sheet (MSDS).

(2) The concentration of the chemical additive estimated to be discharged in ppm or mg/l.

(3) The ecological toxicity information about the chemical if available. Specifically, the LC_{50} value for freshwater aquatic species which may be listed on the MSDS.

Attach additional sheets if necessary.

IV. Describe the days per week and hours per day the discharge occurs and describe any seasonal variation in volume or characteristics of the discharge.
V. Treatment System (Describe briefly any treatment system(s) used or to be used.)
VI. Other Information (Optional) **Use the space below to expand on any of the above questions or bring to the attention of the reviewer any other information you feel should be considered in establishing permit conditions. Attach additional sheets if necessary.**

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FORM 2 – INSTRUCTIONS
FACILITIES THAT DISCHARGE NONPROCESS WASTEWATER

Item I

Outfall Number

List an outfall number. If this is a new or previously unpermitted facility begin numbering each discharge point consecutively beginning with 001. You must submit a separate Form 2 for each outfall.

Description of Discharge

Provide a brief description of the sources of water discharged. For example: non-contact cooling water from air compressors, water used to cool tips of spot welders.

Receiving Stream

Identify the receiving stream and describe the route of flow from the point of discharge until the water reaches the receiving stream. For example, drain tile to unnamed creek to the Des Moines River.

Item II

Check the box(es) that best describe the source(s) of water to be discharged (e.g., sanitary waste, boiler blowdown, noncontact cooling water). If you check the box for "other" provide further explanation under Item VI.

Item III

Effluent Characteristics

A. <u>Existing Dischargers</u>

You must report the concentration and the total mass (except for flow, pH, temperature, and fecal coliform) for each of the listed pollutants. Concentrations must be reported in mg/l (milligrams per liter) and mass in lbs/day (pounds per day).

You are required to provide at least one analysis for each pollutant listed by filling in the requested information. Data reported must be representative of your current operation and discharge during dry weather when the discharge is not influenced by storm water runoff. The analysis of these pollutants must be done in accordance with EPA approved procedures listed in 40 CFR Part 136. Grab samples must be collected for pH, temperature, residual chlorine, oil and grease, and *Escherichia coli* (E. coli). For all other pollutants, 24-hour composite samples must be used. Samples collected after October 1, 1996 must be analyzed by a laboratory certified in the State of Iowa to perform the required analysis except for pH, residual chlorine, dissolved oxygen, settleable solids and other pollutants that must be analyzed immediately upon collection of the sample.

If you expect a pollutant to be present solely as a result of its presence in your intake water, state this information in Item VI of this form.

B. New Dischargers

You are required to provide an estimate of the maximum daily and average daily value for each of the listed pollutants. Estimates may be based on actual data from pilot plants, estimates from engineering studies, data from similar plants, best professional estimates, or other sources. You must state the basis for your estimates using the following codes:

1. Pilot plant data
2. Engineering study
3. Data from similar plant
4. Best professional judgment
5. Other (Specify on form or on separate sheet)

Within two (2) years of commencement of discharge by a new discharger, you must test and report the actual rather than the estimated data for the pollutants or parameters in Item III unless waived by the department.

C. Chemical Additives

If chemical additives are used, list each additive by name. You must list any hazardous ingredients of each additive shown on the Material Safety Data Sheet (MSDS) or provide a copy of the MSDS for each additive. You must provide the estimated concentration of the chemical in the discharge. You must provide the ecological toxicity data for freshwater aquatic species, if available.

D. Testing Waivers

Discharges from product washing or quarry dewatering associated with the mining of rock, sand, or gravel must be tested for pH and total suspended solids only. Testing for other listed pollutants is optional.

For all other discharges you may request a waiver from reporting any of these pollutants by submitting a written request specifying which pollutants should be waived and the reason(s) for requesting the waiver. All data must be reported unless a waiver is granted in writing by the department.

Item IV

Describe the days per week the discharge occurs, the hours per day the discharge occurs, and any seasonal variation in the volume or characteristics of the discharge.

Item V

Describe any wastewater treatment system(s) used or proposed.

Item VI

Other Information (Optional)

Provide any other information you feel should be considered by the reviewer in establishing permit limitations or expand upon any of the information provided elsewhere on the form. Attach additional sheets as necessary.