To: **Prospective Applicants for an Industrial Wastewater Discharge Permit for Oil and Gas Exploration, Development, & Production Facilities Located Within Territorial Seas of Louisiana**

Attached is an **Oil & Gas Territorial Seas Industrial Wastewater Discharge Permit Application, O&G-IND,** for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program in accordance with the Clean Water Act. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

In accordance with LAC 33:2501.D.2, all permittees with currently effective permits shall submit a new application at least 180 days before the expiration date of the existing permit.

Applicable fees (draft and annual) will be sent under separate invoices. DO NOT submit fees with this application.

Your **completed application**, with a marked **U.S.G.S. Quadrangle map** or equivalent (Refer to Section VI.B for examples) attached, should be submitted to:

Mailing Address:
Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Water Permits Division

Physical Address: (if hand delivered)
Department of Environmental Quality
Office of Environmental Services
602 N. Fifth Street
Baton Rouge, LA 70802
Attention: Water Permits Division

Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx#Title33 or by contacting the Regulations Development Section by phone at (225) 219-3985.

For questions regarding this application, please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this application, please contact DEQ, Small Business/ Small Community Assistance at 1-800-259-2890.

Date _____

Agency Interest No. AI _____

NPDES/LPDES Permit No. LA _____

Air Permit No. (CDS No.) _____

Please check:

- ☐ Initial Permit
- ☐ Permit Modification
- ☐ Permit Renewal
- ☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-9371

LPDES PERMIT APPLICATION TO DISCHARGE INDUSTRIAL WASTEWATER FROM OIL & GAS FACILITIES LOCATED WITHIN THE TERRITORIAL SEAS OF LOUISIANA

(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

Legal Name of Applicant (Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

City, State _____ Zip Code: _____

If applicant named above is not also the billing party for the production facility, please state the billing contact name, phone # and address.

_____

_____

Please check status: Federal ☐ Parish ☐ Municipal ☐ State ☐ Public ☐ Private ☐ Other: _____

Does this facility meet the requirements of 316(b) Rule Phase III under 40 CFR Parts 9, 122, 123, et al.? This rule applies to new offshore and coastal oil and gas extraction facilities for which construction commenced after 7/16/06 that have an intake structure with a design flow of greater than 2 million gallons per day (MGD) and withdraw at least 25 percent of the water exclusively for cooling purposes.

Yes ☐ No ☐

2. Location of facility. Please provide the offshore area description and block number and platform coordinates of the facility for which the NOI is being submitted.

Offshore Area Description and Block Number: _____

Oil & Gas Field: _____

City (or nearest city): _____ Parish _____

Platform Coordinates:

Latitude- _____deg. _____min. _____sec. Longitude- _____deg. _____ min. _____sec.

SECTION I - FACILITY INFORMATION (cont.)

UTM Coordinates: X= _____ Y = _____

Method of Coordinate Determination: _____
(Quad Map, Previous Permit, website, GPS)

3. Name or Title of Environmental Contact Person _____

   Phone Number: _____ Fax Number: _____

   e-mail: _____

4. SIC (Standard Industrial Classification) code(s): _____
   SIC codes can be obtained from the U.S. Department of Labor internet site at www.osha.gov/oshstats/sicser.html

B. Name and address of responsible representative who completed the application:

Name & Title _____

Company _____

Phone Number: _____ Fax Number: _____ e-mail: _____

Address: _____

Contact this person for questions regarding the application? Yes ☐ No ☐

C. Name and address of billing contact:

Name & Title _____

Company _____

Phone Number: _____ Fax Number: _____ e-mail: _____

Address: _____

D. Facility Information

1. Please check the facility type applying for coverage:

   ☐ Stationary Production Facility

   ☐ Mobile Production Facility (mobile production rigs or platforms, does not include drilling, workover, or completion barges)

   ☐ Individual Well (i.e., a well located in an existing oil & gas producing area that is not or will not tie into an existing production facility, or a well that will tie into an existing production facility, but is operated by another operator)

   ☐ Wildcat Well (i.e., a well drilled in an area where no oil or gas production exists)

   ☐ Other _____

2. Reportable Quantity Releases: As defined in 40 CFR 110.3, a Reportable Quantity (RQ) release of oil is "the amount of oil that violates applicable water quality standards or causes a film or sheen upon, or a discoloration of, the surface of the water or adjoining shorelines or causes a sludge or emulsion to be deposited beneath the surface of the water or upon adjoining shorelines." The RQs for other substances are listed in 40 CFR 117.3 and 302.4. Has there been a RQ release of oil or hazardous substances at this facility in stormwater since November 16, 1987, by the current owner or operator?

   Yes ☐ No ☐

SECTION I - FACILITY INFORMATION (cont.)

3. Products/Services:

_____

_____

_____

4. Raw Materials:

_____

_____

_____

5. Do you have any alternate methods of wastewater disposal other than discharge (e.g. deep well injection, land application, etc.)?

   Yes ☐ No ☐

   If yes, please describe what method is being used and what type of wastewater is being disposed of.

_____

_____

6. If a new discharge, when do you expect to begin discharging? _____

7. Is the facility located within 1300' of an active oyster lease? Yes ☐ No ☐
8. Will the facility discharge directly into a waterbody designated as an Oyster Propagation area, as stated in LAC 33:IX.1123.Table 3?

   Yes ☐ No ☐

SECTION II – SITE HISTORY

A. If this is an existing facility, please provide the date (to the best of your knowledge) that the applicant began operations at this site: _____

B. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Please note: This portion of the application is for data collection purposes only and will be used for an LDEQ records cleanup project; therefore, this list is not a mandatory requirement to be filled out by the applicant. However, LDEQ respectfully requests the applicant provide any of this information if it is known.

Company	Dates of Operation		Telephone Number
	From	To	

SECTION II – SITE HISTORY (cont.)

C. Louisiana Coastal Zone Determination

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (http://sonris.com/direct.asp) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

1. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR? Yes ☐ No ☐

If Yes:

2. Do you have a Coastal Use Permit issued by DNR: Yes ☐ No ☐

   If Yes, Please List your Coastal use Permit Number: _____

3. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

   Yes ☐ No ☐

   If **yes**, you must contact DNR for a determination (888) 792-0432 or HelpDeskDNR@la.gov.

   I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit.

   If a Coastal Use permit is required, an application was submitted on: _____

SECTION III – DISCHARGE INFORMATION

A. Provide the following discharge information:

1. Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, and cooling water and the average flow contributed by each operation.

Place an "X" here, if coverage is requested	Outfall No.	Outfall Description	Treatment Description	Long Term Average Flow (*) in MGD	Maximum 30-Day Flow (**) in MGD
	001	deck drainage			
	002	produced water			
	003	well treatment, completion, and workover fluids (includes packer fluids)			
	004	sanitary waste			
	005	domestic waste			
	006	hydrostatic test wastewater			
	007	miscellaneous discharges of wastewaters: desalinization unit discharge, diatomaceous earth filter media, blowout preventer fluid, uncontaminated ballast water, uncontaminated bilge water, mud, cuttings, and cement at the seafloor, uncontaminated freshwater, uncontaminated seawater, boiler blowdown, source water and sand, and excess cement slurry			
	008	miscellaneous discharges of seawater and freshwater which have been chemically treated: seawater from continuous operations of fire control and utility lift pumps, seawater from pressure maintenance and secondary recovery projects, water released during fire protection personnel training ballast water, once through non-contact cooling water, and desalinization unit discharge			

* Long Term Average Flow – The sum of all of the monthly average values measured over the previous two years divided by the number of monthly average values measured within the same period.

** Maximum 30 day Flow - The maximum monthly average value is the highest value of all the monthly averages over the previous two years.

SECTION III – DISCHARGE INFORMATION (cont.)

B. OUTFALL 001 - Complete Section III.B if deck drainage is a contributing source of wastewater at this facility.

Deck Drainage: all waste resulting from platform washings, deck washings, spillage, rainwater, and runoff from gutters, and drains, including drip pans and wash areas within facilities covered under this permit.

☐ Check here if the deck drainage outfall is not applicable to your operation. If not applicable, skip to the Outfall 002 discharge information section.

1. Give a brief description of the location of the deck drainage outfall. For example, Outfall 001 is located on the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the deck drainage outfall:

_____

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how deck drainage wastewaters reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 001, Deck Drainage - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for the deck drainage outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

C. OUTFALL 002 - Complete Section III.C and the **Environmental Assessment Statement Section** if produced water is a contributing source of wastewater at this facility.

Produced Water: the water (brine) brought up from the hydrocarbon-bearing strata during the extraction of oil and gas, and can include formation water, injection water, and any chemicals added downhole or during the oil/water separation process.

☐ Check here if the produced water outfall is not applicable to your operation. If not applicable, skip to the Outfall 003 discharge information section.

1. Give a brief description of the location of the produced water outfall. For example, Outfall 002 is located on the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

2. List treatment method(s) used for the produced water outfall:

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

4. Indicate how produced water wastewaters reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

6. List the volume of produced water discharges. _____ *MGD*

7. Have any fish/oyster tissue or sediment samples been taken near the outfall?

   Yes ☐ No ☐

   If Yes, Please describe the results of these tests below (can provide as an attachment if necessary)

SECTION III – DISCHARGE INFORMATION (cont.)

8. Depth of water at well location (include units): _____

9. Lab Analysis for Outfall 002, Produced Water- Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for the produced water outfall. If a treatment method is used, provide analytical data after treatment.

    - Tables I & II – Quantitative data is REQUIRED for ALL Pollutants in these tables.
    - Table III - Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
    - Tables IV & VI – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in these tables are present. If believed present, then quantitative data is required to be submitted.
    - Table V – Permittee must indicate whether it knows or has reason to believe that any of the pollutants in this table are present. If believed present, you must briefly describe the reasons the pollutant is expected to be discharged and you must report any quantitative data available.
    - Table VII – Not Required (use as necessary)

    Please note, waiver requests will not be considered for the discharges from this outfall

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE I:

CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	**EFFLUENT ANALYSIS**						**UNITS**	
	MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCENTRATION	MASS
	CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
BOD_5								
COD								
TOC								
Oil & Grease								
Ammonia (as N)								
Total Suspended Solids (TSS)								
Total Dissolved Solids (TDS)								
Flow	Value		Value		Value			
Temperature (winter) °C	Value		Value		Value		DEGREES CELCIUS	
Temperature (summer) °C	Value		Value		Value		DEGREES CELCIUS	
pH (SU)	Minimum	Maximum	Minimum	Maximum			STANDARD UNITS	

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE II:

OTHER TOXIC POLLUTANTS (METALS AND CYANIDE) AND TOTAL PHENOLS

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	**MARK X**			**MQL (*) µg/L**	**EFFLUENT ANALYSIS**						**UNITS**	
					MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Antimony, Total				60								
Arsenic, Total				5								
Beryllium, Total				0.5								
Cadmium, Total				1								
Chromium, Total				10								
Copper, Total				3								
Lead, Total				2								
Mercury, Total				0.005								
Nickel, Total [Marine]				5								
Nickel, Total [Freshwater]				5								
Selenium, Total				5								
Silver, Total				0.5								
Thallium, Total				0.5								
Zinc, Total				20								
Cyanide, Total				10								
Phenols, Total				5								

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
VOLATILE ORGANIC CHEMICALS – EPA METHOD 624 SUGGESTED												
acrolein				50								
acrylonitrile				20								
benzene				10								
bromoform				10								
carbon tetrachloride				2								
chlorobenzene				10								
chlorodibromomethane				10								
chloroethane				50								
2-chloroethylvinyl ether				10								
chloroform				10								
dichlorobromomethane				10								
1,1-dichloroethane				10								
1,2-dichloroethane				10								
1,1-dichloroethylene				10								
1,2-dichloropropane				10								
1,3-Dichloropropylene				10								
ethylbenzene				10								
methyl bromide				50								
methyl chloride				50								
methylene chloride				20								
1,1,2,2-tetrachloroethane				10								
tetrachloroethylene				10								
toluene				10								
1,2-trans-dichloroethylene				10								
1,1,1-trichloroethane				10								
1,1,2-trichloroethane				10								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
trichloroethene (trichloroethylene)				10								
vinyl chloride (chloroethylene)				10								
ACID EXTRACTABLE ORGANIC CHEMICAL – EPA METHOD 625 SUGGESTED												
2-chlorophenol				10								
2,4-dichlorophenol				10								
2,4-dimethylphenol				10								
2,4-dinitrophenol				50								
2-methyl 4,6-dinitrophenol (4,6-dinitro-o-cresol)				50								
2-nitrophenol				20								
4-nitrophenol				50								
4-chloro-3-methylphenol (p-chloro-m-cresol)				10								
pentachlorophenol				5								
phenol				10								
2,4,6-trichlorophenol				10								
BASE/NEUTRAL EXTRACTABLE ORGANIC CHEMICALS – EPA METHOD 625 SUGGESTED												
acenaphthene				10								
acenaphthylene				10								
anthracene				10								
benzidine				50								
benzo(a)anthracene				5								
benzo(a)pyrene				5								
3,4-benzo fluoranthene				10								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
benzo(ghi)perylene				20								
benzo(k)fluoranthene				5								
bis(2-chloroethoxy)methane				10								
bis(2-chloroethyl)ether				10								
bis(2-chloroisopropyl)ether				10								
bis(2-ethylhexyl)phthalate				10								
4-bromophenyl phenyl ether				10								
butylbenzyl phthalate				10								
2-chloronaphthalene				10								
4-chlorophenyl phenyl ether				10								
chrysene				5								
dibenzo(a,h)anthracene				5								
3,3'-dichlorobenzidine				5								
diethyl phthalate				10								
dimethyl phthalate				10								
di-n-butyl phthalate				10								
2,4-dinitrotoluene				10								
2,6-dinitrotoluene				10								
di-n-octyl phthalate				10								
1,2-diphenylhydrazine (as azobenzene)				20								
fluoranthene				10								
fluorene				10								
hexachlorobenzene				5								
hexachlorobutadiene				10								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
hexachlorocyclopentadiene				10								
hexachloroethane				20								
indeno(1,2,3-cd)pyrene				5								
isophorone				10								
naphthalene				10								
nitrobenzene				10								
N-nitrosodimethylamine				50								
N-nitrosodi-n-propylamine				20								
N-nitrosodiphenylamine				20								
phenanthrene				10								
pyrene				10								
1,2,4-trichlorobenzene				10								
PESTICIDES & PCBs – EPA METHOD 608 REQUIRED												
aldrin				0.01								
Aroclor 1016 (PCB-1016)				0.2								
Aroclor 1221 (PCB-1221)				0.2								
Aroclor 1232 (PCB-1232)				0.2								
Aroclor 1242 (PCB-1242)				0.2								
Aroclor 1248 (PCB-1248)				0.2								
Aroclor 1254 (PCB-1254)				0.2								
Aroclor 1260				0.2								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE III:

ORGANIC TOXIC POLLUTANTS IN EACH OF THE FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GS/MS)

OUTFALL NUMBER

002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
(PCB-1260)												
alpha-BHC				0.05								
beta-BHC				0.05								
delta-BHC				0.05								
gamma-BHC				0.05								
chlordane				0.2								
4,4'DDT				0.02								
4,4'DDE				0.1								
4,4'DDD				0.1								
dieldrin				0.02								
alpha-endosulfan				0.01								
beta-endosulfan				0.02								
endosulfan sulfate				0.1								
endrin				0.02								
endrin aldehyde				0.1								
heptachlor				0.01								
heptachlor epoxide				0.01								
Toxaphene				0.3								

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE IV:

ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS												
Bromide				---								
Chlorine, Total Residual				---								
Color				---								
Fecal Coliform (cols/100ml)				---								
Fluoride				---								
Kjeldahl Nitrogen, Total				---								
Nitrate-Nitrite				---								
Nitrogen, Total Organic				---								
Phosphorus, Total				---								
Radioactivity				---								
Radium 226				---								
Radium 228				---								
Sulfate				---								
Sulfide				---								
Sulfite				---								
Surfactants				---								
Aluminum, Total				---								
Barium, Total				---								
Boron, Total				---								
Cobalt, Total				---								
Iron, Total				---								
Magnesium, Total				---								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE IV:

ADDITIONAL CONVENTIONAL AND NONCONVENTIONAL POLLUTANTS

OUTFALL NUMBER

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	NG REQU	VED PRES	VED ABSE		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
Manganese, Total				---								
Molybdenum				---								
Tin, Total				---								
Titanium, Total				---								

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCET-RATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES												
Asbestos				---								
HAZARDOUS SUBSTANCES												
Acetaldehyde				---								
Allyl alcohol				---								
Allyl chloride				---								
Amyl acetate				---								
Aniline				---								
Benzonitrile				---								
Benzyl chloride				---								
Butyl acetate				---								
Butylamine				---								
Captan				---								
Carbaryl				---								
Carbofuran				---								
Carbon disulfide				---								
Chlorpyrifos				---								
Coumaphos				---								
Cresol				---								
Crotonaldehyde				---								
Cyclohexane				---								
2,4-D (2,4-Dichlorophen-oxyacetic acid)				---								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE V:

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

OUTFALL NUMBER

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCET-RATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Diazinon				---								
Dicamba				---								
Dichlobenil				---								
Dichlone				---								
2,2-Dichloropropionic acid				---								
Dichlorvos				---								
Diethyl amine				---								
Dimethyl Amine				---								
Dinitrobenzene				---								
Diquat				---								
Disulfoton				---								
Diuron				---								
Epichlorohydrin				---								
Ethion				---								
Ethylene diamine				---								
Ethylene dibromide				---								
Formaldehyde				---								
Furfural				---								
Guthion				---								
Isoprene				---								
Isopropanolamine Dodecylbenzenesulfonate				---								
Kelthane				---								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE V:

OUTFALL NUMBER

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCET-RATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Kepone				---								
Malathion				---								
Mercaptodimethur				---								
Methoxychlor				---								
Methyl mercaptan				---								
Methyl methacrylate				---								
Methyl parathion				---								
Mevinphos				---								
Mexacarbate				---								
Monoethyl amine				---								
Monomethyl amine				---								
Naled				---								
Napthenic acid				---								
Nitrotoluene				---								
Parathion				---								
Phenolsulfanate				---								
Phosgene				---								
Propargite				---								
Propylene oxide				---								
Pyrethrins				---								
Quinoline				---								
Resorcinol				---								
Strontium				---								
Strychnine				---								

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE V:

OUTFALL NUMBER

TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCET-RATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
Styrene				---								
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)				---								
TDE (Tetrachloro-diphenylethane)				---								
2,4,5-TP[2-(2,4,5-Trichlorophenoxy) propanoic acid]				---								
Trichlorfon				---								
Triethanolamine Dodecylbenzenesulfonate				---								
Triethylamine				---								
Trimethylamine				---								
Uranium				---								
Vanadium				---								
Vinyl Acetate				---								
Xylene				---								
Xylenol				---								
Zirconium				---								

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE VI:

DIOXINS

OUTFALL NUMBER

Outfall 002 – Produced Water

YOU ARE REQUIRED TO REPORT QUALITATIVE DATA , GENERATED USING A SCREENING PROCEDURE NOT CALIBRATED WITH ANALYTICAL STANDARDS FOR THE FOLLOWING PARAMETER IF IT USES OR MANUFACTURES 2,4,5-TRICHLOROPHENOXY ACETIC ACID (2,4,5,-T); 2-(2,4,5-TRICHLOROPHENOXY) PROPANOIC ACID (SILVEX, 2,4,5,-TP); 2-(2,4,5 TRICHLOROPHENOXY) ETHYL, 2,2-DICHLOROPROPIONATE (ERBON); O,O-DIMETHYL O-(2,4,5-TRICHLOROPHENYL) PHOSPHOROTHIOATE (RONNEL); 2,4,5-TRICHLOROPHENOL (TCP); or HEXACHLOROPHENE (HCP); OR IF YOU KNOW OR HAVE REASON TO BELIEVE THAT TCDD IS OR MAY BE PRESENT IN AN EFFLUENT

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		
2,3,7,8-tetrachlorobenzo-p-dioxin (TCDD)				0.000 01								

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

TABLE VII:

OTHER (AS NEEDED)

OUTFALL NUMBER

Outfall 002 – Produced Water

☐ Grab ☐ Composite

POLLUTANT	MARK X			MQL (*) µg/L	EFFLUENT ANALYSIS						UNITS	
	TESTING REQUIRED	BELIEVED PRESENT	BELIEVED ABSENT		MAXIMUM DAILY VALUE		MAXIMUM 30 DAY VALUE		LONG TERM AVERAGE VALUE		CONCEN-TRATION	MASS
					CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS		

(*) Minimum Quantification Level (MQL)

SECTION III – DISCHARGE INFORMATION (cont.)

D. OUTFALL 003 - Complete Section III.D if well treatment, completion, and workover fluids are a contributing source of wastewater at this facility.

Well Treatment Fluid: any fluid used to restore or improve productivity by chemically or physically altering hydrocarbon-bearing strata after a well has been drilled. These fluids move into the formation and return to the surface as a slug with the produced water. Stimulation fluids include substances such as acids, solvents, and propping agents.

Completion Fluids: salt solutions, weighted brines, polymers or various additives used to prevent damage to the well bore during operations which prepare the drilled well for hydrocarbon production. These fluids move into the formation and return to the surface as a slug with the produced water. Drilling muds remaining in the well bore during logging, casing, and cementing operations or during temporary abandonment of the well are not considered completion fluids and are regulated by drilling fluids requirements.

Workover Fluid: salt solutions, sometimes containing specialty additives, which are used in a producing well to allow safe repair and maintenance procedures. High solids drilling fluids used during workover operations are not considered workover fluids by definition and therefore must meet drilling fluid effluent limitations before discharge may occur. Packer fluids, low solid fluids between the packer, production string and well casing, are considered to be workover fluids.

☐ Check here if the well treatment, completion, and workover fluids outfall is not applicable to your operation. If not applicable, skip to the Outfall 004 discharge information section.

1. Give a brief description of the location of the well treatment, completion, and workover fluids outfall. For example, Outfall 003 is located on the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the well treatment, completion, and workover fluids outfall:

_____

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how well treatment, completion, and workover fluids reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 003, Discharge of Well Treatment, Completion, and Workover Fluids - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for the well treatment, completion, and workover fluids outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

E. OUTFALL 004 - Complete Section III.E if sanitary waste is a contributing source of wastewater at this facility.

Sanitary Waste: treated wastewater that contains human metabolic waste discharged from toilets and urinals.

☐ Check here if the sanitary waste outfall is not applicable to your operation. If not applicable, skip to the Outfall 005 discharge information section.

1. Give a brief description of the location of the sanitary waste outfall. For example, Outfall 004 is located at the point of discharge from the sanitary treatment unit located on the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the sanitary waste outfall:

_____

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how sanitary waste reaches state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 004 – Sanitary Waste - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each sanitary waste outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TSS				
Ammonia (as N)				
Total Residual Chlorine *if chlorine used*				
Fecal Coliform (cols/100ml)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

F. OUTFALL 005 - Complete Section III.F if domestic waste is a contributing source of wastewater at this facility.

Domestic Waste: materials discharged from galleys, sinks, showers, and baths, safety showers, eyewash stations, hand washing stations, fish cleaning stations, and laundries. Domestic wastewater does not include drainage from toilets, urinals, hospitals, and cargo spaces.

☐ Check here if the domestic waste outfall is not applicable to your operation. If not applicable, skip to the Outfall 006 discharge information section.

1. Give a brief description of the location of the domestic waste outfall. For example, Outfall 005 is located at the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the domestic waste outfall:

_____

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how domestic waste reaches state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 005 – Domestic Waste - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each domestic waste outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

G. OUTFALL 006 - Complete Section III.G if hydrostatic test wastewater is a contributing source of wastewater at this facility.

Hydrostatic Test Wastewater: a leakage determination test used to conduct a hydrostatic test on a hollow object or piece of equipment by filling the tested item with water and subjecting it to pressure.

☐ Check here if the hydrostatic test wastewater outfall is not applicable to your operation. If not applicable, skip to the Outfall 007 discharge information section.

1. Give a brief description of the location of the hydrostatic test wastewater outfall. For example, Outfall 006 is located at the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the hydrostatic test wastewater outfall:

_____

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how hydrostatic test wastewaters reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 006 – Hydrostatic Test Wastewater - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each hydrostatic test wastewater outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				
Total Benzene				
BTEX				
Total Lead				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

H. OUTFALL 007 - Complete Section III.H if miscellaneous discharges of wastewaters including desalinization unit discharge, diatomaceous earth filter media, blowout preventer fluid, uncontaminated ballast water, uncontaminated bilge water, mud, cuttings, and cement at the seafloor, uncontaminated freshwater, uncontaminated seawater, boiler blowdown, source water and sand, and excess cement slurry are contributing sources of wastewater at this facility.

Desalinization unit discharge: wastewater associated with the process of creating freshwater from seawater.

Diatomaceous Earth Filter Media: Filter media used to filter seawater or other authorized completion fluids that are subsequently washed from the filter.

Blowout Preventer Control Fluid: fluid used to actuate the hydraulic equipment on the blowout preventer or subsea production wellhead assembly.

Ballast Water: uncontaminated surface water used to maintain proper draft or to stabilize drilling or workover vessels.

Bilge Water: water that accumulates in the bilge area of drilling or workover vessels.

Muds, Cuttings, and Cement at the Seafloor: discharges which occur at the seafloor prior to installation of the marine riser and during marine riser disconnect and well abandonment and plugging operations.

Uncontaminated Freshwater: freshwater which is discharged without the addition of chemicals. Included are: (1) discharges of excess freshwater that permit the continuous operation of fire control and utility lift pumps, (2) excess freshwater from pressure maintenance and secondary recovery projects, (3) water released during the training and testing of personnel in fire protection.

Uncontaminated Seawater: is seawater which is returned to the sea without the addition of chemicals. Included are: (1) discharges of excess seawater which permit the continuous operation of fire control and utility lift pumps, (2) excess seawater from pressure maintenance and secondary recovery projects, (3) water released during the training and testing of personnel in fire protection, and (4) once through, noncontact cooling water which has not been treated with biocides.

Boiler Blowdown: discharge from boilers necessary to minimize solids build-up in the boilers, including vents from boilers and other heating systems.

Source Water and Sand: water from non-hydrocarbon bearing formations for the purpose of pressure maintenance or secondary recovery including the entrained solids.

Excess Cement Slurry: the excess mixed cement, including additives and wastes from equipment washdown after a cementing operation.

☐ Check here if the miscellaneous discharges outfall is not applicable to your operation. If not applicable, skip to the Outfall 008 discharge information section.

SECTION III – DISCHARGE INFORMATION (cont.)

1. Give a brief description of the location of the miscellaneous discharges outfall. For example, Outfall 007 is located at the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

2. List treatment method(s) used for the miscellaneous discharges outfall:

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

4. Indicate how miscellaneous discharges reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 007 – Miscellaneous Discharges - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each miscellaneous discharge outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION III – DISCHARGE INFORMATION (cont.)

I. OUTFALL 008 - Complete Section III.I if miscellaneous discharges of seawater and freshwater which have been chemically treated including seawater from continuous operations of fire control and utility lift pumps, seawater from pressure maintenance and secondary recovery projects, water released during fire protection personnel training, ballast water, once through non-contact cooling water, and desalinization unit discharge are contributing sources of wastewater at this facility.

Ballast Water: uncontaminated surface water used to maintain proper draft or to stabilize drilling or workover vessels.

Non-contact Cooling Water: means that water used for the purpose of heat removal and which does not come in contact with any raw materials, intermediate or finished products, or any spilled materials in conveyances.

Desalinization unit discharge: wastewater associated with the process of creating freshwater from seawater.

☐ Check here if the miscellaneous discharges with chemicals outfall is not applicable to your operation. If not applicable, skip to Section IV of the application.

1. Give a brief description of the location of the miscellaneous discharges with chemicals outfall. For example, Outfall 008 is located at the northeast corner of the production facility/platform. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

_____

_____

_____

2. List treatment method(s) used for the miscellaneous discharges with chemicals outfall:

_____

3. List any pertinent physical and/or chemical properties of the discharge. (i.e., toxic components, taste and odor compounds, heavy metals, etc.)

_____

_____

4. Indicate how miscellaneous discharges with chemicals reach state waters (named water bodies). This will usually be either "directly", "open ditch" (if it is a highway ditch, indicate the highway), or by "pipe". Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. See Section VI.

   By _____(direct discharge, effluent pipe; etc.);

   thence into _____(The Gulf of Mexico; etc.)

5. Latitude/Longitude of Discharge:

   Latitude- ____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION III – DISCHARGE INFORMATION (cont.)

6. Lab Analysis for Outfall 008 – Miscellaneous Discharges With Chemicals - Sampling and analytical protocol must conform to the requirements found in 40 CFR Part 136. Provide analytical data for the following effluent characteristics for each miscellaneous discharge with chemicals outfall. If a treatment method is used, provide analytical data after treatment.

Effluent Characteristic	**Effluent Analysis**			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
Oil and Grease				
TSS				
COD				
TOC				
Ammonia (as N)				

Is the effluent flow intermittent? ☐ Yes ☐ No

A waiver may only be requested for the parameters listed below.

	Monthly Average Maximum*	Daily Maximum	Monthly Average Minimum	Method of Measure
Flow (GPD)				
Winter Temperature (°C)				
Summer Temperature (°C)				
	Minimum		Maximum	
Discharge Duration (hrs/day)				
pH (s.u.)				

☐ Check here if requesting a waiver from any of the analytical data requirements above.

If requesting a waiver, please provide justification for each applicable parameter.

SECTION IV – COMPLIANCE HISTORY

Report the last three year history of all violations and enforcement actions for the facility, as operated by the current permittee, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses which exceeded permit limitations. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant (Please attach).

SECTION V – LAC 33.I.1701 REQUIREMENTS

A. Does the applicant have any federal or other state environmental permits identical to, or of a similar nature to, the permit for which you are applying (i.e. oil and gas E & P operations)? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Yes ☐ No

If yes, list the states: _____

_____

_____

B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

_____

C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No

SECTION VI – MAPS/DIAGRAMS

A Topographic Map **MUST** be provided with all applications.

Attach to this application a map or a copy of a section of the map which has been highlighted to show the location of your facility and the first named waterbody. Include on the map the area extending at least three miles beyond your property boundaries. Indicate the oil & gas field name and/or state lease number, coordinates of the facility, and the facility name.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at http://map.ldeq.org/ or www.topozone.com. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

ENVIRONMENTAL ASSESSMENT STATEMENT

Must be completed if Produced Water Discharges are Present

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple **"yes"** or **"no"** answers **will not be acceptable**. A measured response should be given for each question posed, taking into consideration appropriate factors such as: the environmental sensitivity of the area, both for the proposed site and alternative sites; impacts on the economy of the area, both favorable and unfavorable; availability of raw materials, fuels and transportation and the impact of potential sites on their availability and economics; relationship of the facility to other facilities, either within or independent of the company, and the effects of location on these relationships; and other factors which may be appropriate on a case-by-case basis. **(Attach any additional pages if needed.)**

1. Have the potential and real adverse environmental effects of the proposed facility been avoided to the maximum extent possible?

2. Does a cost benefit analysis of the environmental-impact costs balanced against the social and economic benefits of the proposed facility demonstrate that the latter outweighs the former?

3. Are there alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing nonenvironmental benefits?

4. Are there alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing nonenvironmental benefits?

5. Are there mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing nonenvironmental benefits?

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

(a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

(b) The manager of one or more manufacturing, production, or operating facilities, provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

[NOTE: The department does not require specific assignments or delegations of authority to responsible corporate officers identified in Subparagraph A.1.a of this Section. The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the state administrative authority to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under Subparagraph A.1.b of this Section rather than to specific individuals.]

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:

(a) The chief executive officer of the agency, or

(b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.

2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following certification:

"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."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state permit application must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following certification:

> "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."

Signature _____

Printed Name _____

Company _____

Title _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and two copies of this application and all attachments.

ANY APPLICATION THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. APPLICATION PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE APPLICATION BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.