To: Prospective Applicants for a Water Discharge Permit for Vessel Cleaning / Repair, Fleeting, and Shipyards

Attached is a **Vessel Cleaning / Repair, Fleeting, and Shipyards Permit Notice of Intent (NOI), BCR-G,** for a Louisiana Pollutant Discharge Elimination System (LPDES) permit, authorized under EPA's delegated NPDES program under 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.

NOTE: This NOI only applies to facilities which clean and/or repair vessels (e.g. barges, ships, etc.) and shipyards.

Two sets (one original and one copy) of your **completed NOI**, each with a marked **U.S.G.S. Quadrangle map** or equivalent 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:
Department of Environmental Quality
Office of Environmental Services
602 N Fifth Street
Baton Rouge, LA 70821
Attention: Water Permits Division

NOIs delivered to the Physical Address above MUST be placed in the drop box specifically for in-person deliveries. A LDEQ date stamp is provided at the drop box location if an additional copy/receipt is needed for your records. Please be advised that completion of this application may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Engineering
Road Design Section
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1927

AND

Louisiana Department of Health
Office of Public Health
Center for Environmental Health Services
PO Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at http://deq.louisiana.gov/page/rules-regulations or from the Office of the Secretary, Regulations Development Section, Post Office Box 4301, Baton Rouge, Louisiana 70821-4303, phone (225) 219-3981.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-3590. For help regarding completion of this application please contact DEQ, Small Business/ Small Community Assistance at 1-800-259-2890.

Except for the pollutants listed in this NOI and in accordance with LAC 33:IX.2501G.7.d, all other pollutants listed in LAC 33:IX.2501.G.7.c are waived, because information adequate to support issuance of the permit can be obtained with the information requested in this NOI.

ATTENTION: ANY INFORMATION SUBMITTED TO LDEQ MAY BECOME PUBLIC RECORD IN ACCORDANCE WITH ACT 256 RLS 2019

Date _____ Please check: ☐ Initial Permit ☐ Permit Modification ☐ Permit Renewal

Agency Interest No. AI _____ Please check: ☐ Proposed Facility
NPDES/LPDES Permit No. LA _____ ☐ Existing Facility

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Permits Division
Post Office Box 4313
Baton Rouge, La 70821-4313
PHONE#: (225) 219-3590

LPDES NOTICE OF INTENT (NOI) TO DISCHARGE WASTEWATER FROM VESSEL CLEANING / REPAIR, FLEETING, AND SHIPYARDS

(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).

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

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

_____

_____

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

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted. **Mobile facilities must include River Miles**

_____

City _____ Parish* _____

_____

***Mobile Facilities must list all parishes**

Front Gate Coordinates:

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

Method of Coordinate Determination: _____

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____

Phone _____ Fax _____ e-mail _____

SIC (Standard Industrial Classification) Code(s): _____

SIC codes can be obtained from the U. S. Department of Labor internet site at: https://www.osha.gov/pls/imis/sicsearch.html

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

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

C. Name and address of responsible water billing party:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

_____

D. Facility Information.

1. Facility Type _____ (barge cleaning, barge repair)

Ratio of barge repair to barge cleaning business _____

_____

2. Water Discharge Permit Revision (if applicable): Describe the requested revision to the existing permit.

_____

_____

_____

3. Provide the anticipated date of start-up for a new facility or discharge, or change in effluent for modification of an existing facility.

_____

_____

E. Facility Operations

1. What type(s) of vessels/equipment are cleaned at this facility? (i.e., open top, tank, chemical, dry cargo)

☐	Open top, hopper barges	☐	Ship holds
☐	Tank barges	☐	Stevedoring
☐	Chemical barges	☐	Other, please list _____
☐	Dry cargo barges		

2. Does any sandblasting occur at this facility? ☐ No ☐ Yes, if please explain

_____

SECTION I - FACILITY INFORMATION (cont.)

3. Does the facility discharge ballast water? ☐ No ☐ Yes, please complete pages 13-14 and/or 15-16

4. Does the facility discharge bilge water? ☐ No ☐ Yes, please complete pages 24-25

5. Does the facility have a dry dock? ☐ No ☐ Yes

6. Does the facility have a stevedoring operation? ☐ No ☐ Yes

F. Barge Information

1. For each type of barge cleaned, provide the following information: (make additional copies if necessary)

   Number of different barge types: _____

2. Barge Type _____

   a) Describe the processing operation for each category of cargo (edible products, organic chemicals, petroleum products, inorganic chemicals, dry cargo, grain, aggregate, meal products, scrap iron, coal and coke, fertilizers [urea, potash, ammonium nitrate], etc.) the barge has transported. What is the step-by-step handling of the barge washwaters up to and including discharge?

   b) What is the maximum number of barges cleaned per day of this type?

   c) What is the average number of barges cleaned by type and cargo during your peak period?

3. Are any other types of containers, vessels, tanks, etc. cleaned at this facility? ☐ Yes ☐ No

   If “yes”, list each type, with the cargo materials involved. Complete Section II - DISCHARGE INFORMATION for each type.

4. Describe solid waste materials disposed of separately from the wastewater. Describe disposal facilities (company, location, method of disposal, etc.)

SECTION I - FACILITY INFORMATION (cont.)

5. Are any washwaters sent to disposal facilities? If yes, describe the materials, company, location, method of disposal, etc.

6. **COMMODITY LIST** - List each commodity that is cleaned from barges. Make sure every commodity is listed, even those anticipated to be cleaned from barges in the future (include this listing as an attachment to this form, if necessary)

7. **VESSEL LIST** – List each vessel that is used for stevedoring operations (include this listing as an attachment to this form, if necessary).

SECTION II - DISCHARGE INFORMATION

A. Outfall Identification.

Please check if you have the following outfalls. List any other outfalls at the facility below. Provide a description of all operations contributing wastewater to the effluent for the outfall including process wastewater, sanitary wastewater, cooling water, and stormwater runoff and the average flow contributed by each operation.

Check below	Outfall No	Operation Contributing Flow	Treatment Method	Average Flow (gpd)
	001	treated sanitary wastewater less than 10,000 GPD		
	002	dry commodity vessel washwater		
	003	coal and coke vessel washwater		
	004	facility ballast water and/or void water (excludes dry dock ballast water)		
	005	incoming ballast water and/or void water		
	006	chemical and petroleum vessel washwater		
	007	food grade vessel washwater		
	008	exterior equipment/vehicle washwater		
	009	bilge or slop water		
	010	industrial storm water		
	011	hydrostatic test and vessel testing wastewater		

SECTION II – DISCHARGE INFORMATION

A. SANITARY WASTEWATER

If sanitary wastewater is not discharged to surface waters, please indicate the disposal method:

☐ Individual treatment system discharged through a septic tank to underground absorption lines

If yes, is there an overflow pipe? ☐ Yes ☐ No

☐ Connection to Publicly Owned Treatment Works

☐ Connection to Privately Owned Treatment Works

☐ Other, please specify: _____

For sanitary wastewater discharges to surface waters, please provide the following information for each outfall.

1. Discharge Identification (ex. Sanitary Outfall 001): _____

2. Give a brief description of the location of the sanitary outfall. For example, Outfall 001 consists of sanitary wastewater from the front office and is located on the east side of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

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

   _____

   _____

5. Receiving Waters: Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

6. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

A. SANITARY WASTEWATER

Lab Analysis- 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 outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TSS				
Fecal Coliform Colonies/100 mL				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

_____

_____

_____

_____

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

B. DRY COMMODITY VESSEL WASHWATER

1. Discharge Identification (ex. dry commodity vessel washwater - 002): _____

2. Give a brief description of the location of the dry commodity vessel washwater outfall. For example, Outfall 002 is located at the point of discharge from the barge being cleaned.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);
   thence into _____(Parish drainage ditch, canal,
   thence into _____(named bayou, creek, stream,
   thence into _____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

   Latitude- ___deg. ___min.___sec. Longitude-___deg. __ min. __sec.

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

NOTE: dry commodity vessel washwater does not require lab analysis unless the facility has a stevedoring operation where a visible sheen has been observed

SECTION II – DISCHARGE INFORMATION (cont.)

B. DRY COMMODITY VESSEL WASHWATER

Lab Analysis- 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 incoming ballast water outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
Oil & Grease				
TOC				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

C. COAL AND COKE VESSEL WASHWATER

1. Discharge Identification (ex. Coal and Coke Vessel Washwater- 003): _____

2. Give a brief description of the location of the coal and coke vessel washwater outfall. For example, Outfall 003 is located at the point of discharge from the barge being cleaned.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

C. COAL AND COKE BARGE / VESSEL WASHWATER

Lab Analysis- 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 coal and coke vessel washwater outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TOC				
COD				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

_____

_____

_____

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

D. FACILITY BALLAST WATER AND/OR VOID WATER (excluding dry dock ballast water)

1. Discharge Identification (ex. Facility Ballast Water- 004): _____

2. Give a brief description of the location of the ballast water outfall. For example, Outfall 004 is at the point of discharge from the maintenance barge.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

D. FACILITY BALLAST WATER AND/OR VOID WATER (excluding dry dock ballast water)

Lab Analysis- 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 ballast water outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
COD				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

E. INCOMING BALLAST WATER AND/OR VOID WATER

1. Discharge Identification (ex. Incoming Ballast Water- 005): _____

2. Give a brief description of the location of the incoming ballast water outfall. For example, Outfall 005 is at the point of discharge from the incoming or maintenance barge.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

E. INCOMING BALLAST WATER AND/OR VOID WATER

Lab Analysis- 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 incoming ballast water outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
COD				
Oil & Grease				
TOC				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

F. CHEMICAL AND PETROLEUM VESSEL WASHWATER

1. Discharge Identification (ex. chemical vessel washwater - 006): _____

2. Give a brief description of the location of the chemical and petroleum vessel washwater outfall. For example, Outfall 006 is located at the point of discharge from the barge being cleaned.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

F. CHEMICAL AND PETROLEUM VESSEL WASHWATER

Lab Analysis- 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 chemical and petroleum tanker/vessel washwater outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TSS				
Oil & Grease				
Total Cadmium				
Total Chromium				
Total Copper				
Total Lead				
Total Mercury				
Total Nickel				
Total Zinc				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data: BOD_5, TSS, and pH

☐ Check here for a waiver on providing the following analytical data above

SECTION II – DISCHARGE INFORMATION (cont.)

F. CHEMICAL AND PETROLEUM VESSEL WASHWATER

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

G. FOOD GRADE VESSEL WASHWATER

1. Discharge Identification (ex. Food Grade vessel washwater- 007): _____

2. Give a brief description of the location of the food grade vessel washwater outfall. For example, Outfall 007 is located at the point of discharge from the barge being cleaned.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

G. FOOD GRADE VESSEL WASHWATER

Lab Analysis- 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 food grade tanker/vessel washwater outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
BOD_5				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II - DISCHARGE INFORMATION (cont.)

H. EXTERIOR EQUIPMENT/VEHICLE WASHWATER

Complete this part for each equipment washwater discharge point. Washwater includes, but is not limited to, wastewater generated from pressure or steam cleaning of equipment. Use a separate sheet for each discharge.

1. Discharge Identification (ex. Equipment Washwater - 008): _____
2. Give a brief description of the location of the washwater outfall. For example, Outfall 008 is located on the northeast corner of the facility. NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Identify the type of equipment washed and whether it is internal or external cleaning:

   _____

   _____

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

   _____

   _____

6. Are any soaps, detergents and/or solvents used for cleaning? If yes, provide the name, quantity, and frequency of use. Attach the SDS for each agent used.

   _____

   _____

7. Are any corrosion inhibitors used? If yes, provide the name, quantity, and frequency of use. Attach the SDS for each agent used.

   _____

   _____

8. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

9. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

H. EXTERIOR EQUIPMENT/VEHICLE WASHWATER

Lab Analysis- 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 washwater 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
Oil and Grease				
TSS				
COD				
TOC				

Is the effluent flow intermittent? ☐ Yes ☐ No

	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 for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

I. BILGE OR SLOP WATER

1. Discharge Identification (ex. Bilge Water- 009): _____
2. Give a brief description of the location of the bilge water outfall. For example, Outfall 009 is located on the northeast corner of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. List treatment method(s) used for the outfall:

   _____

   _____

4. Provide the source of water supply:

   _____

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

   _____

   _____

6. Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into_____(Parish drainage ditch, canal, etc.);

   thence into_____(named bayou, creek, stream, etc.);

   thence into_____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

I. BILGE OR SLOP WATER

Lab Analysis- 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 bilge water outfall. If a treatment **method** is used, provide analytical data after treatment.

Pollutant	Effluent Analysis			
	Concentration (mg/L)		Mass (lbs/day)	
	Monthly Average	Daily Maximum	Monthly Average	Daily Maximum
COD				
TSS				
Oil & Grease				
	Daily Maximum	Monthly Average Maximum*	Monthly Average Minimum	Method of Measure
Flow (GPD)				
	Minimum	Maximum		
Discharge Duration (hrs/day)				
pH (s.u.)				

* Within the previous two years. (The monthly average maximum value is the highest value of all the monthly averages over the previous two years. The monthly average minimum is the lowest value of the monthly averages over the previous two years.)

☐ Check here for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

_____

_____

_____

_____

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II - DISCHARGE INFORMATION

J. Industrial Stormwater

1. Are stormwater discharges covered by the Multi-Sector Stormwater General Permit (MSGP)?

☐ Yes ☐ No If yes, provide the permit number: _____

If yes, do you wish to terminate coverage under the MSGP upon authorization of coverage under this permit? ☐ Yes ☐ No

In accordance with LAC 33:IX.2511.A.1, stormwater discharges shall not be required to obtain an LPDES permit "... except... discharges associated with industrial activity." In accordance with LAC 33:IX.2511.B.14.a-k, facilities classified as SIC code the following SIC codes are considered to have stormwater discharges associated with industrial activity:

373	Ship and Boat Building and Repairing	44	Water Transportation

SECTION II – DISCHARGE INFORMATION (cont.)

K. HYDROSTATIC TEST AND VESSEL TESTING WASTEWATER

1. Discharge Identification (ex. hydrostatic test and vessel testing wastewater - 011): _____

2. Give a brief description of the location of the hydrostatic test wastewater outfall. For example, Outfall 010 is located on the northeast corner of the facility.

   NOTE: This descriptive location should correspond with the location indicated on the facility site map.

   _____

3. Provide the source of water supply:

   _____

4. List treatment method(s) used for the outfall:

   _____

   _____

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

   _____

   _____

6. Receiving Waters: Indicate how wastewaters listed in 1-5 above 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 V). Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(Parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

7. Latitude/Longitude of Discharge:

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

   Method of Coordinate Determination: _____

   (Quad Map, Previous Permit, website, GPS)

SECTION II – DISCHARGE INFORMATION (cont.)

K. HYDROSTATIC TEST AND VESSEL TESTING WASTEWATER

Lab Analysis- 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 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
Oil and Grease				
TOC				
TSS				
Lead				
Benzene				
BTEX				

Is the effluent flow intermittent? ☐ Yes ☐ No

	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 for a waiver on providing the following analytical data above

If you are requesting a waiver, please provide a list of parameters and justification for each.

If data or justification is not provided, reporting requirements may be included in the permit.

For existing facilities, recent DMR data may be used.

SECTION II – DISCHARGE INFORMATION (cont.)

L. Laboratory Accreditation

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

_____

_____

_____

Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:I.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:I.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at http://www.deq.louisiana.gov using the following path: **About LDEQ – Public Participation and Permit Support – LELAP – LELAP Accredited Labs**

Questions concerning the program may be directed to the Office of Environmental Services, Public Participation and Permit Support Division, Notifications and Accreditations Section at (225) 219-3247.

SECTION III – COMPLIANCE HISTORY

A. Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. 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.

SECTION IV – LAC 33.I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (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.)

☐ Permits in Louisiana. List Permit Numbers: _____

☐ Permits in other states (list states): _____

☐ No other environmental permits.

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

If yes, please explain. _____

_____

SECTION IV – LAC 33.I.1701 REQUIREMENTS (cont.)

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

If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION V – MAPS/DIAGRAMS

A. Site Diagram. Attach to this NOI a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants, oil/water separators), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.

B. Topographic Map. Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures, and any existing hazardous waste treatment storage or disposal facilities.

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.deq.state.la.us/** 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

C. Flow Diagram. Attach a line drawing of the water flow through the facility with a water balance showing operations contributing wastewater to the effluent and treatment units. The water balance must show average and maximum flows at intake and discharge points and between units, including treatment units. If a water balance cannot be determined, the applicant may provide instead a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. Hand drawn diagrams are acceptable.

SECTION VI – SITE HISTORY

A. Date operations began 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.

Company	Dates of Operation		Telephone Number
	From	To	

C. Other Permit History

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

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 NOI was submitted on: _____

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

Chapter 25. Permit NOI and Special LPDES Program Requirements

2503. Signatories to permit NOIs and reports

A. All permit NOIs 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 employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

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 NOIs 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 NOI 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 _____

Title _____

Date _____

Telephone _____

e-mail _____

Federal Tax ID _____

CHECKLIST

To prevent any unnecessary delay in the processing of your NOI 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 one copy of this NOI and all attachments.

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

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