



To: **Prospective Applicants for Discharges Resulting From the Cleanup of Petroleum-Contaminated Sites**

Attached is a General Permit Notice of Intent (NOI) PST-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.

Two copies (one original and one original) of your **completed NOI**, each with an attached marked **U.S.G.S. Quadrangle map** or equivalent, and the **site/flow diagrams** listed in Section III of the NOI, 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 70802  
**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 NOI 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 Highways  
Post Office Box 94245  
Baton Rouge, LA 70804-9245  
(225) 379-1927

AND

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

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) 219-9371. For help regarding completion of this NOI please contact DEQ, Small Business/Small Community Assistance at 1-800-259-2890.

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
NPDES/LPDES Permit No. LA \_\_\_\_\_

Please check:  Initial Permit  
 Permit Renewal  
 Existing Facility  
 Site Specific Coverage

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Water Permits Division*  
*Post Office Box 4313*  
*Baton Rouge, LA 70821-4313*  
*PHONE#: (225) 219-9371*

**LPDES NOTICE OF INTENT TO DISCHARGE TREATED GROUNDWATER,  
POTENTIALLY CONTAMINATED STORM WATER AND/OR  
ASSOCIATED WASTEWATERS RESULTING FROM THE CLEANUP OF PETROLEUM  
CONTAMINATED SITES**

(Attach additional pages if necessary.)

Please indicate desired  
coverage:

Statewide Coverage; or

**(check one):**

Site-Specific Coverage

**Statewide coverage is only available to operators implementing Corrective Action Plans (CAPs) at multiple locations across the state.**

**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. An attachment may be included to list multiple sites for statewide coverage.

City \_\_\_\_\_ Zip Code: \_\_\_\_\_ Parish \_\_\_\_\_

Front Gate Coordinates:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec. Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

## SECTION I - FACILITY INFORMATION

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

Is the facility located on Indian Lands?  Yes  No

3. Contact Person at the Facility:

Name and Title: \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

4. **SIC (Standard Industrial Classification) Code(s):** \_\_\_\_\_

*SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>*

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

Name & Title \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**C. Name and address of responsible water billing party:**

Name & Title \_\_\_\_\_  
Company \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

**D. Discharges Requiring Approval from the Division of Historic Preservation:**

If this NOI is being completed for a facility that has not yet been constructed, you should contact the *Section 106 Review Coordinator in the Office of Cultural Development, Archaeology Division (P. O. Box 44247, Baton Rouge, LA 70804 or telephone (225) 342-8170)* to determine if construction activities or the proposed discharges will adversely affect properties listed or eligible for listing in the National Register of Historic Places

- This is an existing facility and no construction activities related to this NOI are proposed.
- This is a new facility and construction activities were completed prior to the submission of this NOI form.
- This is a proposed facility and construction activities are not yet complete but I have obtained approval from the State Historic Preservation Officer for the proposed construction activities. (You must keep a copy of the approval letter on file with your facility's permit records and compliance records.)

**E. Discharges to Outstanding Natural Resource Waters:**

**Operations discharging directly into Outstanding Natural Resource Waters, as listed in LAC 33:IX.1111.G must comply with the Antidegradation Policy as described in LAC 33:IX.1109.A.**

Is any discharge directly to an Outstanding Natural Resource Water

YES  NO

## SECTION II – DISCHARGE INFORMATION

### A. Discharge Information

An Outfall is the point at which wastewater is monitored prior to mixing with other waters. An outfall can be identified either at the point that effluent discharges by pipe from a treatment plant or treatment system or the point at which effluent discharges into a roadside ditch, into a storm drain, or directly into a receiving water body such as a creek, coulee, bayou, canal or river. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an external outfall. You should read **Section B – Effluent Limitations** of the permit before completing this section of the NOI. The outfall number listed below corresponds to the outfall number listed in the permit, which is the only type of discharge permissible under this general permit. You should place an “X” in the column next to Outfall No 001 if there is only one permitted outfall at the site or facility. If more than one outfall occurs at a site or facility, then each separate outfall point should be clearly identified as Outfall No. 01A, 01B, 01C, etc...

Facility Discharge <sup>1</sup>	Outfall No <sup>2</sup>	Outfall Description	Outfall Location <sup>3</sup> (complete this column for each outfall that occurs at your facility)	Treatment <sup>4</sup>
	Outfall 001	Treated Groundwater, Potentially Contaminated Storm Water and/or Associated Wastewaters		
	Outfall 01A	Treated Groundwater, Potentially Contaminated Storm Water and/or Associated Wastewaters		
	Outfall 01B	Treated Groundwater, Potentially Contaminated Storm Water and/or Associated Wastewaters		
	Outfall 01C	Treated Groundwater, Potentially Contaminated Storm Water and/or Associated Wastewaters		
	Outfall 01D	Treated Groundwater, Potentially Contaminated Storm Water and/or Associated Wastewaters		

## SECTION II – DISCHARGE INFORMATION (cont.)

<sup>1</sup>Place an "X" in the appropriate box(es) in this column for all outfalls that will occur at the permitted site.

<sup>2</sup>Outfall 001 should be used if you have only one outfall of this type of wastewater. Outfall 01A, 01B, 01C, 01D, etc., should be used in instances where you have more than one outfall of that type of wastewater. If you have five or more outfalls of any listed wastewater you should write in the appropriate Outfall No. (Outfall 01E, 01F, etc.) in one of the blank columns and fill in the outfall location for that discharge.

<sup>3</sup>This should be the point at which a sample of the discharge will be collected. Examples of outfall locations could be (but are not limited to): at the point of discharge from the settling basin located at the northeast corner of the facility; at the point of discharge from the washrack; at the southwest corner of the facility; or at the point of discharge from the STP located near the office building.

<sup>4</sup>List any treatment that is utilized prior to discharge. Write "None" if wastewater is not treated prior to discharge.

**B. If a new Discharge when do you expect to begin discharging?** \_\_\_\_\_

**C. Source of the Contamination**

Provide the source of the contaminant:

\_\_\_\_\_ Gasoline \_\_\_\_\_ Diesel \_\_\_\_\_ Other: \_\_\_\_\_

**D. Description of the Treatment:**

Is there a groundwater treatment system? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Other treatment (please explain):  
\_\_\_\_\_  
\_\_\_\_\_

**F. Receiving Waters**

Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. You should 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. Include river mile of discharge point if available. If a discharge enters an unnamed water body, identify it as unnamed.

Complete the discharge route and receiving stream information for all the outfalls at your facility. If all the outfalls discharge by the same route (i.e., open ditch) and into the same receiving stream, then you need only complete the first **Outfall Number(s)** section, however, you should list all the outfall numbers that you identified on pages 5 and 6 of this form. If different outfalls discharge by different routes or into different receiving streams then complete as many of the **Outfall Number(s)** sections as necessary to properly characterized all outfalls. If you need additional space, please attach a separate sheet and use the same format to supply the additional discharge route and receiving stream information for other outfalls.

## SECTION II – DISCHARGE INFORMATION (cont.)

### F. Receiving Waters (continued)

Outfall Number(s) Applicable: \_\_\_\_\_

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

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

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

thence into \_\_\_\_\_ (river, lake, etc.).

Outfall Number(s) Applicable: \_\_\_\_\_

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

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

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

thence into \_\_\_\_\_ (river, lake, etc.).

Outfall Number(s) Applicable: \_\_\_\_\_

By \_\_\_\_\_ (effluent pipe, ditch, etc.);

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

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

thence into \_\_\_\_\_ (river, lake, etc.).

## SECTION III – 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 any treatment units (such as settling basins, wash racks, sewage treatment plants), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point. Indicate storm Water flow pattern with arrows on this diagram or provide additional diagrams if needed. Please indicate the location of the front gate or entrance to the facility on the site diagram. The diagram need not be to scale.

### SECTION III – MAPS/DIAGRAMS (cont.)

- 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. **The highlighted map must be attached to BOTH NOIs that are submitted to LDEQ (i.e., the original NOI and the copy of the NOI).** 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. Waterways and streets/highways must be clearly identified by name on the map.

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/index2.htm>. 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 maps are acceptable.

### SECTION IV – COMPLIANCE HISTORY

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. If the facility has been inspected in the past three years, provide the inspection date(s).

## SECTION V – 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? (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.

- 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 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	



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 together 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 corporation procedures.
  2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
  3. For a municipality, state, federal or other public agency – by 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 Administrators 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 Permit **Standard Conditions, Section D.10.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 Permit **Standard Conditions, Section D.10.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 the 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 Permit **Standard Conditions, Section D.10.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 **Section D.10.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 Permit **Standard Conditions, Section D.10.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.A and B), which became effective October 20, 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503.A and B and that person shall make the following certification:

"I certify under penalty of law that I have read and understand the Section A "Applicability" requirements for coverage under the general permit for Discharges Resulting from the Cleanup of Petroleum-Contaminated Sites. To the best of my knowledge, my facility is eligible for coverage under this general permit and its operation will not result in a discharge of pollutants from sources not covered by the general permit, or otherwise authorized by another individual or general permit."

"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** \_\_\_\_\_  
**Company** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Telephone** \_\_\_\_\_  
**Email Address** \_\_\_\_\_  
**Federal Tax ID** \_\_\_\_\_

### 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 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 REQUIRED 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 WATER PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**