5/6/2025

# To: Prospective Applicants for a Sanitary Wastewater Permit

Attached is a **Sanitary Wastewater Discharge Permit Application, WPS-S.** 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 copy) of your completed application, 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:**
**(if hand delivered or sent certified mail)**
Department of Environmental Quality
Office of Environmental Services
602 N Fifth Street
Baton Rouge, LA 70821
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.

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 Department of Health
Office of Public Health
Center for Environmental Health Services
PO Box 4489
Baton Rouge, LA 70821-4489
(225) 342-7499

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana Department of Health, 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/resources/category/regulations-lac-title-33 or from the Office of Management and Finance, Regulation Development & General Law Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.**

For questions regarding this application please contact the Water Permits Division by email at _DEQ-WWWWaterPermits@la.gov or by phone at (225) 219-9371. For help regarding completion of this application please contact DEQ, Business and Community Outreach by email at sbap@la.gov or by phone at 1-800-259-2890.

## CHECKLIST

**ANY APPLICATION THAT DOES NOT CONTAIL ALL OF THE REQUESTED INFORMATION, AS WELL AS A COMPLETED CHECKLIST, 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 WATER PERMITS DIVISION, ADDITIONAL INFORMATION MAY BE REQUESTED IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**

| SECTION I – FACILITY INFORMATION |
|---|
| ☐ 1. Name, mailing address, and location of facility |
| ☐ 2. Front gate coordinates |
| ☐ 3. Located on Indian Lands |
| ☐ 4. Facility Contact |
| ☐ 5. SIC Code(s) |
| ☐ 6. Name and address of person who completed the application |
| ☐ 7. Billing Contact Information |
| ☐ 8. Collection system information |
| ☐ 9. Facility Type |
| ☐ 10. Sources of raw wastewater |
| ☐ 11. Connections to treatment facility |
| ☐ 12. Indirect discharges |
| ☐ 13. Grant or Loan information |
| ☐ 14. SHPO Information |
| SECTION II – TREATMENT INFORMATION |
| ☐ 1. Map of outfall discharge path |
| ☐ 2. Outfall Identification |
| ☐ 3. Outfall Coordinates |
| ☐ 4. Diffuser information |
| ☐ 5. Discharge Path |
| ☐ 6. Surface Impoundments |
| ☐ 7. Land application |
| ☐ 8. Treatment facility description |
| ☐ 9. Flow measurement device |
| ☐ 10. Treatment design capacity |
| ☐ 11. Additional Plant Information |
| ☐ 12. **TABLE I Information**<br>Please ensure all blanks are filled in that pertain to your facility. Some parameters may not be in the current permit requirements but are required by this application. |
| ☐ 13. Sewage Sludge and Biosolids Information |
| ☐ 14. Pretreatment Program Information |
| ☐ 15. Inflow and Infiltration |
| SECTION III – LABORATORY ACCREDITATION |
| ☐ 1. Contract lab information |
| SECTION IV – COMPLIANCE HISTORY |
| ☐ 1. Summary of compliance for ALL water permits at the site |
| ☐ 2. Required to meet any implementation schedule for compliance or enforcement |

## CHECKLIST

**ANY APPLICATION THAT DOES NOT CONTAIL ALL OF THE REQUESTED INFORMATION, AS WELL AS A COMPLETED CHECKLIST, 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 WATER PERMITS DIVISION, ADDITIONAL INFORMATION MAY BE REQUESTED IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**

| SECTION V – LAC 33:I.1701 REQUIREMENTS |
|---|
| ☐ 1. Permits in Louisiana |
| ☐ 2. Permits in other states |
| ☐ 3. Corporation or Limited Liability Company (LLC) |
| ☐ 4. Corporation or LLC registered with Secretary of State (☐ Certificate Attached) |
| ☐ 5. Outstanding Fees or Penalties |
| SECTION VI – MAPS AND DIAGRAMS |
| ☐ 1. Site Diagram |
| ☐ 2. Topographic Map |
| ☐ 3. Block Type Flow Diagram |
| SECTION VII – OTHER PERMIT HISTORY |
| ☐ 1. Facility located in the Louisiana Coastal Zone (☐ Coastal Use Permit) |
| ☐ 2. Operations that may impact coastal waters |
| ENVIRONMENTAL ASSESSMENT STATEMENT |
| ☐ 1. Environmental Assessment Statement |
| ATTACHMENTS |
| ☐ 1. Attachment I |
| ☐ 2. Attachment II (for Majors) |

Date 5/6/2025

Agency Interest No. AI _____

LPDES Permit No. LA _____

Please check: (all that apply)

- ☐ 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) 219-3181***


## LPDES PERMIT APPLICATION TO DISCHARGE TREATED SANITARY WASTEWATER

(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/Owner
(Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

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

Does the Louisiana Public Service Commission regulate this facility to charge fees to the users at the above facility? ☐ Yes ☐ No

If yes, under what company name is this facility regulated? _____

**Please consult the LPSC website to determine if your company is regulated, http://www.lpsc.louisiana.gov/UtilitySearch.aspx. If your company is regulated please be aware that you will be required to provide a financial security mechanism for this facility.**

2. Location of facility. Please provide a specific street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted. If possible, please provide the 911 address.

_____

City _____ Parish _____

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

Is the facility located with 10,000 feet of an airport ☐ Yes ☐ No

# SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____
   Phone _____ e-mail _____
4. Facility Federal Tax I.D. _____
   *nine-digit number*
5. SIC (Standard Industrial Classification) Code: _____
   *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 application:**

Name & Title _____

Company _____

Phone _____ e-mail _____

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

Name & Title _____

Company _____

Phone _____ e-mail _____

Address _____

Please select the appropriate box.

The applicant is:

1. Owner of the facility ☐
2. Operator of the facility ☐
3. Owner & Operator of the facility ☐

Provide the name and telephone number of the Operator of the facility, if other than the owner:

Name: _____ Telephone: _____

4. Provide the name of the entity that owns and maintains the collection system:

_____

**D. If this application is for a permit revision, please describe the revision** (Add extra sheets if needed)

_____

_____

_____

_____

**E. If the permit revision is due to a facility addition, upgrade or construction of a new facility, please provide a schedule of compliance:**

| ACTIVITY | Response |
|---|---|
| Outfall # affected and a narrative description of the improvements | |
| Date construction will begin | |
| Date construction will end | |
| Date the facility will achieve final effluent limitations and monitoring requirements | |

**F. Type of Facility** (sewage district, residential subdivision, office building, etc.):

_____

_____

_____

_____

_____

**G. The sources of raw wastewater are:**

List Municipalities or areas served including populations:

_____

_____

_____

_____

_____

**H.** **For new or proposed facilities:** if approval of the plans and specifications for the treatment facility has been granted by the Louisiana Department of Health, Office of Public Health, a copy of the approval letter shall be attached to this application.

**For existing facilities:** a copy of the approval letter from the Louisiana Department of Health, Office of Public Health, shall be provided with this application, if available.

# SECTION I - FACILITY INFORMATION (cont.)

## I. Connections to the treatment facility:

**1. Complete the following information as it applies to your facility:**

******For Publicly Owned Treatment Works, only the Design Capacity is required in this section*

SUBDIVISION
_____ Number of existing homes
_____ Maximum number of connections

PUBLICLY OWNED TREATMENT WORKS*
_____ Design capacity of treatment facility

TRAILER PARK
_____ Number of existing trailers
_____ Maximum number of connections

OFFICE/WAREHOUSE
_____ Total number of employees

WASHATERIA/LAUNDROMAT
_____ Number of washing machines

APARTMENT COMPLEX
_____ Number of 1 bedroom apartments
_____ Number of 2 bedroom apartments
_____ Number of 3+ bedroom apartments

BAR/LOUNGE
_____ Does the bar have regular food service?
_____ Number of seats
_____ Number of employees

RV CAMPGROUND
_____ Is there a dump station?
_____ Volume of waste accepted/day in gpd
_____ Number of RV spaces

GAS STATION/CONVENIENCE STORE
_____ Number of individual fueling points
_____ If food service is offered, please fill out the section regarding restaurants.
_____ Total number of employees

SCHOOLS/DAYCARES
_____ Elementary school/daycare, number of pupils
_____ Junior/ high schools, number of
_____ Total number of employees

HOTELS/MOTELS
_____ Any food service available?
_____ Number of rooms
_____ Total number of employees

RESTAURANT
_____ Is the restaurant open 24
_____ Is the restaurant along a freeway?
_____ Is the restaurant considered a "Fast Food" Restaurant? (Yes/No)
_____ Number of seats
_____ Is this a seafood restaurant that

CHURCH
_____ Does the church have a kitchen?
_____ Number of sanctuary seats

RETAIL SHOPPING CENTER
_____ Total number of employees

VIDEO POKER
_____ Number of machines

HOSPITAL
_____ Number of beds
_____ Number of employees

NURSING HOME
_____ Maximum number of patients
_____ Total number of employees

SHOWERS
_____ Number of individual showers

If your facility is not listed above, please give a detailed description including the number of units, number of employees/residents, etc.

_____

_____

If this facility is a shopping center, list the types of businesses, square footage of the shopping center, and total number of employees served by the treatment facility.

_____

_____

# SECTION I - FACILITY INFORMATION (cont.)

**2. If the facility will serve an incorporated area (city, town, village, etc.), indicate the population:**

Existing: _____ Planned: _____

Anticipated date for expanded population to enter system: Month: _____ Year: _____

**J. Indirect Discharges**

1. Are there any indirect Significant Industrial Users (SIUs) or non-significant categorical industrial users (NSCIU) introduced into the treatment facility?

☐ Yes ☐ No

2. Are any indirect sewage sludge (domestic septage, solids removed from primary, secondary, or advanced wastewater treatment, grease trap waste mixed with sewage sludge, or portable toilet waste) introduced into the facility?

☐ Yes ☐ No

**If yes to J.1 or J.2, please complete ATTACHMENT 1, INDUSTRIAL/INDIRECT WASTE DISCHARGE INTO SANITARY SYSTEM for each indirect discharger into the treatment system.**

**K. Provide the anticipated date by which a permit is needed:** Month: _____ Year: _____

**L. Is or was this a Grant or Loan Project?** ☐ Yes ☐ No

If so, please provide the following information:

Type of Grant or Loan: _____
(CDBG, Revolving Loan, FmHA, etc.)

Project No. (if applicable): _____

Status of Project (include date or best estimate):

Grant or Loan application submitted: _____

Grant or Loan awarded: _____

Construction started: _____

Project completed or anticipated completion: _____

Description of work funded by Grant or Loan: _____

_____

_____

# SECTION I - FACILITY INFORMATION (cont.)

**M. Discharges Requiring Approval from the Louisiana State Historic Preservation Officer:**
If this application is being completed for a facility that has not yet been cleared or excavated, 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 application are proposed.

☐ 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 attach a copy of the approval letter to this application.) Please refer to the permit for instructions related to additional permitting requirements for storm water discharges related to construction activities.

☐ This is a proposed facility and construction activities are not yet complete. I have not yet received approval from the State Historic Preservation Officer for the proposed construction activities.

# SECTION II – TREATMENT INFORMATION

**A. Provide the location of the treatment facility and discharge point(s) on the appropriate section of a U.S.G.S. Quadrangle Map or equivalent and attach to this application (See Section VI).**

**The map must include the following:**

1. **One mile beyond the property boundaries of the source, the facility and each of its intake and discharge structures;**
2. **Each of its hazardous waste treatment, storage, or disposal facilities;**
3. **Each well where fluids from the facility are injected underground; and**
4. **Wells, springs, other surface waterbodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area.**

Provide the geographic coordinates of the discharge point(s). Please indicate each discharge point (ex. Outfall 001, Outfall 002, etc.), and give the Latitude and Longitude for each discharge point. (Use additional sheets if necessary.) For each individual outfall, provide the outfall designation and description, include if discharge is continuous or intermittent.

Outfall Number: _____

Description: _____

Continuous or Intermittent: _____

Latitude: _____ deg. _____ min. _____sec. Longitude: _____deg. _____min. _____sec.

Method of Coordinate Determination: _____

*(Quad Map, Previous Permit, website, GPS)*

Outfall Number: _____

Description: _____

Continuous or Intermittent: _____

Latitude: _____deg. _____min. _____sec. Longitude: _____deg. _____min. _____sec.

Method of Coordinate Determination: _____

*(Quad Map, Previous Permit, website, GPS)*

Is the outfall is equipped with a diffuser ☐ Yes ☐ No

If so, identify which outfall and type of diffuser is used? _____

**B. Provide a description of how the treatment facility effluent does or would reach State Waters:**

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

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

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

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

If the discharge is directly to the Mississippi River, please provide the river mile of the discharge point. This information can be obtained from http://www.mvn.usace.army.mil/eng/edsd/navbook.htm.

# SECTION II-TREATMENT INFORMATION (CONT.)

**C. For wastewater discharged to surface impoundments:** N/A: ☐

**1. Location:**

Latitude: _____ deg. _____min. _____sec. Longitude: _____deg. _____min. _____sec.

Method of Coordinate Determination: _____

**2**. **Average Daily Volume:** (Million Gallons per Day, MGD): _____

**Continuous:** ☐ **Intermittent:** ☐

**D. For wastewater applied to the land:** N/A: ☐

**1. Location:**

Latitude: _____ deg. _____ min. _____ sec. Longitude: _____ deg. _____ min. _____ sec.

Method of Coordinate Determination: _____

**2. Average Daily Volume:** (Million Gallons per Day, MGD): _____

**Continuous:** ☐ **Intermittent:** ☐

**3.** The size of the land application site , in acres: _____

**E. Provide a description of the treatment facility including collection system, complete description of the treatment method, type of disinfection method, and handling of the effluent (use additional sheets if necessary):**

_____

_____

_____

_____

**Please include any other additives that may be used in the treatment process (biocides, flocculants, etc.)**

**F. Provide the type of flow measurement/recording device used at the facility (ex. V-notch weir, Totalizer, Totalizing Meter, Continuous Recorder, Combination Totalizing Meter/Continuous Recorder, etc.)**

_____

**G. Provide the "Treatment Design Capacity" for the facility:** (Million Gallons per Day, MGD):

Existing: _____ Planned: _____

**H. Additional Plant Information:**

Plant design BOD removal (%): _____ Plant design N removal (%): _____

Plant design P removal (%): _____ Plant design SS removal (%): _____

Plant Began Operation (year): _____ Plant Last Major Renovation (year): _____

# SECTION II – TREATMENT INFORMATION (cont.)

See LABORATORY ACCREDITATION on Page 13

**I.** Provide an estimation (or lab analysis for an existing discharge) of the following effluent characteristics (wherever applicable): Complete one table for each outfall. **(If this is a renewal application for an existing permit and the pollutants below are not in the currently effective permit, you still must provide a result for all parameters that apply to the facility type.)**

**Outfall Number:** _____ **Number of Samples (minimum of 3):** _____

| **Pollutants** | **EXISTING** | | | | | | | | **PROPOSED** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Influent** | | **Effluent** | | | | | | **Influent** | | **Effluent** | | | | | |
| | Long Term Average Value | | Maximum Daily Max Value[4] | | Maximum Monthly Average Value | | Long Term Average Value | | Long Term Average Value | | Maximum Daily Max Value[4] | | Maximum Monthly Average Value | | Long Term Average Value | |
| | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l | Mass lbs/day | Concentration mg/l |
| **$BOD_5$ or $CBOD_5$**(Circle One) | | | | | | | | | | | | | | | | |
| **TSS** | | | | | | | | | | | | | | | | |
| **$NH_3$-N**[1] | | | | | | | | | | | | | | | | |
| **Oil & Grease**[1] | | | | | | | | | | | | | | | | |
| **TDS**[1,2] | | | | | | | | | | | | | | | | |
| **TKN** | | | | | | | | | | | | | | | | |
| **Total Nitrogen**[1,3] | | | | | | | | | | | | | | | | |
| **Total Phosphorus**[1] | | | | | | | | | | | | | | | | |
| **Fecal Coliform (#/100 ml)** | | | Value | | Value | | Value | | | | Value | | Value | | Value | |
| **Flow (MGD)** | Value | | Value | | Value | | Value | | Value | | Value | | Value | | Value | |
| **pH (standard units)** | | | Lowest Monthly Value | | Highest Monthly Value | | | | | | Lowest Monthly Average Value | | Highest Monthly Average Value | | | |
| | | | | | | | | | | | | | | | | |
| **Temperature** | | | Lowest Monthly Value | | Highest Monthly Value | | | | | | Lowest Monthly Average Value | | Highest Monthly Average Value | | | |
| | | | | | | | | | | | | | | | | |

[1] For publicly owned treatment works (POTW) having a design capacity equal to or greater than 0.1 MGD and other facilities with an expected flow equal or greater than 0.1 MGD.

[2] Total Dissolved Solids

[3] Total Nitrogen is defined by Total Kjeldahl Nitrogen plus Nitrate/Nitrite.

[4] The Department waives the Daily Maximum in lieu of weekly average for POTWs in accordance with LAC 33:IX.2709.

# SECTION II – TREATMENT INFORMATION (cont.)

See LABORATORY ACCREDITATION on Page 13

**If this is a renewal application for an existing permit and the pollutants below are not in the currently effective permit, you still must provide a result for all parameters that apply to the facility type.**

**Outfall Number:** _____

**Total Residual Chlorine[1,4]:** _____ mg/l (instantaneous measurement)

**Hardness[5]:** _____ mg/l $CaCO_3$

**Dissolved Oxygen[1]:** _____ mg/l (Monthly Average Minimum)

**OTHER REQUIREMENTS**

1. Applicants must provide data from a minimum of three samples taken within four and one-half years prior to the date of the permit application. Samples must be representative of the seasonal variation in the discharge from each outfall. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application.

☐ **By checking this box, the applicant certifies that at least three samples were taken for the results reported above.**

2. All existing data for pollutants specified above that are collected within four and one-half years of the application must be included in the pollutant data summary submitted by the applicant. If, however, the applicant samples for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within one year of the application.

3. Applicants must collect samples of effluent and analyze such samples for pollutants in accordance with analytical methods approved under LAC 33:IX.4901 unless an alternative is specified in the existing LPDES permit. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. For a composite sample only one analysis of the composite of aliquots is required.

Maximum Daily Max Value - the highest allowable daily discharge.
Maximum Monthly Average Value - the highest allowable monthly discharge.

[4] For facilities utilizing chlorine for disinfection.

[5] For facilities discharging over 1.0 MGD.

# SECTION II - TREATMENT INFORMATION (cont.)

**J. Sewage Sludge and Biosolids.**

1. Identify the sewage sludge or biosolids use or disposal practice utilized by the facility (i.e. landfill, land application, or incineration).

☐ Landfill Permit Number _____

☐ Land Application Permit Number _____

☐ Incineration Air Permit Number _____

☐ Pumped out/Hauled off by _____

2. As per LAC 33:IX.7301.D, if you do not have a sewage sludge/biosolids use or disposal permit, you must apply for one, unless the sewage sludge from the facility is pumped out or removed and sold,given away, and/or transported off-site for a fee or other consideration to a facility that is authorized to accept sewage sludge.

**K.** If the treatment includes the use of a “Natural Wetland System”, please contact the Water Permits Division at telephone (225) 219-9371 for additional information prior to submittal of this application.

**L. For Publicly Owned Treatment Works (POTW’s):**

1. Is the facility operating under an approved pretreatment program? ☐ Yes ☐ No

2. If so, provide the date of approval: _____

3. If not, is the facility required to develop a pretreatment program? ☐ Yes ☐ No

**M. Inflow and Infiltration.**

Provide the current average daily volume of inflow and infiltration, in gallons per day, and steps the applicant is taking to minimize inflow and infiltration.

# SECTION II - TREATMENT INFORMATION (cont.)

**O.** (1) All POTWs having an effluent flow greater than or equal to **0.025 MGD**, all facilities with an approved Pretreatment Program, or all facilities required to develop a Pretreatment Program shall:

Complete Attachment I for each industrial user (make additional copies, if necessary). An Industrial User is defined in LAC 33:IX.6105 as a source of indirect discharge. Indirect discharge is the introduction of pollutants into a POTW from any non-domestic source.

(2) All facilities having an effluent flow greater than or equal to **1 MGD**, all facilities with an approved pretreatment Program, or all facilities required to develop a Pretreatment Program shall[1]:

(a) Complete Attachment II using an effluent laboratory analysis of the EPA priority pollutants using the appropriate test method and minimum quantification level. **NOTE: Lab analysis results must be turned in on Attachment II, laboratory analysis forms will not be accepted.**

(b) Provide the results of valid whole effluent biological toxicity testing. Use EPA's methods or other established protocols that are scientifically defensible and sufficiently sensitive to detect aquatic toxicity when conducting toxicity testing. Such testing must have been conducted since the last LPDES permit reissuance or permit modification, whichever occurred later. Please note that if all DMRs and lab data have been submitted in accordance with the current permit coverage requirements, then this requirement is waived due to the possession of substantially identical information in accordance with LAC 33.IX.2501.J.

**P.** For new/proposed facilities, please attach a copy of the Louisiana Department of Health and Hospitals approval letter for the plans and specifications of the treatment facility. This information may be obtained from the Louisiana Department of Health and Hospitals, Office of Public Health, P.O. Box 4489, Baton Rouge, LA 70821-4489, (225) 342-7395.

**[1] Note: In addition to the facilities listed in N above, the state administrative authority may require other facilities to submit the results of toxicity tests and/or priority pollutants effluent analysis with their permit applications, based on consideration of the following factors:**

**(a) the variability of the pollutants or pollutant parameters in the facility's effluent (based on chemical specific information, the type of treatment facility, and types of industrial contributors);**

**(b) the dilution of the effluent in the receiving water (ratio of effluent flow to receiving stream flow);**

**(c) existing controls on point or nonpoint sources, including total maximum daily load calculations for the waterbody segment and the relative contribution of the POTW;**

**(d) receiving stream characteristics, including possible or known water quality impairments, and whether the facility discharges to a coastal water or a water designated as an outstanding natural resource; or**

**(e) other considerations (including but not limited to the history of toxic impact and compliance problems at the facility) which the State Administrative Authority determines could cause or contribute to adverse water quality impacts.**

## SECTION III – 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.

In the case where effluent testing was completed by an unaccredited laboratory, and where retesting is not possible (i.e. data reported on DMRs for prior month's sampling), the data generated will be considered invalid.

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://www1.deq.louisiana.gov/portal/DIVISIONS/PublicParticipationandPermitSupport/LouisianaLaboratoryAccreditationProgram/AccreditedLaboratories.aspx**

## SECTION IV – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for **this facility and other facilities owned and/or operated by this applicant**.

**The Report must include:**

- A summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs)
- bypasses for the last three years.
- a brief summary on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions within the past 3 years.

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 any additional pages to the permit application if need to explain this section**.

# 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 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.) **Attach additional sheets if necessary to include ALL permits owned and operated by the company.**

- ☐ Permits in Louisiana (list permit numbers): _____
- ☐ Permits in other States (list states): _____
- ☐ No other environmental permits
- ☐ Hazardous Waste Management program under the Resource Conservation and Recovery Act (RCRA), Subpart C: _____
- ☐ Underground Injection Control program under the Safe Drinking Water Act (SDWA): _____
- ☐ Prevention of Significant Deterioration (PSD) program under the CWA: _____
- ☐ Nonattainment program under the Clean Air Act: _____
- ☐ National Emission Standards for Hazardous Air Pollutants (NESHAPS) preconstruction approval under the Clean Air Act: _____
- ☐ Ocean dumping permits under the Marine Protection Research and Sanctuaries Act: _____
- ☐ Dredge or fill permits under Section 404 of the CWA: _____
- ☐ Other relevant environmental permits; including state 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 (LLC)? ☐ Yes ☐ No

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

# SECTION VI – MAPS/DIAGRAMS

**IF A SITE DIAGRAM AND A TOPOGRAPHIC MAP ARE NOT INCLUDED THIS APPLICATION WILL NOT BE ACCEPTED AS COMPLETE**

**A. Site Diagram.** Attach to this application a complete site diagram of your facility with the following:

- Demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points).
- Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed.
- Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.

**B. Topographic Map.** Attach to this application:

- 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.
- the treatment plant area and process units;
- the major pipes or other structures through which wastewater enters the treatment plant and the pipes or other structures through which treated wastewater is discharged from the treatment plant. This includes outfalls from bypass piping, if applicable;
- 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. Maps can be obtained online at:
https://experience.arcgis.com/experience/2cca66ba6cab415290b95de181a633b4
or through the DEQ website https://www.deq.louisiana.gov/ using the following path: About DEQ – Helpful Links – Make A Map. Private map companies can also supply you with these maps.

# SECTION VII – OTHER PERMIT HISTORY

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Energy and Natural Resources (LDENR) (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.

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

If yes:

B. Do you have a Coastal Use Permit issued by LDENR? ☐ Yes ☐ No

If yes, provide your Coastal Use Permit Number. _____

C. 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 LDENR for a determination (225) 342-8955 or dnrinfo@la.gov**.**

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

If a coastal use permit is required, an application was submitted on: _____

## ENVIRONMENTAL ASSESSMENT STATEMENT

Those applicants that are **(1) new facilities or (2) existing facilities applying for a substantial modification** to their permit must complete this questionnaire.

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. 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. **A simple "yes" or "no" answer will not be acceptable**.

**SUBMIT THE RESPONSES AS AN ATTACHMENT TO THE APPLICATION.**

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?

☐ **I am requesting a waiver to decline filling the above Environmental Assessment Statement. (A waiver can be granted if the facility is located in a non-impaired waterway.)**

***Please note that New Major facilities or Major facilities applying for a substantial modification cannot be granted this wavier.**

Please contact the Water Permits Division at telephone number **(225) 219-9371,** for any guidance on properly answering the above questions.

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, 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 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 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."**

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

**Signature** _____

**Printed Name** _____

**Title** _____

**Company** _____

**Date** _____

**Telephone** _____

**Email Address** _____

IMPORTANT

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

# ATTACHMENT I
# INDUSTRIAL/INDIRECT WASTE DISCHARGE INTO SANITARY SYSTEM

Legal Name of Company: _____

Mailing Address: _____

_____

_____

Contact Person: _____

Physical Address: _____

_____

_____

Type of Process: _____

Amount of flow attributed to non-process flow: _____

Amount of flow attributed to process flow: _____

SIC Code: _____

Is this facility classified as and SIU or CIU? ☐ SIU ☐ CIU ☐ N/A

If the facility is an SIU or CIU, please indicate which category(ies) and subcategory(ies) the facility falls under. (Please see 40 CFR, Chapter I, SUBCHAPTER N – EFFLUENT GUIDELINES AND STANDARDS.)

_____

_____

Is the SIU subject to local limits? ☐ Yes ☐ No

Type of discharge (select one): ☐ Continuous ☐ Intermittent ☐ Batch

If intermittent, give hours per day and number of days per week of discharge: _____

Have any problems at the POTW (e.g., upsets, pass through interference) been attributed to the SIU in the past four and one-half years?

☐ Yes ☐ No

**ATTACHMENT II**
**INSTRUCTIONS FOR EFFLUENT ANALYSIS**
See LABORATORY ACCREDITATION on Page 13

In order to process applications for wastewater discharge facilities that have been identified as a Major facility (i.e. discharge over or have a design capacity greater than 1 MGD or identified as a discretionary major by the Department) we will need supplemental information regarding toxic pollutants to fulfill our requirements. Therefore, you must submit the information listed in this attachment on Table No. 1.

**Table No. 1 must be used to submit the analysis. This application will not be considered administratively complete unless Table No. 1 is completed**. The table includes EPA approved test methods with appropriate minimum quantification levels (MQL), for your review and use. We recommend that you provide a copy of this **Attachment II and Table No. 1** to your laboratory when requesting the effluent analysis.

**Please be aware that all analyses must be performed at the minimum level of sensitivity as listed in Table No. 1. The analyses must demonstrate that an acceptable calibration point as low as the specified MQL was used or a check standard equal to the MQL that is within 25% of the known value. Test procedures must conform to approved EPA methodology listed in 40 CFR Part 136.**

If similar scans were performed within two (2) years prior to the date of submittal of this application and the reported results conform to the instructions detailed above, that information may be submitted with this application. However, if the scan was performed prior to two (2) years, the results of a more recent analysis should be submitted along with this application. **NOTE: If available, the results of more than one scan may be submitted with this application.**

The data requested in this attachment and Table No. 1 shall be submitted to this Office along with the permit application information so that we may proceed with issuance of a permit for this facility. You must include copies of the laboratory results and detection levels and certification that QA/QC procedures were implemented. This information will be considered in the evaluation and processing of the permit for your facility. If you have any questions regarding these requirements, please contact DEQ Customer Assistance at (888) 763-5424.

The permittee is required to analyze the effluent discharge from the referenced facility for each pollutant listed in Table No. 1, Sample Laboratory Analysis Format, in accordance with the following instructions:

A. Effluent samples, for the analysis of toxic pollutants (except volatile compounds), shall consist of at least twelve (12) aliquots collected at equal intervals over a representative twenty-four (24) hour period and composited according to flow. When composite samples are inappropriate due to sampling methods, holding time, or analytical constraints, four (4) grab samples taken at equal intervals over a representative twenty-four (24) hour period are acceptable.

   For the sampling of (toxic) volatile compounds using EPA Methods 601, 602, 603, 624, 1624, or any other 40 CFR Part 136 method approved after the effective date of the permit, the permittee may use one of the following methods:

   (1) For **"24-hour composite"** sampling, the permittee shall manually collect four (4) aliquots at regular intervals during the actual hours of discharge during the 24-hour sampling period using sample collection, preservation, and handling techniques specified in the appropriate test method. These aliquots must be combined in the laboratory immediately before analysis. To composite these aliquots, see the instructions for the test method selected in Method 601 (Section 10.4), Method 602 (Section 10.4), Method 603 (Section 10.4), Method 624 (Section 11.4), or Method 1624 (Section 10.3). Each aliquot is poured into a syringe. The plunger is added, and the volume is adjusted to 1-1/4 ml. Each aliquot (1-1/4 ml) is injected into the purging chamber (total 5 ml). After four (4) injections, the chamber is

## ATTACHMENT II
## INSTRUCTIONS FOR EFFLUENT ANALYSIS (cont.)

purged. Only one analysis or run is required since the aliquots are combined prior to analysis.

The daily determination of mass (lbs/day) shall be the product of the daily concentration (µg/L) determined above times 0.001 times the density correction factor (8.34 lbs/gal) times the daily flow (MGD) occurring during the 24-hour sampling period.

(2) For **"grab"** sampling, the permittee may collect at least four (4) separate and discrete grab samples at regular intervals during the actual hours of discharge during the 24-hour sampling period. A separate analysis shall be conducted for each discrete grab sample following the approved test methods.

The daily determination of concentration shall be the arithmetic average (weighted by flow) of all grab samples collected during the sampling day. All other provisions of the preceding paragraph shall apply where applicable.

B. The permittee shall **report each metal as a TOTAL metal** in accordance with the procedure described in 40 CFR §136.3, Table IB, footnote 3.

C. In addition to the pollutants listed in this attachment and Table No. 1, provide at least one effluent analysis for any pollutant listed in Chapter 71 of the Water Quality Regulations, Appendix D, Table V, that you know or suspect is discharged to the receiving stream.

The permittee shall provide any quantitative effluent data collected in the past three years for the pollutants listed in Chapter 71 of the Water Quality Regulations, Appendix D, Tables II, III, and IV.

The permittee shall collect, preserve, and analyze each pollutant in accordance with EPA approved methods in 40 CFR Part 136.

Before analyzing the effluent, **PLEASE NOTE**, that each pollutant listed in Table No. 1 has a Minimum Quantification Level (MQL) developed by EPA, Region 6, for proper evaluation of that pollutant. All analyses must be performed at the minimum level of sensitivity as listed in Table No. 1. The analyses must demonstrate that an acceptable calibration point as low as the specified MQL was used or a check standard equal to the MQL that is within 25% of the known value. Test procedures must conform to approved EPA methodology listed in 40 CFR Part 136.

Please analyze each pollutant on this list in accordance with the suggested test method at the specified MQL. We will consider a nondetectable level (zero effluent concentration) as equal to or less than the listed MQL. For those pollutants with reported laboratory method detection levels greater than the MQL listed in Table No. 1, we will:

A. Consider the pollutant to be potentially present in the effluent, and

B. Those pollutants which are State regulated will be evaluated for potential exceedance of the State's water quality criteria, where applicable. Effluent limitations will be included in the permit for any pollutant which exceeds the State's water quality criteria for that pollutant.

The permittee shall submit a written certification, from the laboratory analyzing the effluent, certifying that each pollutant was analyzed in accordance with the appropriate quality control procedures described in 40 CFR 136.

## METALS, CYANIDE AND TOTAL PHENOLS

**Note: The following metals must be expressed as total metals.**

| Pollutant Name | Monthly Avg Results µg/l | Daily Max. Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|---|
| Antimony | | | | 60 | |
| *Arsenic | | | | 5 | |
| Beryllium | | | | 0.5 | |
| *Cadmium | | | | 1 | |
| *Chromium (III) | | | | 10 | |
| *Chromium (VI) | | | | 10 | |
| Total Chromium | | | | 10 | |
| *Copper | | | | 3 | |
| Cyanide (total) | | | | 10 | |
| *Mercury | | | | 0.005 | |
| *Lead | | | | 2 | |
| *Nickel (fresh) | | | | 5 | |
| *Nickel (marine) | | | | 5 | |
| Selenium | | | | 5 | |
| Silver | | | | 0.5 | |
| Thallium | | | | 0.5 | |
| *Zinc | | | | 20 | |
| *Phenols, Total** | | | | 5 | |

** Total Phenol must be measured in accordance with the 4-Aminoantipyrine (4AAP) method.

## VOLATILE COMPOUNDS

| Pollutant Name | Monthly Avg Results µg/l | Daily Max. Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|---|
| Acrolein | | | | 50 | |
| Acrylonitrile | | | | 20 | |
| *Benzene | | | | 10 | |
| *Bromodichloro-methane | | | | 10 | |
| *Bromoform | | | | 10 | |
| *Carbon Tetrachloride | | | | 2 | |
| Chloroethane | | | | 10 | |
| 2-chloroethylvinyl ether | | | | 10 | |
| Chlorobenzene | | | | 10 | |
| Chloroform | | | | 10 | |
| 1,1-Dichloroethane | | | | 10 | |
| *1,2-Dichloroethane (EDC) | | | | 10 | |
| 1,1-Dichloroethene | | | | 10 | |
| 1,2-Dichloropropane | | | | 10 | |
| 1,3-Dichloropropylene | | | | 10 | |
| *Ethyl Benzene | | | | 10 | |
| *Dibromochloro-methane | | | | 10 | |

## VOLATILE COMPOUNDS (cont.)

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| *Methylene Chloride | | | 10 | |
| Methyl Bromide (Bromomethane) | | | 20 | |
| *Methyl chloride (Chloromethane) | | | 50 | |
| *1,1,2,2-Tetrachloro-ethane | | | 50 | |
| 1,2-Trans-Dichloro-ethene | | | 10 | |
| *1,1,1-Trichloro-ethane | | | 10 | |
| *1,1,2-Trichloro-ethane | | | 10 | |
| *Tetrachloroethene | | | 10 | |
| *Toluene | | | 10 | |
| *Trichloroethene | | | 10 | |
| *Vinyl Chloride | | | 10 | |

## ACID COMPOUNDS

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| *2-Chlorophenol | | | 10 | |
| 4-Chloro 3-Methyl phenol | | | 10 | |
| *2,4-Dichlorophenol | | | 10 | |
| 2,4-Dimethylphenol | | | 10 | |
| 2,4-Dinitrophenol | | | 50 | |
| 2-Methyl 4,6-dinitro-phenol | | | 50 | |
| 2-Nitrophenol | | | 20 | |
| 4-Nitrophenol | | | 50 | |
| Pentachlorophenol | | | 5 | |
| Phenol | | | 50 | |
| 2,4,6-Trichlorophenol | | | 50 | |

## PESTICIDES

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| *Aldrin | | | 0.01 | |
| *Chlordane | | | 0.2 | |
| *DDD - 4,4 | | | 0.1 | |
| *DDE - 4,4 | | | 0.1 | |
| *DDT - 4,4 | | | 0.02 | |
| *Heptachlor | | | 0.01 | |
| Heptachlor epoxide | | | 0.01 | |
| Hexachlorocyclohex-ane-alpha(BHC) | | | 0.05 | |
| Hexachlorocyclohex-ane-beta(BHC) | | | 0.05 | |
| Hexachlorocyclohex-ane-delta(BHC) | | | 0.05 | |
| *Hexachlorocyclohex-ane-gamma(lindane) | | | 0.05 | |

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| *Dieldrin | | | 0.02 | |
| *Endosulfan I | | | 0.01 | |
| *Endosulfan II | | | 0.02 | |
| Endosulfan sulfate | | | 0.1 | |
| *Endrin | | | 0.02 | |
| Endrin aldehyde | | | 0.1 | |
| *PCB - 1016 | | | 0.2 | |
| *PCB - 1221 | | | 0.2 | |
| *PCB - 1232 | | | 0.2 | |
| *PCB - 1242 | | | 0.2 | |
| *PCB - 1248 | | | 0.2 | |
| *PCB - 1254 | | | 0.2 | |
| *PCB - 1260 | | | 0.2 | |
| *Toxaphene | | | 0.3 | |

## BASE / NEUTRAL COMPOUNDS

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| Acenaphthene | | | 10 | |
| Acenapthylene | | | 10 | |
| Anthracene | | | 10 | |
| *Benzidine | | | 50 | |
| Benzo(a) anthracene | | | 5 | |
| 3,4-Benzofluor-anthene | | | 10 | |
| Benzo(k) fluoranthene | | | 5 | |
| Benzo(a) pyrene | | | 5 | |
| Di-n-butylphthalate | | | 10 | |

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|
| Bis(2-chloroiso-propyl) ether | | | 10 | |
| 4-Bromophenyl phenyl ether | | | 10 | |
| 2-Chloronaphthalene | | | 10 | |
| 4-Chlorophenyl phenyl ether | | | 10 | |
| Chrysene | | | 5 | |
| Dibenzo(a,h) anthracene | | | 5 | |

## BASE / NEUTRAL COMPOUNDS (cont.)

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method | Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|---|---|---|---|---|
| Benzo(ghi)perylene | | | 20 | | 1,3-Dichlorobenzene | | | 10 | |
| Benzyl butyl phthalate | | | 10 | | 1,4-Dichlorobenzene p-Dichlorobenzene | | | 10 | |
| Bis(2-chloroethyl)ether | | | 10 | | 3,3-Dichlorobenzidine | | | 5 | |
| Bis(2-chloroethoxy) methane | | | 10 | | Diethyl phthalate | | | 10 | |
| Bis(2-ethylhexyl) phthalate | | | 10 | | Dimethyl phthalate | | | 10 | |
| Di-n-octylphalate | | | 10 | | 2,4-Dinitrotoluene | | | 10 | |
| 1,2-Diphenylhydrazine | | | 20 | | 2,6-Dinitrotoluene | | | 10 | |
| Flouranthene | | | 10 | | Isophorone | | | 10 | |
| Flourene | | | 10 | | Naphthalene | | | 10 | |
| *Hexachlorobenzene | | | 5 | | Nitrobenzene | | | 10 | |
| *Hexachlorobutadiene | | | 10 | | N-Nitrosodimethylamine | | | 50 | |
| Hexachlorocyclo-pentadiene | | | 10 | | N-Nitrosodiphenylamine | | | 20 | |
| Hexachloroethane | | | 20 | | N-nitrosodi-n-propyl-amine | | | 20 | |
| Indeno(1,2,3-cd)pyrene | | | 5 | | Phenanthrene | | | 10 | |
| 1,2-Dichlorobenzene | | | 10 | | Pyrene | | | 10 | |
| | | | | | 1,2,4-Trichlorobenzene | | | 10 | |

## HAZARDOUS SUBSTANCES

| Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method | Pollutant Name | Pollutant Analysis Results µg/l | Lab Detection Level µg/l | EPA Required MQL µg/l | EPA Test Method |
|---|---|---|---|---|---|---|---|---|---|
| *2,4-D (2,4-Dichloro-phenoxy acetic acid) | | | 10 | | *2,4,5-TP (Silvex) | | | 4 | |

**FOOTNOTE: *These pollutants are regulated under LAC, Title 33, Part IX, Chapter 11, Louisiana Water Quality Standards.**