



**State of Nevada  
Department of Conservation  
and Natural Resources  
Division of Environmental Protection**

**Groundwater Discharge Program**

<b>FOR BWPC USE ONLY:</b>	
Check No.:	_____
Receipt No.:	_____
Amount:	\$ _____

**GROUNDWATER DISCHARGE PERMIT APPLICATION**

APPLICATION – NEW     APPLICATION – RENEWAL     APPLICATION – MODIFICATION

**PERMIT NUMBER: NEV (LEAVE BLANK IF NEW PERMIT)**

**1. OWNER/RESPONSIBLE PARTY INFORMATION:**

Business/Agency Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Federal Tax ID No.: \_\_\_\_\_

*Note: The Federal Tax ID number is necessary in the event of any error in monetary transaction, i.e. refund or reimbursement, from the State of Nevada*

**2. BILLING ADDRESS:**

Business/Agency Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. FACILITY/SITE INFORMATION:**

**Note:** A separate permit application form must be completed for each discharging facility operated by the applicant.

Facility Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone Number(s): 1. \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: 2. \_\_\_\_\_  
 Street Address/ Location: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section(s): \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Discharge Location(s): \_\_\_\_\_  
 Discharge Latitude: \_\_\_\_\_ Discharge Longitude: \_\_\_\_\_  
 Name of Operator\*: \_\_\_\_\_ Certification Grade: \_\_\_\_\_

\* If applicable



**GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)**

If you are applying or supplying effluent or biosolids to other sites (reuse sites), please provide the location for each:

Site 1:

Facility Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address/  
 Location: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Application  
 Acres: \_\_\_\_\_  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section(s): \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Site 2:

Name: \_\_\_\_\_ Permit No.: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Street Address/  
 Location: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Application  
 Acres: \_\_\_\_\_  
 Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section(s): \_\_\_\_\_  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

*Continue listing reuse sites and site information on additional pages, if needed.*

**4. SITE CHARACTERISTICS:**

**Maps:**

Include a topographic map and a site map showing the location of the proposed discharge(s) and the location of proposed or existing groundwater monitoring wells, drinking water wells, irrigation or other wells within a one (1) mile radius.

**Wells:**

List all wells on the property and include copies of well logs or well specifications. Continue descriptions on additional sheets if necessary. Complete the following information as accurately as possible.

<u>Well Designation</u>	<u>Well Log Number</u>	<u>Notice of Intent Number</u>	<u>Latitude/Longitude</u>	or	<u>Section, Township, Range</u>



**GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)**

Describe the average annual results of the parameters listed below **that may be present in the discharge and in the monitoring wells**. Also attach copies of all laboratory analytical reports.

<u>Analyte</u>	<u>Concentration (mg/L)</u>	<u>Analyte</u>	<u>Concentration (mg/L)</u>
BOD <sub>5</sub> :	_____	Total Nitrogen as N:	_____
Total Suspended Solids:	_____	Kjeldahl Nitrogen as N:	_____
Total Dissolved Solids:	_____	Nitrate as N:	_____
Fecal Coliform:	_____	Cyanide (as applicable):	_____
pH (Standard Units)	_____	Total Phosphorus:	_____
Chloride	_____	Other:	_____

**10.0 BIOSOLIDS:**

Class of biosolids to be applied/used: \_\_\_\_\_

Source of biosolids for use (supplier): \_\_\_\_\_ Permit No. \_\_\_\_\_

Volume of biosolids to be applied/used per year:  
(NAC 445A.232) \_\_\_\_\_

Describe the pathogen and vector controls: \_\_\_\_\_

An analysis of arsenic, cadmium, chromium, copper, lead, mercury, molybdenum, nickel, selenium, and zinc constituents in biosolids material on a dry weight basis must accompany this application.

If laboratory reports indicate the presence of any **toxic materials** in the discharge, i.e. organics, solvents, metals, petroleum products (benzene, toluene, ethylbenzene, xylene, methyl tertbutyl ether, and total petroleum hydrocarbons), or other contaminants or pollutants, please complete the **attached sheet**. This table is a compilation of the materials listed in NAC445A.144 and the standards found in 40 CFR 141.

If, to the best of your knowledge, you expect that none of the analytes listed above will be present in your discharge, and a laboratory profile was not performed, then please provide a brief explanation why you believe the listed analytes will not be present:

\_\_\_\_\_

**RENEWAL APPLICANTS ONLY:** PERMITTEES RENEWING EXISTING PERMITS MUST ALSO COMPLETE ITEMS 9-11.

**11.0 MODIFICATIONS:**

List and briefly describe any changes to the production, treatment, or disposal processes of the facility since issuance of the current permit:

\_\_\_\_\_

**12.0 DISCHARGE DISCREPANCIES:**

List Discharge Monitoring Report (DMR) dates and parameters where the facility exceeded the permitted discharge limits (attach additional sheets if necessary):

\_\_\_\_\_

**13.0 DISCHARGE HISTORY:**

**GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)**

Submit graphs of the monitored parameters in the discharge and in any groundwater wells over the time period of the existing permit (e.g., plot BOD<sub>5</sub> vs. month). The time scale should not be less frequent than the permitted sampling frequency. Attach a tabulated compilation of all compliance data for all monitoring parameters analyzed or measured during the preceding five (5) years or the lifetime of the permit, whichever is shorter. Provide the tabulated data in hard copy, and if available, an electronic file compatible with Microsoft Office software (version 97 or later).

I hereby certify that I am familiar with the information contained in the application and that to the best of my knowledge and ability such information is true, complete, and accurate.

Print Name of Applicant:

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Title:

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Signature of Applicant:

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Date:

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Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained by the provisions of NAC445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under the provisions of NAC 445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, is guilty of a gross misdemeanor and shall be punished by a fine of not more than \$10,000 or by imprisonment in the county jail for not more than 1 year, or by both fine and imprisonment.

**REMIT APPLICATION AND FEE (PER NAC445A.232) TO:**

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION  
BUREAU OF WATER POLLUTION CONTROL  
901 SOUTH STEWART STREET, SUITE 4001  
CARSON CITY, NEVADA 89701-5249  
ATTENTION: PERMITS BRANCH**

**PHONE: 775.687.9418**