VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM
GENERAL PERMIT REGISTRATION STATEMENT
FOR COOLING WATER DISCHARGES

1.   **APPLICANT INFORMATION**

A. Name of Facility: _____

B. Facility Owner: _____

C. Owner's Mailing Address

  a. Street or P.O. Box _____

  b. City or Town _____ c. State __ d. Zip Code _____

  e. Phone Number _____

D. Facility Location: _____
                        Street No., Route No., or Other Identifier

                    _____
                        County

E. Is the operator of the facility also the owner? ___ Yes ___ No
   If No, complete F. & G.

F. Name of Operator: _____

G. Operator's Mailing Address

  a. Street or P.O. Box _____

  b. City or Town _____ c. State __ d. Zip Code _____

  e. Phone Number _____

2.   **FACILITY INFORMATION**

Does this facility currently have a VPDES permit? Yes___ No___
        If yes, give permit number. _____

B.   List any point source discharges that are not composed entirely of cooling
      water_____

C.   List type and size (tons) of cooling equipment or non-contact cooling water process:
      Type   Size (tons)

      _____

      _____

      _____

D.   Complete the following if any chemical and/or non-chemical treatment is employed in each of the cooling water systems:

a.   Describe the chemical and/or non-chemical treatment to be employed and its purpose;

_____

If chemical additives other than chlorine are used, complete b, c, d and e below.

b.   Provide name and manufacturer of each additive used;

_____

c.   Provide list of active ingredients and percent composition;

_____

d.   Give the proposed schedule and quantity of chemical usage, and estimate the concentration in the discharge; and

_____

e.   Attach available aquatic toxicity information for each additive proposed for use.

f.   Attach any other information such as product or constituent degradation, fate, transport, synergies, bioavailability, etc., that will aid the Board with the toxicity evaluation for the discharge.

E.   Describe any type of treatment or retention being provided to the wastewater before discharge (i.e. retention ponds, settling ponds, etc.)

_____

3.   **FACILITY SCHEMATIC DRAWING**

Attach a schematic drawing of the cooling water equipment which shows the source of the cooling water, its flow through the facility, and each cooling water discharge point.

4.   **MAP**

For cooling water system with a direct discharge to surface waters, attach a topographic map extending to at least one mile beyond property boundary. The map must show the outline of the facility, and the location of each of its existing and proposed intake and discharge points. Include all springs, rivers and other surface water bodies.

5. **DISCHARGE INFORMATION**

A. List all cooling water discharges by a number that is the same as on the map required in Question 4, if applicable. Identify the source of cooling water. Estimate the maximum daily discharge flow in gallons per day (gpd). Give the name of the waterbody receiving direct discharge or discharge through the municipal separate storm sewer system.

Outfall No. Source   Max. Daily Flow Receiving Stream
          (gpd)

_____
_____
_____

B. Identify the duration and frequency of the discharge for each separate discharge point:

  a. Continuous:_____
  b. Intermittent:(please describe)_____
  c. Seasonal:_____

C. Give the name and contact information of the owner of the municipal separate storm sewer system that receives the discharge (if applicable):

_____

6. **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   _____ Date: _____

Name of person(s) signing above: _____
             (printed or typed)
Title(s):_____

REQUIRED ATTACHMENTS

 Aquatic Toxicity Information For Chemical Additives (if applicable)
 Facility Schematic Drawing
 Topographic Map (if applicable)

 For Department Use Only:

Accepted/Not Accepted by:_____ Date:_____
Basin_____ Stream Class_____ Section_____
Special Standards_____