

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** _____

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes No

3. **Provide the tax map parcel number for the land where the discharge is located.** _____

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** _____

5. **What is the design average effluent flow of this facility?** _____ MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes No

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

_____% of flow from domestic connections/sources

Number of private residences to be served by the treatment _____

_____% of flow from non-domestic connections/sources

7. **Mode of discharge:** Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

Permanent stream, never dry

Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent

Lake or pond at or below the discharge point

Other: _____

9. **Approval Date(s):**

O & M Manual _____ **Sludge/Solids Management Plan** _____

Have there been any changes in your operations or procedures since the above approval dates? Yes
No

10. **Privately Owned Treatment Works**

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

11. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: _____

Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

12. **Financial Assurance/Closure**

The Financial Assurance Regulation, [9VAC25-650](#) applies to all privately owned sewerage systems that treat sewage generated by private residences and discharge more than 1,000 gallons per day and less than 40,000 gallons per day. A private residence is defined as any building, buildings or part of a building owned by a private entity which serves as a permanent residence where sewage is generated. It does not apply to hotels, motels, seasonal camps and industrial facilities that do not serve as permanent residences. The regulation requires that a closure plan, a cost estimate and a financial assurance mechanism be in place. If financial assurance/cost estimate/closure plan requirement is applicable to this facility please review the following:

For reissuances (existing facilities):

The Financial Assurance Regulation [9VAC25-650](#) also requires that the permittee review the closure plan and cost estimate at the end of the VPDES permit term and that the permittee submit the plan, the cost estimate and a written summary of their review, and of any modifications to the plan, concurrently with

this application for permit reissuance. If the permittee's review of the closure plan and cost estimate result in changes to the cost estimate greater than that which would result from the required annual inflationary adjustment per the permit's special condition and [9VAC25-650-30 B](#), the resulting increase to the existing financial assurance mechanism should be made.

Review and update if necessary, the closure plan, cost estimate and financial assurance mechanism per the last annual inflationary adjustment or today if changed from last annual inflationary adjustment. Send to the DEQ Office of Financial Responsibility at the address below via tracked mail.

For issuances (new facilities or facilities not built):

Include the closure plan, cost estimate and financial assurance mechanism with this application to the following address via UPS, FEDEX or USPS tracked mail:

Department of Environmental Quality
Office of Financial Responsibility and Waste Programs
P.O. Box 1105
Richmond, VA 23218

You may use the attached suggested wording for closure plan permanent facility closure, 24 month contract operation and closure plan third party implementation agreement. Also include the signed application for closure plan approval. Questions about these financial assurance and closure requirements may be directed to Suzanne Taylor at (804) 698-4146.

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Template 1

Closure Plan #1 (Permanent Facility Closure)

VPDES Permit#: (#) (facility name)

Closure Plan Contractor: (full name and address and telephone number)

Third Party Implementer: (full name and address and telephone number)

This closure plan consists of the cessation of the discharge of pollutants to state waters, followed by physical closure of the above referenced facility in accordance with the facility closure plan prepared in accordance with [9VAC25-790-120 E 3](#) and approved by the department.

The undersigned Closure Plan Contractor hereby agrees to stand by for the duration of the current VPDES permit term (provide dates) to perform physical closure of the privately owned sewerage system located at (facility name) in accordance with the technical outline provided below. The Closure Plan Contractor shall act under the direction of the undersigned Third Party Implementer. The Closure Plan Contractor further agrees to perform the designated work in accordance with the physical closure cost estimate attached to this agreement.

The cessation of the discharge of pollutants to State waters shall be effected through the termination of all residencies connected to the facility. The process of residential termination shall be administered by the Third Party Implementer. In the interim, the Third Party Implementer shall also administer the operation of the facility for up to 24 months by a (licensed) contract operator as designated in a separate agreement attached to the closure plan. Upon completion of residential termination, the Third Party Implementer shall instruct the Closure Plan Contractor to carry out physical closure of the facility according to the following (or included by attachment) technical outline

Authorized Signature for Third Party Implementer: _____

Print Name: _____ Title: _____

Authorized Signature for Closure Plan Contractor: _____

Print Name: _____ Title: _____

Template 2
Closure Plan #4 (24 Month Contract Operation)

VPDES Permit#: (#) (facility name)

Facility Contract Operator: (full name and address and telephone number)

Third Party Implementer: (full name and address and telephone number)

This closure plan stipulates contract operation of the facility for a period of up to 24 months after initial implementation of the closure plan, regardless of the date of initial implementation. Contract operation shall be by the undersigned Facility Contract Operator.

The Facility Contract Operator hereby agrees to stand by for the duration of the current VPDES permit term (provide dates) to perform contract operation of the privately owned sewerage system located at (facility name) for a period of up to 24 months. The Facility Contract Operator hereby stipulates that (he/she) possesses all licenses and/or qualifications necessary or required to operate the facility in question.

Upon implementation of the closure plan and at the direction of the undersigned Third Party Implementer, the Facility Contract Operator shall operate the facility for up to 24 months in accordance with the terms and conditions of the applicable VPDES permit for the facility. The Facility Contract Operator stipulates that the current permit holder and the person or legal entity contracted to standby to operate the facility (i.e. the Facility Contract Operator) under the closure plan are not the same person or legal entity. The Facility Contract Operator further stipulates that the following cost estimate in the amount of (\$) is sufficient to pay for comprehensive operation of the facility for up to 24 months in conjunction with all of the previously discussed requirements. Upon assuming the duties at the abandoned sewerage treatment plant, the Facility Contract Operator will be paid for his/her operating services from the available funds in the financial assurance mechanism on file with the Virginia Department of Environmental Quality for this permit.

Authorized Signature for Third Party Implementer: _____

Print Name: _____ Title: _____

Date: _____

Authorized Signature for Closure Plan Contractor: _____

Print Name: _____ Title: _____

Date: _____

Template 3

Closure Plan Third Party Implementation Agreement

Date:

VPDES Permit#:

Permit Holder: (full name and address and telephone number)

Third Party Implementer: (full name and address and telephone number)

Terms: The undersigned Permit Holder hereby engages the undersigned Third Party Implementer to stand by for the duration of the current VPDES permit term (provide dates) to implement and administer all components of the attached closure plan in accordance with its requirements in the event that the State Water Control Board determines that the facility has ceased operation.

Authorized Signature for Third Party Implementer: _____

Print Name: _____ Title: _____

Date: _____

Authorized Signature for VPDES Permit Holder: _____

Print Name: _____ Title: _____

Date: _____

