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|  | COMMONWEALTH OF VIRGINIA VIRGINIA DEPARTMENT OF ENERGY MINED LAND REPURPOSING  3405 MOUNTAIN EMPIRE ROAD BIG STONE GAP, VA 24219 TELEPHONE: (276)523-8100 |

# APPLICATION – NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT

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| **APPLICANT** |  | **Application No.** |  |
| Facility Name |  | County |  |
| Address |  | Telephone No. |  |
| Existing CSMO  Permit No. |  | Existing NPDES  Permit No. |  |

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| **1. Standard Industrial Classification – SIC Codes** | | | | | | | | | |
| SIC Code | | | | **First** | SIC Code | | | | **Second** |
|  |  |  |  |  |  |  |  |  |  |
| SIC Code | | | | **Third** | SIC Code | | | | **Fourth** |
|  |  |  |  |  |  |  |  |  |  |

1. **Company Representative(s) –** Provide the names, titles, and telephone numbers of the company officials who have direct responsibility and authority to sign and submit the **Discharge Monitoring Reports** (DMLR-PT-119) that will be required by the NPDES permit. These officials must have the responsibility and authority to ensure: (a) compliance with the permit’s effluent limitations; (b) that discharges are properly sampled and analyzed; and, (c) the monitoring reports (DMLR-PT-119) are properly completed, signed, and timely submitted.

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| **Name of Company Official** | Title | Telephone (work) | Telephone (home) |
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1. **Sample Collection/Analysis –** If the company contracts for sampling or testing, provide the following information:

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| --- | --- | --- |
| **Laboratory Name** | Address | Telephone |
|  |  |  |
| **Contact Person** |  | |

1. **Outfall Location –** On “**Attachment4-A**” (see Page 6), for each outfall and haulroad sump, list the latitude and longitude of its location and the name of the receiving water.

# Flows, Sources of Pollution, and Treatment Technologies

* 1. Attach a line drawing showing the water flow through the permit. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed description in item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
  2. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; (3) the treatment received by the wastewater; and, (4) the outfall(s) to be utilized as representative for effluent characterization and a listing of those outfalls represented. Use additional pages as necessary.

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| **Outfall Number:** |  |  |  |  |
| **Classification: E** = existing and  **P** = proposed. If **P**, list date discharge expected to begin |  |  |  |  |
| **Type of Discharge**: **G** = ground water, **S** = surface runoff, **P** = process water, and **O** = other (specify) |  |  |  |  |
| **Sources of Discharge**: For each outfall discharge, identify its source(s). Some discharges may have more than one source; therefore, identify all applicable sources that result in each outfall discharge. **Check the applicable block(s).** | | | | |
| **Representative Outfall** for effluent characterization |  |  |  |  |
| List of outfall(s) represented or **N/A** = not applicable |  |  |  |  |
| Surface Runoff Sources: Mine Portal Area |  |  |  |  |
| Coal Loading Area |  |  |  |  |
| Coal Stockpile Area |  |  |  |  |
| Refuse Area |  |  |  |  |
| Preparation Plan Area |  |  |  |  |
| Railroad Track Area |  |  |  |  |
| Other (specify) |  |  |  |  |
| Source(s) other than surface runoff: Mine Dewatering |  |  |  |  |
| Preparation Plant |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Discharge Information**; Average Flow (gpm) |  |  |  |  |
| Drainage Area (acres) |  |  |  |  |
| Disturbed Area (acres) |  |  |  |  |
| Treatment Facility Identification |  |  |  |  |
| Capacity |  |  |  |  |

**Comments**

# Description of Discharge(s) and Treatment Facility(ies)

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| **Type(s) of Treatment Provided:** For each of the outfall discharges described above, give an explanation of the type(s) of treatment that will be provided, such as – (1) Sedimentation (solids removal by gravity settling); (2) chemical treatment (i.e., pH neutralization, iron (Fe) removal by oxidation, flocculation, or sedimentation); (3) manganese (Mn) removal by oxidation, flocculation or sedimentation; or (4) other methods (describe). |
|  |
| **Chemical Agent(s):** If chemical agents (including flocculants, polymers, organic or inorganic compounds) are to be used as part of the treatment process, provide the following information for each chemical agent: (1) trade name of the agent; (2) toxicity of agent; (3) purpose for using the agent and type of treatment for which the chemical agent will be utilized; (4) he specific outfall discharges in which the agent will be used; and, (5) any other pertinent information. |
|  |
| **Leaks or Spills:** Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released. |
|  |
| **Biological Toxicity Testing Data:** Include, in **Attachment8-A**” (see Page 10), the results of any biological analysis for acute and/or chronic toxicity that have been made on any of your discharges or on a receiving water in relation to your discharge within the past three years. |

1. **Pollutant Characteristics:** Check **YES** or **NO**, as applicable to the permit or proposed permit area.

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| **YES** | **NO** |  |
|  |  | A. The area contains a publicly owned treatment works which discharge into the water of the United States. |
|  |  | B. The facility treats, stores, or disposes of hazardous wastes. |
|  |  | C. Fluids are injected at this facility which are: (1) brought to the surface in  connection with conventional oil or natural gas production; (2) used for the enhanced recovery of oil or natural gas; or (3) for storage of liquid hydrocarbons. |
|  |  | D. The area contains a concentrated animal feeding operation or aquatic animal  production facility that discharges into the waters of the United States. |
|  |  | E. This facility will inject industrial effluent below the lower most stratum  containing, within 1 quarter mile of the well bore, underground sources of drinking water. |

1. **Effluent Characteristics:** Provide the following information regarding the quality and quantity of discharges from the permit (or proposed permit) area. (Note: If analytical data is available, provide the results of at least one analysis for every pollutant in the following table. Complete one table for **each representative outfall** (as indicated in part 5(B)). Use additional pages as necessary.

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| **Outfall No.** |  | Are all other applicable pollutants listed in EPA form 2C but not listed below believed to  be absent? **YES** or **NO** If **NO**, list those additional pollutants in the table below and include analytical results and units. | | |
| Parameter | | | Analytical Result | Unit |
| Flow | | |  |  |
| Temperature | | |  |  |
| pH | | |  |  |
| TSS | | |  |  |
| Specific Conductance | | |  |  |
| TDS | | |  |  |
| Sulfates | | |  |  |
| Bromide | | |  |  |
| Chlorides | | |  |  |
| Aluminum | | |  |  |
| Iron | | |  |  |
| Manganese | | |  |  |
| Magnesium | | |  |  |
| Total Acidity | | |  |  |
| Total Alkalinity | | |  |  |
| Bicarbonate Alkalinity | | |  |  |
| Carbonate Alkalinity | | |  |  |
| Hardness | | |  |  |
| Total Zinc | | |  |  |
| Total Antimony | | |  |  |
| Total Arsenic | | |  |  |
| Total Beryllium | | |  |  |
| Total Cadmium | | |  |  |
| Total Chromium | | |  |  |
| Total Copper | | |  |  |
| Total Lead | | |  |  |
| Total Nickel | | |  |  |
| Total Selenium | | |  |  |
| Total Silver | | |  |  |
| Total Thallium | | |  |  |
| Total Barium | | |  |  |
| Total Boron | | |  |  |
| Total Cobalt | | |  |  |
| Total Cyanide | | |  |  |
| Total Phenols | | |  |  |
| Nitrate | | |  |  |
| Nitrite | | |  |  |
| Dissolved Organic Carbon | | |  |  |
| Hydrogen Sulfide 1 | | |  |  |
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| **Outfall No.** |  | Are all other applicable pollutants listed in EPA form 2C but not listed below believed to  be absent? **YES** or **NO** If **NO**, list those additional pollutants in the table below and include analytical results and units. | | |
| Parameter | | | Analytical Result | Unit |
| Flow | | |  |  |
| Temperature | | |  |  |
| pH | | |  |  |
| TSS | | |  |  |
| Specific Conductance | | |  |  |
| TDS | | |  |  |
| Sulfates | | |  |  |
| Bromide | | |  |  |
| Chlorides | | |  |  |
| Aluminum | | |  |  |
| Iron | | |  |  |
| Manganese | | |  |  |
| Magnesium | | |  |  |
| Total Acidity | | |  |  |
| Total Alkalinity | | |  |  |
| Bicarbonate Alkalinity | | |  |  |
| Carbonate Alkalinity | | |  |  |
| Hardness | | |  |  |
| Total Zinc | | |  |  |
| Total Antimony | | |  |  |
| Total Arsenic | | |  |  |
| Total Beryllium | | |  |  |
| Total Cadmium | | |  |  |
| Total Chromium | | |  |  |
| Total Copper | | |  |  |
| Total Lead | | |  |  |
| Total Nickel | | |  |  |
| Total Selenium | | |  |  |
| Total Silver | | |  |  |
| Total Thallium | | |  |  |
| Total Barium | | |  |  |
| Total Boron | | |  |  |
| Total Cobalt | | |  |  |
| Total Cyanide | | |  |  |
| Total Phenols | | |  |  |
| Nitrate | | |  |  |
| Nitrite | | |  |  |
| Dissolved Organic Carbon | | |  |  |
| Hydrogen Sulfide 2 | | |  |  |
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| **Outfall No.** |  | Are all other applicable pollutants listed in EPA form 2C but not listed below believed to  be absent? **YES** or **NO** If **NO**, list those additional pollutants in the table below and include analytical results and units. | | |
| Parameter | | | Analytical Result | Unit |
| Flow | | |  |  |
| Temperature | | |  |  |
| pH | | |  |  |
| TSS | | |  |  |
| Specific Conductance | | |  |  |
| TDS | | |  |  |
| Sulfates | | |  |  |
| Bromide | | |  |  |
| Chlorides | | |  |  |
| Aluminum | | |  |  |
| Iron | | |  |  |
| Manganese | | |  |  |
| Magnesium | | |  |  |
| Total Acidity | | |  |  |
| Total Alkalinity | | |  |  |
| Bicarbonate Alkalinity | | |  |  |
| Carbonate Alkalinity | | |  |  |
| Hardness | | |  |  |
| Total Zinc | | |  |  |
| Total Antimony | | |  |  |
| Total Arsenic | | |  |  |
| Total Beryllium | | |  |  |
| Total Cadmium | | |  |  |
| Total Chromium | | |  |  |
| Total Copper | | |  |  |
| Total Lead | | |  |  |
| Total Nickel | | |  |  |
| Total Selenium | | |  |  |
| Total Silver | | |  |  |
| Total Thallium | | |  |  |
| Total Barium | | |  |  |
| Total Boron | | |  |  |
| Total Cobalt | | |  |  |
| Total Cyanide | | |  |  |
| Total Phenols | | |  |  |
| Nitrate | | |  |  |
| Nitrite | | |  |  |
| Dissolved Organic Carbon | | |  |  |
| Hydrogen Sulfide 3 | | |  |  |
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1. **Public Notice:** Attach a copy of your proposed NPDES public notice with the application.

# Company Certification:

I certify under penalty of law that this document and all attachments thereto 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(s) 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.

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| Company Official’s Name: |  | Title: |
| Signature: |  | Date: |

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| **ATTACHMENT 4-A** | | | |
| **Outfall No.** | **Latitude** | **Longitude** | **Receiving Stream** |
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Mined Land Reclamation

**Application – NPDES form**

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| **ATTACHMENT 8-A** | | | | | | | | | | | |
|  | | | | **Acute Toxicity Test** | | | | **Chronic Toxicity Test** | | | |
| **Outfall** | Organism | Start Test Date | End Test Date | NOAEC | LC50 | TUa | Pass/Fail | NOEC | IC25 | TUc | Pass/Fail |
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