



**APPLICATION FOR PERMIT TO DISCHARGE  
(NDPDES) INDUSTRIAL-SHORT FORM C**  
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
SFN 8319 (03/2019)

**FOR DEPT USE ONLY**

Application Number
Date Received

Organization Responsible for Facility			
Individual Responsible for Discharge		Telephone Number	
Mailing Address	City	State	Zip Code
Brief description of nature of operations which produce the discharge			

Check all possible substances which discharge may contain:

<input type="checkbox"/> Aluminum	<input type="checkbox"/> Beryllium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Mercury	<input type="checkbox"/> Phenols	<input type="checkbox"/> Zinc
<input type="checkbox"/> Ammonia	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Nickel	<input type="checkbox"/> Selenium	<input type="checkbox"/> Other _____

**METHOD OF TREATMENT IS TO ROUTE WATER TO:**

<input type="checkbox"/> Municipal Sewer System	Owner of System	<b>If discharge is to a municipal sewer system, skip to signature area at bottom.</b>	
OR	<input type="checkbox"/> Evaporation Lagoon or Ponds	Number of Ponds	Size of Each (Acres)
OR	<input type="checkbox"/> No Treatment, Goes to Surface Waters Directly	Name of Body of Water	
OR	<input type="checkbox"/> Other (Specify)		

Method of Treating Sanitary Wastes (if different from above)

--

**TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE**

<input type="checkbox"/> Sanitary Wastewater _____ gal/day	<input type="checkbox"/> Cooling Water _____ gal/day	<input type="checkbox"/> Hydrostatic Testing _____ gal/day
<input type="checkbox"/> Process Water _____ gal/day	<input type="checkbox"/> Surface Runoff Water	<input type="checkbox"/> Other: Type _____ / _____ gal/day

Frequency of Discharge from Treatment Facility (if only certain months please indicate)	
---	--

Number of Separate Discharge Points:  1     2     3     4 or more

**If more than one, please attach sheet with locations and types of waters handled at each point.**

<b>DISCHARGE POINT LOCATION</b>	Latitude (Decimal Degrees)		Longitude (Decimal Degrees)		County
	OR	<input type="checkbox"/> ¼ <input type="checkbox"/> ¼	Section	Township	Range

Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.

--

**REQUEST FOR TEMPORARY ELECTRONIC REPORTING WAIVER:**

<input type="checkbox"/> I request a temporary electronic reporting waiver.
Please provide a brief statement regarding the basis for requesting a temporary waiver(e.g. short duration permit).

**SIGNATURE:**

<b>RETURN COMPLETED APPLICATION TO:</b>  North Dakota Dept. of Env. Quality Division of Water Quality 918 East Divide Avenue, 4 <sup>th</sup> Floor Bismarck, ND 58501-1947  Telephone: (701) 328-5210	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.	
	Printed Name	Title
	Signature	Date