



## Application For A Land Application System (LAS) Permit

This form is to be used solely for issuance, reissuance or modification of an individual municipal or industrial LAS permit (i.e., no-discharge permit). Refer to the instructions on EPD website for more information and help with this form.

This application includes Information not subject to disclosure under Georgia Law.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<b>Section I</b>
<b>1. This is an application to:</b>
<input type="checkbox"/> Apply for a new LAS permit (A permit number will be assigned by EPD)  <input checked="" type="checkbox"/> Apply for reissuance of an existing permit – Specify LAS Permit No.: GAJ020022 <input type="checkbox"/> Modify an existing permit – Specify LAS Permit No.:
<b>2. Type of land application:</b>
<p>The LAS permit is to cover (or currently covers): <span style="float: right;">(Check all that apply)</span></p> <input type="checkbox"/> Land application of treated wastewater onto a dedicated site. <input type="checkbox"/> Distribution of reuse water to customers. <input type="checkbox"/> Land application of sludge only.
<b>3. Other environmental permits:</b>
<p>Does the treatment facility hold any other environmental permits?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide a list below:

**Section II – Permittee (Applicant) Identification:**

1. Name of business, company, municipality, etc. requesting the permit:

Program Facility Name : QUITMAN, CITY OF    Program Facility ID : GAJ020022  
(QUITMAN WPCP)

2. Mailing Address:

3. City:

4. State: GA

5. Zip:

6. County:

7. Contact person:

8. Title:

9. Phone Number:

10. Email:

**Section III – Treatment Facility Location & Contact Information:****1. Treatment facility physical location:**

a. Facility name: QUITMAN, CITY OF (QUITMAN WPCP)

b. Facility Type of Ownership:

c. Street address: US Highway 84

d. County: Brooks

e. City: Quitman

f. State: GA

g. Zip: 31643

h. Latitude-Longitude (in decimal degrees): 30.77761 / -83.5317

**2. Treatment facility contact & mailing address:**

a. Contact person:

b. Title:

c. Organization:

d. Phone number:

e. Email:

f. Street address/P.O. Box:

g. City:

h. State: GA

i. Zip:

**Section IV – Wastewater Characteristics:**

Answer questions 1 or 2 below, as applicable.

**1. Municipal facilities:**

- a. Collection system: ☐ Separate (sanitary sewer only)  
☐ Combined (sanitary sewer & storm water)  
☐ Both separate and combined
- b. Does your facility accept septage?  
☐ No  
☐ Yes – Provide average monthly daily volume (gal/day):
- c. Is the facility receiving process wastewater from industrial customers?  
☐ No – Skip questions 1.d & 1.e below and go to Section V  
☐ Yes – Provide information for the industrial customers:
- d. Do(es) the industrial customer(s) listed above have a pretreatment permit issued by the State?  
☐ No  
☐ Yes – Provide pretreatment permit number(s):
- e. If the industrial facility(ies) listed above do(es) not have a pretreatment permit, do you have an approved industrial pretreatment program?  
☐ No  
☐ Yes – Provide approval date:

## Section V – Description of the Treatment Facility:

All questions must be answered unless otherwise instructed.

### 1. Flow:

- a. Design flow: MGD
- b. Is the application for a phased permit? (i.e., will the facility be expanding in the future?)  
No - Skip question 1.c.  
Yes - Answer question 1.c below
- c. Provide design flow(s) for the future expansion(s):
- |             |     |            |     |
|-------------|-----|------------|-----|
| <i>i.</i>   | MGD | <i>iv</i>  | MGD |
| <i>ii.</i>  | MGD | <i>v.</i>  | MGD |
| <i>iii.</i> | MGD | <i>vi.</i> | MGD |

### 2. Treatment process:

- a. Provide a plant flow diagram or schematic and a narrative description identifying:  
(If applying for a phased permit, provide information for all phases)

<p><b>a.</b></p>	<ul style="list-style-type: none"> <li>➤ All treatment units</li> <li>➤ Location(s) of flow monitoring device(s)</li> <li>➤ Location(s) of influent/effluent sampling</li> </ul>
<p><b>b.</b></p>	<p>Have any of the treatment units undergone any modifications since the last permit reissuance?</p> <p>Not applicable (first permit issuance)</p> <p>No</p> <p>Yes – Explain below:</p>
<p><b>c.</b></p>	<p>Original DDR concurrence date:</p>
<p><b>d.</b></p>	<p>DDR Amendment concurrence date(s):</p>

All questions must be answered unless otherwise instructed.

<b>3. Storage capacity:</b>	<input type="checkbox"/> Not Applicable		
<p>Provide volume for each storage pond or storage tank:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Storage Pond/Tank No.</td> <td style="width: 50%; text-align: center; padding: 5px;">Volume(gal)</td> </tr> </table>		Storage Pond/Tank No.	Volume(gal)
Storage Pond/Tank No.	Volume(gal)		

<p><b>4.</b></p>	<p><b>Is the treated wastewater land applied on a dedicated site?</b></p> <p>No – Go to Section VI.</p> <p>Yes – Answer questions below.</p>
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<p><b>5.</b></p>	<p><b>Irrigation system:</b></p>		
<p><b>a.</b></p>	<p>Provide a map or drawing showing:</p> <p>(If applying for a phased permit, provide information for <u>all phases</u>)</p> <ul style="list-style-type: none"> <li>➤ Locations of all land application sites. Include ID and surface area for each irrigation zone or field.</li> <li>➤ Locations of all groundwater monitoring wells. Groundwater monitoring wells should be identified by the following symbols: Upgradient wells U1, U2, U3, etc.; Midfield wells M1, M2, M3, etc.; Downgradient wells D1, D2, D3, etc.</li> <li>➤ Any surface waters adjacent to or traversing the land application site. Identify the monitoring location (s), if any.</li> </ul>		
<p><b>b.</b></p>	<p>Type of system: (Check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; vertical-align: top;"> <p><i>i.</i>     Sprayfield</p>    <p><i>ii.</i>    Dripfields</p> </td> <td style="width: 70%; vertical-align: top;"> <p>Sprinklers</p> <p>Center pivot(s)</p> <p>Above-ground emitters</p> </td> </tr> </table>	<p><i>i.</i>     Sprayfield</p>  <p><i>ii.</i>    Dripfields</p>	<p>Sprinklers</p> <p>Center pivot(s)</p> <p>Above-ground emitters</p>
<p><i>i.</i>     Sprayfield</p>  <p><i>ii.</i>    Dripfields</p>	<p>Sprinklers</p> <p>Center pivot(s)</p> <p>Above-ground emitters</p>		

- |                                      |                                  |
|--------------------------------------|----------------------------------|
|                                      | Subsurface emitters              |
| <i>iii.</i> Drainfields              | Infiltration chambers            |
|                                      | Perforated pipes with gravel bed |
|                                      | Other – Specify:                 |
| <i>iv.</i> Rapid infiltration basins |                                  |
| <i>v.</i> Other system – Specify:    |                                  |

Complete questions 6 to 7 below based on type of irrigation system selected in Section V.5.b above:

#### 6. Sprayfield/Dripfield information:

- |  |                 |
|--|-----------------|
| <b>a.</b> Total irrigation (wetted) area:  | acres           |
| <b>b.</b> Number of irrigated fields or zones:   | fields or zones |
| <b>c.</b> Crop on each field:  |                 |
| If the hydraulic loading rate and instantaneous application rate are the same for all fields, please provide values below:   |                 |
| <b>d.</b> Hydraulic loading rate:  | in/week         |
| <b>e.</b> Instantaneous application rate:  | in/hour         |
| <b>f.</b> If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below: |                 |
| <b>g.</b> Is the irrigation area equipped with an underdrain system?   |                 |
| No   |                 |
| Yes – Explain below where effluent from the underdrain is directed:  |                 |

#### 7. Drainfield information:

- |  |                          |
|--|--------------------------|
| <b>a.</b> Infiltration area (trench bottom only):  | ft <sup>2</sup>          |
| <b>b.</b> Number of irrigated fields or zones:   | fields or zones          |
| <b>c.</b> Crop:  |                          |
| If the hydraulic loading rate is the same for all zones, please provide value below:   |                          |
| <b>d.</b> Hydraulic loading rate (trench bottom):  | gal/ft <sup>2</sup> .day |
| <b>e.</b> If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below: |                          |

Complete questions 8 to 9 below based on type of irrigation system selected in Section V.5.b above:	
<b>8. Rapid Infiltration Basins:</b>	
a. Total wetted area:	Acres (bottom of the basins)
b. Number of basins:	basins
<b>9. Other System:</b>	
Provide a description of the irrigation system:	

<b>Section VI – Reuse Customers:</b>
All questions must be answered unless otherwise instructed.
<b>1. Is (will) the treated effluent (be) distributed to reuse customers?</b> No – Go to Section VII Yes – Answer questions below
<b>2. Has the facility been designed to meet EPD reuse standards?</b> (5 mg/L BOD, 5 mg/L TSS, 23 #/100mL FCB, and 3.0 NTU Turbidity) Yes No – Provide design effluent concentrations below:
<b>3. Is the reuse facility equipped with the following?</b> Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, but no electronic monitoring and alarm system Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, and electronic monitoring and alarm system None of the above

**Section VII - Operational Data** (for reissuance of existing permits only)☐ Not Applicable**1. All municipal and industrial facilities:****a. Effluent data:**

Provide the last 12 months of effluent monitoring results (monthly average) in the table below.

- Flow, BOD, TSS: Provide data for the discharge from the treatment process.
- TKN, Nitrate, Total Phosphorus: Provide data for the discharge to the land application sites (dripfield, sprayfield, drainfield, etc.)
- If your permit does not require monitoring for one (or more) of the parameters listed above, write NA.

	Date (MM/YY)	Flow (MGD)	BOD5 (mg/L)	TSS (mg/L)	TKN (mg/L)	Nitrate (mg/L)	Total Phosphorus (mg/L)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**b. Groundwater data**

Identify all the wells below and provide the last 12 months of groundwater monitoring results for each of them. The monitoring results should include all parameters required by your current permit and should be presented as shown in the table below.

- Upgradient wells ID:
- Midfield wells ID:
- Downgradient wells ID:

Error: Subreport could not be shown.

**c.** Were all the wells installed in accordance with EPA Region IV guidance document *Design and Installation of Monitoring Wells, January 2013* (or latest edition)?

☐ Yes

☐ No – Give a description of the monitoring wells:



## Section IX – Permit Modification:

**Explain/describe modification requested:**



**Section X – Certification:**

Will you be uploading and attaching all of the required application documents (i.e. process flow diagram, maps, design development reports, analytical data; etc.) in the following section?

☐ Yes☐ No

If No, all mailed or otherwise submitted required application documents not uploaded and attached to this application must include the certification statement as required in 40 CFR 122.22. Please [click here](#) to access, print, sign, and mail to EPD.

I certify under penalty of law that this document and all attachments were prepared under 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

Date

Signature

