

**REGISTRATION STATEMENT FOR
 VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) GENERAL PERMIT
 REGULATION FOR DISCHARGES FROM GROUNDWATER REMEDIATION OF CONTAMINATED
 SITES, DEWATERING ACTIVITIES OF CONTAMINATED SITES, AND HYDROSTATIC TESTS
 (VAG83)**

Please Type or Print all information

1. Facility Name _____

2. Facility Owner Name (individual or corporate) _____

Facility Owner Mailing Address _____

Street or P.O. Box

City

State

Zip

Phone _____ Email Address _____

3. Facility Street Address *if different from owner mailing address* _____

Street or P.O. Box

City

State

Zip

Phone _____ Email Address _____

if facility does not have a street address please describe in as much detail as possible the facility location:

4. Facility Operator (*local contact if applicable*) Name: _____

Mailing Address _____

Street or P.O. Box

City

State

Zip

Phone _____ Email Address _____

5. Nature of the business conducted at the facility _____

6. Type of petroleum product(s) causing or that caused contamination.

If chlorinated hydrocarbon solvents or metals are the constituents of concern, list the chlorinated hydrocarbons or metals present in water at the site. _____

7. Which activities will result in a point source discharge from the site? (Check all that apply)

____ Excavation Dewatering

____ Post-Construction Dewatering

If ongoing dewatering, estimated average volume/day: _____

____ Purging Groundwater Monitoring Wells

____ Aquifer Tests to Characterize Site Conditions

____ Hydrostatic Tests of Petroleum Storage Tanks or Pipelines

____ Hydrostatic Tests of Natural Gas Storage Tanks or Pipelines

____ Pumping Contaminated Groundwater to Remove Free Product From The Ground

____ Other Petroleum Product, Metals Contamination, or Chlorinated Hydrocarbon Solvent Cleanup Activity

(specify) _____

8. Has a site characterization report for this site been submitted to the Department of Environmental Quality?
Yes_____ No_____ N/A_____
9. Characterize or describe the wastewater to be discharged including the types of contaminants present in the wastewater. _____
Attach all related analytical data.
10. Identify the discharge point (outfall) and identify the waterbody into which the discharge will occur. *Please provide the latitude and longitude in decimal degrees (six digits - ten-thousandths place)* _____

11. How often will the discharge occur (e.g., daily, monthly, continuously)? _____
12. Estimate how long each discharge will last: _____ hours or days
13. Estimate total volume of wastewater to be discharged: _____ Gal.
14. Estimate average and maximum flow rate of the discharge: _____ Gal/day (ave) _____ Gal/day (max)
15. Attach a diagram of the proposed wastewater treatment system identifying the individual treatment units.
16. Attach a United States Geological Survey (USGS) topographic or other equivalent computer generated map that indicates the receiving waterbody name(s), the discharge point(s), the property boundaries, as well as springs, other surface waterbodies, drinking water wells, and public water supplies, that are identified in the public record or are otherwise known to the applicant within a 1/2 mile radius of the proposed discharge(s).
17. If any of the facility discharge points discharge to a Municipal Separate Storm Sewer System (MS4) please provide the name of the MS4 owner: _____
If the facility discharges to a MS4, the facility must notify the owner of the MS4 of the existence of the discharge at the time of registration under this permit and include that notification with the registration statement. Please see the attached instructions.
18. Are central wastewater treatment facilities available to this site? Yes_____ No_____
If "yes", has the option of discharging to the central facilities been evaluated? What was the result of that evaluation? _____

19. Does this facility currently have any permit issued by the State Water Control Board? Yes_____ No_____
If yes, please provide permit number: _____
20. Pollution Complaint Number(s) (if applicable) associated with the project _____
Voluntary Remediation Program (VRP) information for the project _____
21. Is the material being treated or discharged classified as a hazardous waste under the Virginia Hazardous Waste Management Regulations, 9VAC20-60? Yes_____ No_____
22. State Corporation Commission (SCC) entity identification number (if required to obtain one by law)

23. 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. I do also hereby grant duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property for the purpose of determining the suitability of the general permit.”

Signature: _____ Date: _____

Print Name: _____

Title: _____

REQUIRED ATTACHMENTS

- Wastewater Characterization
- Analytical Data
- Proposed Wastewater Treatment System Diagram
- Topographic Map
- MS4 owner notification (if applicable)

For Department Use Only:

Waterbody _____

Basin _____ Stream Class _____ Section _____

Special Standards _____

**INSTRUCTIONS FOR COMPLETING THE VPDES GENERAL PERMIT
REGISTRATION STATEMENT FOR DISCHARGES FROM PETROLEUM CONTAMINATED
SITES, GROUNDWATER REMEDIATION AND HYDROSTATIC TESTS (VAG83)**

GENERAL

A Registration Statement must be submitted to the Department of Environmental Quality (DEQ) in order for DEQ to consider a proposed discharge for coverage under the VPDES General Permit for Discharges from Groundwater Remediation of Contaminated Sites, Dewatering Activities of Contaminated Sites, and Hydrostatic Tests (VAG83). Discharges not associated with petroleum-contaminated water, hydrostatic tests, metals contaminated water, or chlorinated hydrocarbon-contaminated water are not eligible for coverage under this general permit.

To apply for coverage, an owner must file a complete Registration Statement with the Department. Any owner proposing a new discharge must file a complete registration statement at least 30 days prior to the date planned for commencing operation of the new discharge. Any owner of an existing discharge covered by an individual VPDES permit who is proposing to be covered under this general permit must file a registration statement at least 210 days prior to the expiration date of the individual VPDES permit. Any owner of an existing discharge not currently covered by a VPDES permit who is proposing to be covered under this general permit must file a complete registration statement as soon as possible.

Items 1 through 4: FACILITY INFORMATION

Give the facility name of the business or other entity that occupies the site where the discharge will occur. Provide contact information for the facility owner (individual or corporate). Provide the facility contact information that will allow DEQ personnel to locate the site where the proposed discharge will take place. If the facility has an operator or local contact please provide the applicable information.

Item 5: NATURE OF BUSINESS

Give a brief statement as to what usual business activities are conducted at the site of contamination.

Item 6. PRODUCTS CAUSING THE CONTAMINATION

Provide information about the types of petroleum products, metals, or chlorinated hydrocarbons that have contaminated water at the site.

Item 7: PROPOSED ACTIVITIES

Select all of the categories that apply to this proposed discharge. If events at the facility will cause the discharge to change over time from one category to another, indicate all categories that are anticipated.

Item 8: SITE CHARACTERIZATION

For petroleum contaminated sites, please indicate if a Site Characterization Report (SCR) has been submitted to DEQ. NOTE: An SCR is required from the person responsible for conducting the release investigation and performing corrective action. If you are not the Responsible Person (RP), you are NOT required to submit an SCR.

Item 9. WASTEWATER CHARACTERIZATION

Characterize or describe the wastewater to be discharged, including the types of contaminants present in the wastewater. The characterization must include all related analytical data, including (but not limited to) chlorinated hydrocarbons, dissolved volatile organic compounds (VOCs), semi-volatile organic compounds (SVOCs), and metals.

Item 10: DISCHARGE LOCATION

Provide a narrative description of the point of discharge (e.g., northwest corner of intersection of First St. and Second Ave.) Provide the latitude and longitude of the outfall location, Give the name of the stream, lake, river, etc. that the discharge will go into (e.g., Unnamed Tributary to Clear Creek). If the discharge is to enter a storm drain, give the name of the owner of the storm drain system (e.g., Fairfax Co. storm

drain inlet).

Items 11, 12, 13, and 14: DISCHARGE INFORMATION

Provide estimates of the frequency at which the discharge will occur, the duration of the discharge, the total volume to be discharged, and the average and maximum flow rate of discharge.

Item 15: TREATMENT WORKS DESIGN

Attach a line drawing that traces the flow of wastewater from one treatment unit to the next. This drawing may be a sketch that shows, conceptually, what system will be used to treat wastewater so that it will meet the effluent quality requirements of the general permit. Identify all treatment technologies that will be employed at the facility.

Item 16: TOPOGRAPHIC MAP

The topographic map should be a copy of the USGS 7.5 minute quadrangle that encompasses the facility and the surrounding property for at least 1/2 mile in all directions. Maps other than the USGS quadrangle may be substituted if they provide at least the same level of detail. The required information should be clearly marked on the map. Information regarding public water supplies and private wells may be obtained from local health department officials.

Item 17: MUNICIPAL SEPARATE STORM SEWER SYSTEM (MS4) DISCHARGES

If any of the facility discharge points discharge to a municipal separate storm sewer (MS4) provide the name of the MS4 owner. A list of MS4 owners can be found at the bottom of the web page here:

<https://www.deq.virginia.gov/permits-regulations/permits/water/municipal-separate-storm-sewer-system-permit-ms4s-stormwater>

Separate storm sewers are considered connected to surface waters and MS4 owners are required to know about your discharge. A new requirement for the 2018 permit is that the MS4 owners must be notified of your discharge before 2018 permit coverage is granted. Please include an email or copy of a letter that you sent to the MS4 owner with your registration. The letter to the MS4 owner should contain the name of your facility, a contact person and phone number, the location of the discharge, the nature of the discharge and your existing VPDES general permit registration number (if applicable).

Item 18: CENTRAL WASTEWATER TREATMENT SYSTEM

The owner should investigate the possibility of discharging to a central wastewater treatment system prior to requesting coverage under this general permit. If a central wastewater treatment system is in the vicinity, but access for this discharge is denied, make that statement in the space provided.

Items 19 and 20: PERMIT/POLLUTION COMPLAINT NUMBERS

If the facility has already been permitted to discharge and has a discharge permit number, if the facility is responsible for the release and DEQ has issued a Pollution Complaint Number for the site, or if the facility is enrolled in the Voluntary Remediation Program, fill in the appropriate blanks with the permit or pollution complaint number. In some instances the applicant should fill in both questions; in others only one question may apply.

Item 21: HAZARDOUS WASTE STATEMENT

Indicate "yes" or "no" in the blanks provided.

Item 22. STATE CORPORATION COMMISSION

Indicate the SCC entity identification number if required by law to obtain one.

Item 23. CERTIFICATION

State statutes provide for severe penalties for submitting false information on this registration statement. State regulations require that the registration statement be signed as follows:

a. For a corporation: by a responsible corporate officer. For the purpose

of this section, a responsible corporate officer means: (i) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

c. For a municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.