

Mississippi Small Domestic NPDES Application		(MDEQ USE ONLY)		
		Permit #		
		EPA ID #		
<p><i>The Mississippi Small Domestic Application covers non-municipal, small domestic discharges with no process wastewater discharging to Waters of the State. Per 40 CFR 122.2, "domestic sewage" includes waste and wastewater from humans or household operations that are discharged to or otherwise enter a treatment works. If applying as a business/corporation, please ensure the name matches the registration with the Mississippi Secretary of State.</i></p>				
Type of permit action proposed in this application				
<input type="checkbox"/> New		<input type="checkbox"/> Renewing	<input type="checkbox"/> Modifying	
<p>If <u>modifying</u>, please describe the nature of the modification:</p>				
<p>If <u>new</u>, does this submittal include (ALL REQUIRED)</p>		<p>If new, What is the expected date of Commencement of Discharge</p>		
<input type="checkbox"/> Yes	USGS Quad Map extending 1 mile beyond property boundary showing site location, discharge point, and any drinking water wells			
<input type="checkbox"/> Yes	Site map detailing location of proposed treatment system and distance to property lines			
<input type="checkbox"/> Yes	Anti-degradation study			
Name and Mailing Address	Facility name			
	Applicant name (corporations/companies should list corporate/company name)			
	Is the applicant the owner of facility?			
	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	If no, describe -			
	Indicate the ownership status of the facility			
	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Federal	<input type="checkbox"/> Other (describe)
	Nature of Business		SIC or NAICS Code(s)	
	Facility Contact			
	Name (First and Last)		Title	Phone Number
	Email Address			
	Facility Mailing Address			
Street or P.O. Box				
City or Town		State	ZIP code	
Facility Location	Facility Location			
	Street, Route Number, or other specific identifier			
	County Name		Is this facility located on Indian Lands?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
City or Town		State	ZIP code	

Receiving Stream and Treatment System	Outfall Number (typically 001 for facilities with a single discharge point)			
	Name of Receiving Stream			
	Location of Discharge Point			
	<i>Latitude</i> ° ' "		<i>Longitude</i> ° ' "	
	Design Flow of treatment Facility			
	mgd			
	Treatment Technology			
	<input type="checkbox"/> <i>Conventional Lagoon</i>		<input type="checkbox"/> <i>Activated Sludge</i>	
	<input type="checkbox"/> <i>Aerated Lagoon</i>		<input type="checkbox"/> <i>Other (describe)</i> _____	
	Does this facility disinfect prior to discharge?			
	<input type="checkbox"/> <i>Yes</i>		<input type="checkbox"/> <i>No</i>	
	<i>If Yes, briefly describe method of disinfection -</i>			
	Is this discharge seasonal or intermittent?			
<input type="checkbox"/> <i>Yes</i>		<input type="checkbox"/> <i>No</i>		
<i>If yes, please describe frequency/duration of discharge</i>				
Is this facility requesting a waiver from reapplication testing? (IE – Data provided on Discharge Monitoring Reports?)				
<input type="checkbox"/> <i>Yes</i>		<input type="checkbox"/> <i>No (please complete page 3 - Testing)</i>		
Please list any other environmental permits issued to this facility				
Certification	Certification Statement			
	<i>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>			
	<i>Name (Print or type first and last name)</i>		<i>Title</i>	
	<i>Signature</i>		<i>Date Signed</i>	

Please return completed form and necessary attachments to:

Mississippi Department of Environmental Quality
Environmental Permits Division
PO Box 2261
Jackson, MS 39225-2261