FORM 606-G27	OKLAHOMA DEQ	APPLICATION FOR AUTHORIZATION UNDER NPDES GENERAL PERMIT NO. OKG27 **WASTEWATER DISCHARGE FOR HYDROSTATIC TEST PROJECTS UNDER DEQ JURISDICTION**

A. TYPE OF AUTHORIZATION REQUESTED

☐ NEW ☐ RENEWAL ☐ MODIFICATION

B. NAME OF FACILITY

C. FACILITY CONTACT

1. NAME & TITLE	2. PHONE (area code & number)	3. FAX (area code & number)

D. FACILITY MAILING ADDRESS

1. STREET OR P.O. BOX	2. CITY OR TOWN	3. STATE	4. ZIP

E. FACILITY LOCATION

1. STREET, ROUTE NO., OR OTHER SPECIFIC IDENTIFIER	2. COUNTY

3. CITY OR TOWN	4. STATE	5. ZIP

6. LEGAL DESCRIPTION (¼, ¼, ¼, Section, Township, Range)

F. APPLICANT/OPERATOR INFORMATION (information must be provided, even if operator is same as owner)

1. NAME OF OPERATOR	2. PHONE (area code & number)	3. FAX (area code & number)

4. STATUS OF OPERATOR (check appropriate box; and if "OTHER", specify)

☐ FEDERAL ☐ STATE ☐ PRIVATE ☐ PUBLIC (other than Federal or State) ☐ OTHER (specify):

5. STREET OR P.O. BOX	6. CITY OR TOWN	7. STATE	8. ZIP

G. IS FACILITY LOCATED ON INDIAN LAND?

☐ YES ☐ NO If YES, describe:

H. MAPS

1. Attach a topographic map (or plat or aerial photo if a topographic map is unavailable) extending one mile beyond the property boundaries. The map must show the outline of the facility, the location of each of its outfalls, surface impoundments, tank systems, storage facilities, and containment devices; and those wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant.

2. Attach a facility site plan showing the location of any buildings, outfalls (discharge points), surface impoundments, tank systems, storage facilities, containment devices, driveways, parking areas, and other permanent structures. A site plan prepared for another state agency may be acceptable provided the wastewater storage, treatment, and disposal information is indicated thereon.

I. SIC CODES (4-digit, in order of priority)

1. FIRST		2. SECOND	
(number)	(specify)	(number)	(specify)
3. THIRD		4. FOURTH	
(number)	(specify)	(number)	(specify)

J. INDIVIDUAL NPDES PERMIT (applies only if facility previously applied for or was issued an individual NPDES permit)

Is there a previous individual NPDES Permit/Application? ☐ YES ☐ NO If YES, permit no:

K. STORMWATER PERMITTING

Does facility have a stormwater multi-sector general permit? ☐ YES ☐ NO If YES, permit no:

FOR DEQ USE ONLY

AUTHORIZATION NO.	FACILITY ID NO.	DATE STAMP
OKG27	I-	

L. CONSULTANT INFORMATION (if applicable)

1. NAME OF CONSULTANT COMPANY

2. CONSULTANT CONTACT	3. PHONE (area code & number)	4. FAX (area code & number)

5. STREET OR P.O. BOX	6. CITY OR TOWN	7. STATE	8. ZIP

9. Will the consultant also sign and submit the Discharge Monitoring Report (DMR) Forms? ☐ YES ☐ NO

M. TYPE(S) OF EQUIPMENT REQUIRING HYDROSTATIC TEST (check all that apply)

☐ Crude Oil ☐ Petroleum Refining ☐ Natural Gas Liquid Extraction ☐ Natural Gas Processing ☐ Petrochemical Mfg

☐ Other (specify): _____

N. HYDROSTATIC TEST PROCESS (Provide a brief description of each hydrostatic test process, indicating the frequency, volume, duration, and approximate date of each related discharge and the outfall though which it will be discharged. Outfalls should be numbered 001, 002, etc. Continue on separate sheet if necessary.)

1. OUTFALL	2. DESCRIPTION OF TEST	3. ANTICIPATED NATURE OF DISCHARGE RESULTING FROM TEST			
		a. FREQUENCY (no. of discharges)	b. VOLUME (gallons per discharge)	c. DURATION (days)	d. DATE(S)

O. EQUIPMENT, PIPING AND/OR VESSELS (EPV) TO BE TESTED (For each discharge listed in Item N above, indicate type and size of EPV being tested. For existing EPV, indicate the raw material or product contained in the EPV prior to testing.)

1. OUTFALL	2. TYPE AND SIZE OF EPV TO BE TESTED	3. EPV NEW OR EXISTING?	4. IF EXISTING EPV, NATURE OF RAW MATL OR PRODUCT IN EPV PRIOR TO TESTING
		☐ NEW ☐ EXISTING	
		☐ NEW ☐ EXISTING	
		☐ NEW ☐ EXISTING	
		☐ NEW ☐ EXISTING	
		☐ NEW ☐ EXISTING	

P. FILL WATER AND WASTEWATER TREATMENT (For each discharge listed in Item N above, indicate the source of fill water, whether source is other than the receiving stream for test water discharge, and type treatment of waste test water prior to discharge.)

1. OUTFALL	2. SOURCE OF FILL WATER	3. FILL WATER SOURCE SAME AS RECEIVING STREAM?	4. TYPE TREATMENT PRIOR TO DISCHARGE
		☐ SAME ☐ DIFFERENT	
		☐ SAME ☐ DIFFERENT	
		☐ SAME ☐ DIFFERENT	
		☐ SAME ☐ DIFFERENT	
		☐ SAME ☐ DIFFERENT	

Q. OUTFALL LOCATION (For each outfall, list the name of the receiving water, legal description of outfall to the nearest 10 acres (¼, ¼, ¼, Section, Township, Range), latitude and longitude. Continue on separate sheets if necessary.)

1. OUTFALL	2. RECEIVING WATER	3. LEGAL DESCRIPTION	4. LATITUDE	5. LONGITUDE

R. DEQ LANDOWNER NOTIFICATION AFFIDAVIT		
1. Does applicant own all land submit to the application? If yes, proceed to Section S. If no, proceed to Part 2 of this section.	☐ YES	☐ NO
2. Application(s) for which the applicant does not own all the land subject to the application must notify the owner(s) of leases and/or pipeline right-of-ways that a permit application has been submitted to the DEQ. The basis for this requirement is OAC 252:004-7-13(b). DEQ Form 100-810 shall be used for this purpose and is available on the DEQ web page.		

S. 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 true 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.

1. NAME & OFFICIAL TITLE OF RESPONSIBLE CORPORATE OFFICER (type or print)	**2. SIGNATURE OF RESPONSIBLE CORPORATE OFFICER**	**3. DATE SIGNED**

T. DESIGNATION OF A DULY AUTHORIZED REPRESENTATIVE TO SIGN DISCHARGE MONITORING REPORT (If the responsible corporate officer wishes to delegate a consultant or other duly authorized representative to sign the Discharge Monitoring Report (DMR) forms on his/her behalf, both must sign below. If the consultant or other duly authorized representative changes, a new set of signatures will be required.)

1. By signature below, the responsible corporate officer transfers authority to sign DMRs on his/her behalf.

a. NAME & OFFICIAL TITLE OF RESPONSIBLE CORPORATE OFFICER (type or print)	**b. SIGNATURE OF RESPONSIBLE CORPORATE OFFICER**	**c. DATE SIGNED**