

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY  
APPLICATION FOR PERMIT TO DISCHARGE MUNICIPAL/DOMESTIC WASTEWATER  
UNDER THE OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM (OPDES)

Application for Permit to Discharge Municipal/Domestic Wastewater  
**FORM 2M1 (Major)**

FOR DEQ USE ONLY	Application/Permit Number OK00 _____ Facility ID No. _____
	Date Received: _____
	SIC Code: _____
	If a proposed facility, give estimated date of completion: _____
	DEQ PERMIT ENGINEER: _____

**DO NOT attempt to complete this application without reading the instructions!**

**SECTION I**

1. **Legal name of applicant:** Del City Municipal Services Authority

2. **Mailing address of applicant:**

Street Address or P.O. Box 3701 SE 15th Street

City Del City County Oklahoma State OK Zip Code 73115

Telephone (405) 670-7300 Fax (405) 671-2897

E-mail Address medwards@cityofdelcity.org

3. **Name and address of facility:**

Facility Name Del City Wastewater Treatment Facility

Street Address 4500 NE 4th Street

City Oklahoma City County Oklahoma State OK Zip Code 73117

Telephone (405) 671-2879 Fax (405) 671-3001

E-mail Address mdavis@cityofdelcity.org

4. **Location of discharging facility (e.g., NE ¼, SW ¼, SE ¼, Section 1, Township 2 North, Range 3 West):**

Legal Description of Facility Location NE1/4, NE1/4, SW1, Section 32, Township 12, Range 2

Latitude: 25 28' 20" N Longitude: 97 25'38" W

5. **Type of Ownership:** Public  Private  Federal  State

**6. Contact Person:**

Name and Title Mike Davis, Plant Supervisor/IT Spec  
Address 4500 NE 4th Street City Oklahoma City  
County Oklahoma State OK Zip Code 73117 Telephone (405) 671-2879  
Fax (405) 671-3001 Cell Phone (405) 308-6741  
E-mail Address mdavis@cityofdelcity.org

**7. Type of discharge:**

- A. Wastewater from lagoon system
- B. Wastewater from mechanical plant
- C. Other (specify) \_\_\_\_\_

**8. Type of treatment:**

- A. Lagoon system with total retention by evaporation (Does not require this form, it requires Form 530E)
- B. Lagoon system with effluent used for land application only (Does not require this form, it requires Form 627-WRP)
- C. Lagoon system with effluent discharge to receiving water
- D. Lagoon system with effluent discharge and water reuse (Also fill out Section III of application)
- E. Mechanical Plant with effluent discharge: (please describe briefly the type of treatment plant)  
Sequential Batch Reactor (SBR)
- F. Mechanical Plant with discharge and water reuse: (please describe briefly the type of treatment plant and fill out Section III of application)  
\_\_\_\_\_

**9. Is chlorine or any other halogen used at this facility?**

Yes     No

**If yes, is dechlorination or dehalogenation used at this facility? (See instructions)**

Yes     No

**Is an ultraviolet (UV) system used at this facility?**

Yes     No

**10. Design flow of facility in million gallons per day (mgd)** 3.0 MGD

**11. Discharge point number  
(List all outfalls)**

001  
002 (if applicable)  
003 (if applicable)

**Total volume presently discharged  
million gallons per day (mgd)**

2.6  
\_\_\_\_\_  
\_\_\_\_\_

**12. Legal description(s) of all discharge point(s):**

**Outfall 001:**

**Name of receiving water(s):** Cherry Creek

Discharge is (check one): Continuous  Batch  Intermittent  Seasonal

Latitude: 38 28'00" N Longitude: 97 26'20" W

Legal Description of discharge point NE1/4, NE1/4, SW1/4, Section 32, Township 12, Range 2

**Outfall 002 (if applicable):**

**Name of receiving water(s):** \_\_\_\_\_

Discharge is (check one): Continuous  Batch  Intermittent  Seasonal

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

Legal Description of discharge point \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

**Outfall 003 (if applicable):**

**Name of receiving water(s):** \_\_\_\_\_

Discharge is (check one): Continuous  Batch  Intermittent  Seasonal

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

Legal Description of discharge point \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

**13. During periods of heavy rain, is the increased flow:**

- Bypassed to the receiving stream with no treatment
- Given partial treatment and discharged
- Given complete treatment and discharged
- Stored for later treatment

**14. Biosolids/Sludge generated by this facility:**

A. Current biosolids/sludge treatment process. (Please explain)

Sludge recieved from SBR's is run across a gravity Belt Thickener to get 4% to 8% solids. It is then stored in (SEE Attachment #1)

B. Amount of biosolids/sludge produced (dry metric tons/year) 436.93

1. Land application of biosolids

Sludge management plan, if any: 3555033 (See Attachment #1)

Sludge management permit number \_\_\_\_\_ approved by the Oklahoma Department of Environmental Quality or the Oklahoma State Department of Health on \_\_\_\_\_

Location(s) of current land application site(s) (legal description to the nearest 10 acres).

Site 1: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, County \_\_\_\_\_

Site 2: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, County \_\_\_\_\_  
(if applicable)

Site 3: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, County \_\_\_\_\_  
(if applicable)

2. Landfilled sludge

Sludge disposition plan, if any: \_\_\_\_\_

Sludge disposition permit number (if applicable) \_\_\_\_\_ approved by the Department of Environmental Quality or the Oklahoma State Department of Health on \_\_\_\_\_

Name of Landfill SouthEast Landfill

Landfill's permit number 3555028

Yes  No

**15. Does this facility receive industrial wastewater?**

**If "Yes", Submit Section II of this form (attached) for each significant industrial facility discharging to the sewer system, including wastewater from water treatment plant.**

**Are industrial discharge(s) to the system(s) controlled by**

Ordinance

Pretreatment Program Operated and Permitted by ODEQ

Yes No

**16. Does this facility supply reclaimed water?**

**If "Yes", Submit Section III of this form (attached) for each user of reclaimed water.**

17. **Maps and drawings - Attach all required maps and drawings to the back of this application. (see instructions)**
18. **Complete attached Table 1 detailing both influent and effluent pollutants.**
19. **Submit test results of a 24-hour composite sample of effluent, for all pollutants listed in 40 CFR 122, Appendix D, Table II and Table III.**
20. **Submit quantitative data on pollutants listed in 40 CFR 122, Appendix D, Table IV and Table V that are known or reasonably expected to be discharged.**
21. **Submit tabulations of all results collected pertaining to the quality and quantity of all toxic pollutants identified as a constituent in the publicly owned treatment works (POTW) effluent and regulated or prohibited by an Industrial Waste Ordinance during the period from three years prior to the date of this application to the present. Also, tabulate the PQL used to quantify the toxic pollutants.**
22. **Landowner Notification** (THIS SECTION MUST BE COMPLETED PRIOR TO SUBMISSION OF THE APPLICATION – THE APPLICATION WILL AUTOMATICALLY BE CONSIDERED INCOMPLETE IF IT IS NOT COMPLETED):

**Is any part of the land on which the facility is located (including treatment units, discharge conveyances, stormwater holding basins, and/or flow equalization basins) owned by a person or entity other than the applicant?**

**No**

**Yes – the applicant or applicant’s certifying official must ensure that such landowner(s) have been notified of the applicant’s intent to obtain an OPDES permit and initial the box to the right indicating that such notification has been made.**

**\*Note: Please mail completed landowner affidavit from to DEQ (see instructions)**

23. **List other information which should be brought to the attention of the Department of Environmental Quality (DEQ) in regard to the issuance of a discharge permit for the facility.**

**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 directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I also certify that I will provide for the operation of this facility in accordance with the Oklahoma Discharge Permits and Pollution Control Regulations and will provide certified operators as required by the Oklahoma Water and Wastewater Operators Certification Act. I further certify that I shall acquire or possess a right to the use of the property or properties on which the discharging facilities, activities or discharge sources are located as well as the property on which the proposed discharge point(s) are located, including the access route thereto. I understand I shall maintain such right of use and access for the duration of the permit term. I am aware that there are significant penalties for submitting false information, including revocation of the permit and the possibility of fine and imprisonment for knowing violations.

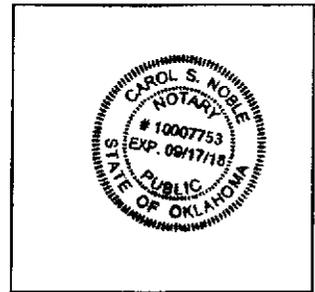
**Note:** Applications must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) BRIAN E LINLEY

Title CHAIRMAN

Date 11-16-15

Signature [Handwritten Signature]



Notary Seal

Subscribed and sworn to before me this 16<sup>th</sup> day of NOVEMBER, 20 15.

Carol S Noble  
Notary Public Signature

My commission expires 9/17/18

The application shall be filed in duplicate with the original and one copy to be submitted to the DEQ, and one copy to be submitted to the local DEQ office.

**Please return completed form with application fee and attachments to:**

Water Quality Division  
Department of Environmental Quality  
707 N. Robinson  
P.O. Box 1677  
Oklahoma City, Oklahoma 73101-1677

**TABLE I  
DESCRIPTION OF INFLUENT AND EFFLUENT**

Parameter and Storet Code	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	No. of Samples (6)	Sample Type (7)
Flow (millions gallons per day) 50050	1.83	1.87	1.67	2.26	Daily	N/A	Daily Tot
pH 00400	N/A	N/A	6.89	7.72	Daily	365	Grab
Temperature - winter (° F) 74028	N/A	50	39	67	Daily	212	Grab
Temperature - summer (° F) 74027	N/A	78	70	82	Daily	153	Grab
Fecal Streptococci Bacteria (number/100 ml) 75054 (Provide if available)	N/A						
E. Coli (number/100 ml) 51041 (Provide if available)	N/A	65.62	36.30	121.42	2/Week	50	Grab
Total Coliform Bacteria (number/100 ml) 75056 (Provide if available)	N/A						
BOD 5-day (mg/l) 00310	257.8	5.1	2.4	7.3	1/week	52	24HC
Chemical Oxygen Demand (mg/l) 00340 (Provide if available) OR Total Organic Carbon (mg/l) 00680 (Provide if available) (Either analysis acceptable)	N/A						

**TABLE I (Continued)  
DESCRIPTION OF INFLUENT AND EFFLUENT**

Parameter and Storet Code	Influent	Effluent					
	Annual Average Value (1)	Annual Average Value (2)	Lowest Monthly Average Value (3)	Highest Monthly Average Value (4)	Frequency of Analysis (5)	No. of Samples (6)	Sample Type (7)
Chlorine - Total Residual (mg/l) 50060	N/A	0.057	0.052	0.063	Daily	153	Grab
Total Solids (mg/l) 00500	N/A						
Total Dissolved Solids (mg/l) 70300	N/A						
Total Suspended Solids (mg/l) 00530	263.9	10.4	1.3	20.1	1/Week	52	24HC
Settleable Matter (Residue) (mg/l) 00545	12.77	5.49	0.07	14.03	Daily	365	Grab
Kjedahl Nitrogen (mg/l) 00625 (Provide if available)	28.69	0.24	0.16	0.44	3/Week	156	24HC
Nitrate (as N) (mg/l) 00620 (Provide if available)	N/A	3.16	1.79	7.82	2/Month	24	24Hc
Nitrite (as N) (mg/l) 00620 (Provide if available)	N/A						
Phosphorous, Total (as P) (mg/l) 00665 (Provide if available)	N/A	3.16	1.11	6.65	2/Month	24	24HC
Dissolved Oxygen (DO) (mg/l) 00300	N/A	8.01	7.21	9.02	Daily	365	Grab

**SECTION II**

**INDUSTRIAL WASTEWATER CONTRIBUTION TO MUNICIPAL SYSTEM**

Submit a description of each industrial facility discharging to the municipal system, using a separate Section II for each. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. For wastewater from a drinking water plant, indicate the type of treatment plant (conventional, R.O. etc.) in item 2 below.

**1. Major Contributing Facility**

Contact person and Title Permitted by ODEQ  
 Name of facility Midwest Trophy Manufacturing  
 Address \_\_\_\_\_  
 City Del City County Oklahoma  
 State OK ZIP Code 73115  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**2. Product or item produced at this facility** Trophy, plaques, badges, & ect

**3. Primary Standard Industrial Classification (SIC) Code** \_\_\_\_\_

**4. Principal Product or Raw Material**

Product or Raw Material	Quantity	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Flow: Indicate the volume of wastewater discharged into the municipal system in gallons per day (gpd) and whether this discharge is intermittent or continuous.**

3500 GPD Intermittent  Continuous

**6. Pretreatment Provided: Indicate if pretreatment is provided prior to entering the municipal collection system.** Yes  No

**7. Characteristics of Wastewater: Please list the pollutants and maximum concentrations of the pollutants in the table below.**

Pollutant				
Maximum Concentration				

**SECTION II**

**INDUSTRIAL WASTEWATER CONTRIBUTION TO MUNICIPAL SYSTEM**

Submit a description of each industrial facility discharging to the municipal system, using a separate Section II for each. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. For wastewater from a drinking water plant, indicate the type of treatment plant (conventional, R.O. etc.) in item 2 below.

**1. Major Contributing Facility**

Contact person and Title Permitted By ODEQ  
 Name of facility Conoco Phillips- OKC  
 Address 4700 NE 10th Street  
 City Oklahoma City County Oklahoma  
 State OK ZIP Code 73117  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

**2. Product or item produced at this facility** Ground Water Remediation

**3. Primary Standard Industrial Classification (SIC) Code** Fuel Terminal

**4. Principal Product or Raw Material**

Product or Raw Material	Quantity	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Flow: Indicate the volume of wastewater discharged into the municipal system in gallons per day (gpd) and whether this discharge is intermittent or continuous.**

0.0076 GPD Intermittent  Continuous

**6. Pretreatment Provided: Indicate if pretreatment is provided prior to entering the municipal collection system.** Yes  No

**7. Characteristics of Wastewater: Please list the pollutants and maximum concentrations of the pollutants in the table below.**

Pollutant				
Maximum Concentration				

Attachment #1

Section 1 14. A.;

Aerobic Digesters for qualification. After that it is ran across a Vertical Belt Press at 15-18% solids were it is loaded into dumpster and hauled to the Southwest Landfill for disposal.

Section 1 14 B.1.;

RM08 SE  $\frac{1}{4}$ , Sec. 29 T12W I.M.

TS02 N  $\frac{1}{2}$ , SE  $\frac{1}{4}$ , Sec.32 12N 2W, Oklahoma County

RM03 SE  $\frac{1}{4}$ , Sec. 31, T12W R2W, I.M.

RM09 E  $\frac{1}{4}$ , SW  $\frac{1}{4}$ , Sec. 32, T12N R2W, I.M.

RM11 S  $\frac{1}{2}$ , NE  $\frac{1}{4}$ , Sec. 18 T12N R1E, I.M.

RM12 SW  $\frac{1}{4}$ , NW  $\frac{1}{4}$  of NW  $\frac{1}{4}$ , SW  $\frac{1}{4}$ , Sec. 18, T12N R1E, I.M.

Attachment #2

