



**APPLICATION FOR PERMIT TO DISCHARGE  
(NDPDES) INDUSTRIAL-SHORT FORM C**  
NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WATER QUALITY  
SFN 8319 (03/2022)

**FOR DEPT USE ONLY**

Application Number
Date Received

Organization Responsible for Facility			
Individual Responsible for Discharge			Telephone Number
Mailing Address	City	State	Zip Code
Email Address			
Brief description of nature of operations which produce the discharge:			
Check all possible substances which discharge may contain: <input type="checkbox"/> Aluminum <input type="checkbox"/> Beryllium <input type="checkbox"/> Chromium <input type="checkbox"/> Cyanide <input type="checkbox"/> Mercury <input type="checkbox"/> Phenols <input type="checkbox"/> Zinc <input type="checkbox"/> Ammonia <input type="checkbox"/> Cadmium <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Nickel <input type="checkbox"/> Selenium <input type="checkbox"/> Other _____			

**METHOD OF TREATMENT IS TO ROUTE WATER TO:**

<input type="checkbox"/> Municipal Sewer System	Owner of System	If discharge is to a municipal sewer system, skip to signature section at bottom.	
OR	<input type="checkbox"/> Evaporation Lagoon or Pond	Number of Ponds	Size of Each (acres)
OR	<input type="checkbox"/> No Treatment, Goes to Surface Waters Directly	Name of Bod of Water	
OR	<input type="checkbox"/> Other (Specify)		

Method of Treating Sanitary Wastes (if different from above)

**TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE**

Sanitary Wastewater \_\_\_\_\_ gal/day  
  Cooling Water \_\_\_\_\_ gal/day  
  Hydrostatic Testing \_\_\_\_\_ gal/day  
 Process Water \_\_\_\_\_ gal/day  
  Surface Runoff Water  
  Other: Type: \_\_\_\_\_ / \_\_\_\_\_ gal/day

Frequency of Discharge from Treatment Facility  
(if only certain months please indicate)

Number of Separate Discharge Points:    1    2    3    4 or more      If more than one, please attach sheet with locations and types of waters handled at each point.

DISCHARGE POINT LOCATION	Latitude (Decimal Degrees)		Longitude (Decimal Degrees)		County	
	OR	1/4      1/4	Section	Township	Range	County

Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.

**REQUEST FOR TEMPORARY ELECTRONIC REPORTING WAIVER:**

The Department will review each request, approve or reject the request within 120 days, and provide notification of its decision. The Department will not accept temporary waivers from the following types of discharger:

1. Facilities classified as a major discharger, and
2. Individual Non-Publicly Owned Treatment Works (e.g., industrial facilities, commercial facilities, power plants, coal mines).

One of the following criteria must be met in order to obtain a waiver:

1. No Internet access,
2. No computer access,
3. Annual DMRs (upon approval of the Department),
4. Employee turnover (3 month periods only), or
5. Short duration permits (upon approval of the Department)

I request a temporary electronic reporting waiver.

Please provide a brief statement regarding the basis for requesting a temporary waiver:

**SIGNATURE:**

<b>RETURN COMPLETED APPLICATION TO:</b> North Dakota Dept. of Env. Quality Division of Water Quality, 3rd floor 4201 Normandy Street Bismarck, ND 58503-1324  Telephone: (701) 328-5210	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.	
	Printed Name	Title
	Signature	Date