

*Surface Water Tracking, Reporting, and Electronic  
Application Management System (STREAMS)*

**NPDES Individual Permits**

June 11, 2025



**Environmental  
Protection  
Agency**

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### **About this Document**

This document is intended to provide a graphical run-through of the Ohio EPA Surface Water Tracking, Reporting, and Electronic Application Management System (STREAMS) service. Graphics display the process from the beginning to end. This document provides a general feel for the workflow by guiding the user with actual screen shots of the online service in sequential manner.

### **Recent Changes to this Document**

9/19/2023      -      New Document and updated information

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STREAMS

## Service Activation



**Available Services** (What is this?)

Service	Action	Status	Facilities	Delegations
Air Services	Request	Inactive	view/edit	
Asbestos Services		Inactive		
Certified Operator Minimum Staffing Reporting		Inactive		
Conference and Events Registration	Request	Inactive	view/edit	
Division of Surface Water Credible Data	Request	Inactive	view/edit	
Division of Surface Water NPDES Permit Applications (STREAMS)		Active		
DMWM License and Registration Service		Inactive	view/edit	
DMWM Solid Waste/C&DD Disposal Fees (Submit Report)	Request	Inactive	view/edit	
DSW 401 Certification and Isolated Wetlands Permit		Inactive	view/edit	
e-Discharge Monitoring Reports (eDMR)	Deactivate	Active	view/edit	view/edit
e-Drinking Water Reports	Request	Inactive	view/edit	
Generic File Upload	Request	Inactive		
Hazardous Waste Report (eDRUMS)	Request	Inactive	view/edit	
OEEF Grant Service (No PIN Required)	Request	Inactive		
Pay Ohio EPA Fees Online	Request	Inactive	view/edit	
Water/Wastewater Exam Providers	Request	Inactive		
Water/Wastewater Operators	Request	Inactive		
Water/Wastewater Training Providers	Request	Inactive		

**My Tasks (0)**

Name ▼	Status ▼	Created ▼	Action
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Shown above is the EPA eBusiness Center website (<https://ebiz.epa.ohio.gov>).

1. To access STREAMS, click on ***Division of Surface Water NPDES Permit Applications (STREAMS)*** to select the service. You will now be directed to your facilities dashboard where you can add permits to your personal list/view, complete permit applications and various reports.

**New Permit Applications**

*NOTE: This section only applies to facilities not yet covered under an individual NPDES Permit.*



1. From your facilities dashboard, select **Create New Permit Application** located on the top menu bar.
2. From the dropdown menu, select the applicable permit type (**Individual**)
3. Select a facility from the dropdown list or click **I don't see the facility I need** to search for a facility using Facility/Permit Information and click **select** next to your facility. If you did not find your facility/site within the Agency database, click **Create New Facility** to create a new facility/site listing.
4. Select **Create New Permit Application**.

**NPDES General Form 1**

1. Begin the NPDES Individual permit application by filling out General Form 1. For renewal permit applications, information from the previous version of the permit will auto populate into the STREAMS renewal application.

## NPDES Individual Permit Application

[Form Instructions](#)

## I. General Information

Is this a **NEW** or **RENEWAL** application?

☒ New

☐ Renewal

## II. Pollutant Characteristics

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)

Yes

No

[Edit Form 2A](#)

B. Does or will this facility either existing or proposed include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)

Yes

No

[Edit Form 2B](#)

C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)

Yes

No

[Edit Form 2C](#)

2. Complete Section II by answering **Yes/No** to each of the questions (below). If you select **Yes**, the appropriate form will be selectable on the right – you can click the links at any time during the application to add/edit the information.

II. Pollutant Characteristics

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**?(FORM 2A)

Yes No Edit Form 2A

B. Does or will this facility either existing or proposed include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**?(FORM 2B)

Yes No Edit Form 2B

C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)

Yes No Edit Form 2C

D. Is this a proposed facility (other than those described in A or B above) which will result in a **discharge** to **waters of the U.S.**?(FORM 2D)

Yes No Edit Form 2D

E. Is this a facility which does not discharge process **wastewater**?(FORM 2E)  
**Note:** Most publicly owned treatment works should select "No" here and select "Yes" for line A above.

Yes No Edit Form 2E

F. Is this a facility which discharges stormwater associated with industrial activity?(FORM 2F)

Yes No Edit Form 2F

G. Do you generate **sewage sludge** that is ultimately regulated by Part 503? Do you **sewage sludge** that is sent to another facility for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503?(FORM 2S)

Yes No Edit Form 2S

3. Enter the facility name into the Facility Information Section.
4. Enter information for the facility contact.
5. Verify/edit the facility mailing address.
6. Verify/edit the facility location information.



VII. SIC Codes

List in descending order of significance the four Standard Industrial Classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. These classifications may differ from the SIC codes describing the operation generating the discharge, air emissions, or hazardous wastes.

SIC1	<input type="text"/>	x	SIC2	<input type="text"/>	x
SIC3	<input type="text"/>	x	SIC4	<input type="text"/>	x

VIII. NAICS Codes

NAICS1	<input type="text"/>	x	NAICS2	<input type="text"/>	x
NAICS3	<input type="text"/>	x	NAICS4	<input type="text"/>	x

7. Enter up to four Standard Industrial Classification (SIC) codes for the facility.
8. Enter up to four North American Industry Classification System (NAICS) codes for the facility.
9. Complete the Facility Water Cooling section.
10. Enter the facility owner information and the facility operator information. *NOTE: This is not the certified operator of record for the sewage treatment plant.*
11. Provide the billing contact information.
12. Click the **Copy Facility Contact to Billing Contact** button if they are the same. The system will then populate the billing fields with the facility contact info – you can edit the fields, if necessary.

**XI. Existing Environmental Permits**

Have any currently effective environmental permits been issued to the facility? If the answer is yes for any category, provide the effective permit number or, in the case where the permit has been applied for but not yet issued, the permit application number.

<b>A. NPDES</b>	<b>NPDES #</b>	<b>B. UIC</b>	<b>UIC #</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="NPDES #"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="UIC #"/>
<b>C. RCRA</b>	<b>RCRA #</b>	<b>D. PSD</b>	<b>PSD #</b>
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="RCRA #"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="PSD #"/>
<b>E. Other</b>	<b>Other (specify)</b>	<b>Other #</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="Other description"/>	<input type="text" value="Other #"/>	
<b>F. Other</b>	<b>Other (specify)</b>	<b>Other #</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="text" value="Other description"/>	<input type="text" value="Other #"/>	

13. Utilize the **Yes/No** toggles to enter in existing environmental permit information. If you select Yes, enter the associated information for each.
14. Click the **Browse** button to select a topographical map file from your computer. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures (outfalls), each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground.
15. Provide a brief description of the nature of business.
16. Click the **Edit Antidegradation Addendum** button, the addendum form will appear. Enter the information on the form, click the **Save** button at the bottom of the form, and click **Close** – you will be directed back to the General Form 1.
17. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to exit the application or click **Submit** to submit the application to the agency. A saved application will be housed on the Application List on the Facility Profile until submitted, deleted, or delegated to another individual to submit. *NOTE: The option to print, delete, edit, and delegate the application will be available from the Facility Profile.*

NPDES Form 2A

## Application for Permit to Discharge Wastewater Publicly Owned Treatment Works

[Form Instructions](#)

Facility Contact

Email Address of Facility Contact

test@test.com

Applicant Email Address

Applicant Email Address

I. Outfall Information

A. Description of Outfalls

List all effluent outfalls through which sanitary wastewater is discharged. Do not include information on combined sewer overflows (CSO's) or collection system / treatment works bypass points.

Outfalls 0

			▼ Lat/Long	▼ Discharge		▼ Average Daily	
--	--	--	------------	-------------	--	-----------------	--

- A) Populate the outfall location table by adding outfall information. Click the **Add New Outfall** button to access the pop-up entry form. Enter the outfall number, receiving water, and latitude/longitude and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.

B) Select **Yes/No** in Part B Intermittent Discharges. If applicable, click the **Add New Discharge** button to access the Intermittent Discharge Information pop-up form. Enter the intermittent discharge information and click the **Save** button. Enter as many as applicable, each will display on the Intermittent Discharges table.

II. Treatment Works Information

**A. Population**

List municipalities and unincorporated areas served, along with the population of each.

**Municipalities** 0

▼ Municipality	▼ Population	Actions
Filter all columns		
<div> <span>First</span> <span>Previous</span> <span>1</span> <span>Next</span> <span>Last</span> </div>		
Show All Rows		

[Add New Municipality](#)

**Total Population Served**

0

**B. Collection System**

1. Estimate the % contribution of each type of collection system tributary to this treatment plant. Enter zero (0) if a system type is not applicable.

**Separate Sanitary Sewer**

Separate Sanitary Sewer

**Combined Storm & Sanitary Sewer**

Combined Storm & Sanitary Sewer

2. A) Click the **Add New Municipality** button to access the Municipality pop-up form. Enter the municipality information and click the **Save** button. Enter as many as applicable, each will display on the above table.
- B) Fill out the collection system information contained in Part B. Select **Yes/No** and fill out the associated fields.
- B.4) If applicable, click the **Add New Bypass or Overflow** button to access the Bypass or Overflow Information pop-up form. Enter the bypass/overflow information and click the **Save** button. Enter as many as applicable, each will display on the above table.
- B.5) Click the **Add New Source of Water** button to access the Treatment Information pop-up form. Enter the source of water information and click the **Save** button. Enter as many as applicable, each will display on the Municipalities table.

**C. Inflow and Infiltration**

1. Estimate the % contribution of each type of collection system tributary to this treatment plant. Enter zero (0) if a system type is not applicable.

**Average Inflow and Infiltration Rate (gpd)**

Designed daily influent rate

2. Briefly explain any steps underway or planned to minimize inflow and infiltration or check here to upload a document: ☐  
)

**D. Flow**

Indicate the design influent flow rate of your treatment plant, in million gallons per day (mgd) to three decimal places accuracy.

**1. Designed daily influent rate**

Designed daily influent rate

**2. Annual average daily flow rate**

Two years ago

Last year

This year

C) Fill out the inflow and infiltration information contained in Part C.

D) Enter the flow information contained in Part D. Use the dropdown arrow to select the method used to measure flow rate.

**E. Treatment System Description****1. Give the approximate year in which the treatment plant was constructed.**

Year constructed

**2. Give the approximate year of the last major modification to the treatment plant.**

Year of last modification

**3. List all treatment units at the treatment plant. Do NOT include units for treating sewage sludge.**Treatments **0**

▼ Treatment Code

▼ Treatment Type

▼ Manufacturer

Actions

Filter all columns

First

Previous

**1**

Next

Last

Show All Rows

Add New Treatment

**4. Does this treatment plant have provisions for bypassing untreated or partially treated wastewater?**

Yes

No

**5. Does your treatment plant have backup generators or other provisions to allow operation and/or treatment to continue during power outages?**

Yes

No

**6. Provide a recent line drawing showing the wastewater flow through the treatment plant, including all bypass piping.**

Line Drawing

E) Fill out the treatment system description information in Part E. Click the **Add New Treatment** button to populate treatment information using the Treatment Information pop-up form.

E.4) If applicable, click the **Add New Treatment System Bypass** button to populate the Bypass or Overflow Information pop-up form.

E.6) Click the **Browse** button to upload a line drawing showing the wastewater flow through the treatment plant.

**F. Treatment Operations**

**1. Indicate the number of each type of employee at the treatment works and the hours per day and days per week the plant is staffed.**

Collection System Employees	Work Hours Per Day	Work Days Per Week
<input type="text" value="Collection System Employees"/>	<input type="text" value="Work Hours Per Day"/>	<input type="text" value="Work Days Per Week"/>

Treatment Works Employees	Work Hours Per Day	Work Days Per Week
<input type="text" value="Treatment Works Employees"/>	<input type="text" value="Work Hours Per Day"/>	<input type="text" value="Work Days Per Week"/>

**2. Provide the name and certification of the person in responsible charge of the treatment works.**

Name	Certification Number
<input type="text" value="Name"/>	<input type="text"/>

**Operator Email**

**3. Provide the name and certification of the person(s) in charge of the collection system tributary to the treatment plant (if known).**

**Collection System Responsible Person** 0

▼ Name	▼ Certification Number	Actions
--------	------------------------	---------

First Previous 1 Next Last Show All Rows

F) Fill out the treatment operations information in Part F. Click the **Add New Collection System Responsible Person** button to populate the Collection System Responsible Person table

F.4) If applicable, click the **Add New Operations or Maintenance Manual** button to populate the Operations or Maintenance Manuals table.

## G. Improvements

1. Are you required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operating of wastewater treatment equipment or practices or any other environmental program which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

Yes

No

Please provide the following information for each construction activity, upgrade or change in operations you are required to implement.

## Required Construction, Upgrades or Operations Information 0

▼ Identify Condition

▼ Outfall #

▼ Project Description

▼ Completion Date

Actions

Filter all columns

First

Previous

1

Next

Last

Show All Rows

Add New Improvement

2. Do you wish to provide information describing any additional water pollution control programs (or other environmental projects which may affect your discharge) that are currently in progress or planned?

Yes

No

G) Fill out the improvements information in Part G. Click the **Add New Improvement** button to populate the Required Construction, Upgrades or Operations Information pop-up form.

H) Select **Yes/No** in Part H Priority Pollutant Monitoring and fill out the associated fields. If applicable, complete and upload the POTW Priority Pollutant Form using the **Browse** button.



III. Combined Sewer Systems

A. Does the treatment works have Combined Sewer Overflows in the collection system?

Yes No

Please provide details for each combined sewer overflow.

Overflows 0

▼ Overflow #	▼ Description	▼ Latitude	▼ Longitude	▼ Lat/Long Collection Method	▼ Receiving Water	Actions
Filter all columns						
First Previous 1 Next Last Show All Rows						

Add New Overflow

B. Have any system evaluation studies of the combined sewer collection system (including modeling and hydraulic studies, past monitoring efforts, facility plans, etc.) been performed since the last permit application?

Yes No

C. Public Notification Plan. Is the collection system with CSOs located within the Lake Erie Basin?

Yes No

3. Select **Yes/No** pertaining to CSOs and if applicable, click the **Add New Overflow** button to populate the Overflows table.
  - B) If applicable, click the **Add New Study** button to populate system evaluations study information.
4. Fill out the Industrial Users Information Section parts A and B.
  - C) Select **Yes/No** pertaining to an approved pretreatment program in part C. A list of the facilities with an approved pretreatment program is on the [Ohio EPA website](#). If your facility is not included in this list, then select “No” to this question. Local limits are developed by the sewer authority and can usually be located within the municipality’s ordinance. Technically based local limits are those that have been reviewed by Ohio EPA. If applicable, click the **Browse** button to upload a file describing local limits.
  - D) Enter in the contact information for the Biosolid Program in part D.

V. Remediation Waste Cleanup Information

**A. RCRA/CERCLA/BUSTR/VAP Wastes**

Does the treatment works currently receive (or is it expected during the life of the permit to receive) RCRA Hazardous waste, CERCLA (Superfund) site remediation waste, RCRA corrective action waste, BUSTR waste or VAP waste?

Yes No

Please provide the details of any RCRA / CERCLA / BUSTR / VAP waste received or expected to be received.

RCRA / CERCLA / BUSTR / VAP Waste Details 0

▼ Type of Action	▼ Waste Origin	▼ Waste Description	Actions
Filter all columns			First Previous 1 Next Last Show All Rows

Add New Waste Detail

5. Select **Yes/No** pertaining to RCRA/CERCLA/BUSTR/VAP wastes and if applicable, click the **Add New Waste Detail** button to enter waste detail information to the pop-up form.
6. Select **Yes/No** pertaining to contract laboratory analysis and if applicable, click the **Add New Lab Detail** button to add contract lab and consulting firm information to the table.
7. Select **Yes/No** pertaining to whole effluent biological toxicity test data and if applicable, click the **Browse** button to upload an electronic copy of the data.
8. Enter CWI Variance information.
9. Once complete, click the **Validate** button to see if all fields have been filled out correctly, click **Save** and **Close** to return to the General Application form.

**NPDES Form 2B****Application for Permit to Discharge Wastewater  
Concentrated Animal Feeding Operations and Aquatic Animal  
Production Facilities**[Form Instructions](#)**I. General Information****Select the type of business which best represents your operation.**

- ☐ Concentrated Animal Feeding Operation  
☐ Concentrated Aquatic Animal Production Facility

**Is this application for a proposed or an existing facility?**

- ☐ Existing Facility  
☐ Proposed Facility

1. Select Concentrated Animal Feeding Operation or Concentrated Aquatic Animal Production Facility and whether it is an existing or proposed facility. If Animal Feeding Operation is selected, indicate whether this is a contract operation; if so, fill out the corresponding name and address information. *NOTE: The below steps provide a walkthrough of the Concentrated Animal Feeding Operation selection and are immediately followed by a walkthrough of the Concentrated Aquatic Animal Production Facility selection.*

Concentrated Animal Feeding Operation

**II. Concentrated Animal Feeding Operation Characteristics**

**A. Type and Number of Animals**

Indicate the animals present at your operation. For the selected animals, Indicate the total number maintained at your facility.

Type and Number of Animals	0		
▼ Type of Animal	▼ Number of Animals In Open Confinement	▼ Number of Animals Housed Under Roof	Actions
<input type="text" value="Filter all columns"/> <span>First Previous 1 Next Last</span> <span>Show All Rows</span>			
<a href="#">Add New Animal Detail</a>			
<b>Total Animals In Open Confinement</b> <input type="text" value="0"/>		<b>Total Animals Housed Under Roof</b> <input type="text" value="0"/>	

**B. Manure, Litter, and/or Wastewater Production and Use**

1. How much manure, litter and wastewater is generated annually by the facility? (Enter '0' if no litter or wastewater is generated)

- Click the **Add New Animal Detail** button and fill out the pop-up form. Enter as many as applicable, each will display on the above table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.  
B) Enter the information regarding Manure, Litter, and/or Wastewater Production and Use.

**D. Type of Containment, Storage and Capacity**

1. Indicate the types of stormwater containment employed at your operation. For the selected types, indicate the total capacity (in gallons) maintained at your facility.

Types of Containment 0		
▼ Type of Containment	▼ Capacity (in gallons)	Actions
Filter all columns		
<div> <span>First</span> <span>Previous</span> <span>1</span> <span>Next</span> <span>Last</span> <span>Show All Rows</span> </div>		

Add New Containment Detail

2. Report the total number of acres draining to and collected in the facility's containment areas.

Total number of acres

3. Indicate the types of manure, litter or wastewater storage employed at your operation. For the selected types, indicate the total capacity maintained at your facility for each storage type in terms of both days and gallons/tons.

Types of Storage 0			
▼ Type of Storage	▼ Days	▼ Capacity	Actions
Filter all columns			
<div> <span>First</span> <span>Previous</span> <span>1</span> <span>Next</span> <span>Last</span> <span>Show All Rows</span> </div>			

D) Enter information regarding Type of Containment, Storage and Capacity. Click the **Add New Containment Detail** and **Add New Storage Detail** buttons to add corresponding information to the pop-up forms.

E) Enter information regarding the Nutrient Management Plan. If applicable, select the date using the calendar and click the **Browse** button to upload an electronic copy of the nutrient management plan.

F) Enter information regarding Land Application Best Management Practices and click the **Add Practices** button to select best practices in the pop-up form. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

Concentrated Aquatic Animal Production Facility

**III. Concentrated Aquatic Animal Production Facility Characteristics**

A. Provide the requested information for all outfalls identified on the map included with Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average flow is the average of measured daily flows over a calendar year.

▼ Outfall	▼ Max Daily Flow (in gallons)	▼ Max 30 Day Flow (in gallons)	▼ Long Term Avg Flow (in gallons)	Actions
1				

Filter all columns

First Previous 1 Next Last Show All Rows

[Add New Outfall](#)

B. List the total number of ponds, raceways or other structures at your facility. If you have "other" structures, please provide a description.

1. Number of Ponds

Number of Ponds

2. Number of Raceways

Number of Raceways

3. Number of Other Structures

Number of Other Structures

2. Enter information in Section III (Facility Characteristics). Click the **Add New Outfall** button and populate the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.
- B) Fill out information about the ponds and other facility structures in part B.
- C) Enter the names of the receiving and source waters in part C.

**D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.**

**Cold Water Species Detail** 0

▼ Cold Water Species	▼ Yearly Harvest (in pounds)	▼ Maximum Present (in pounds)	Actions
Filter all columns			
<div> First Previous 1 Next Last Show All Rows </div>			

Add New Cold Water Species Detail

**Warm Water Species Detail** 0

▼ Warm Water Species	▼ Yearly Harvest (in pounds)	▼ Maximum Present (in pounds)	Actions
Filter all columns			
<div> First Previous 1 Next Last Show All Rows </div>			

Add New Warm Water Species Detail

**E. Indicate the total pounds of food used during the calendar month of maximum feeding.**

**1. Month of Maximum Feeding**

Select a Month

**2. Pounds of Food**

Pounds of Food

D) Enter information in Part D and click the **Add New Cold Water Species Detail** and **Add New Warm Water Species Detail** buttons as applicable to fill in the pop-up forms. *NOTE: The cold water and warm water forms appear identical – options for each include fish, crustacean, and mollusk species. After each entry, the selected species will be listed in their respective table in Part D of Form 2B.*

E) Complete Form 2B by entering information into Part E. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

NPDES Form 2C

**Application for Permit to Discharge Wastewater**  
**Existing Manufacturing, Commercial, Mining and Silviculture Operations**

[Form Instructions](#)

**I. Outfall Locations**

For each outfall, list the latitude and longitude and the name of the receiving water.

**Outfalls** 0

▼ Outfall Number	▼ Receiving Water	▼ Latitu de	▼ Longitu de	▼ Lat/Long Collection Method	▼ Average Daily Design Flow	Actions
<div style="display: flex; justify-content: space-between; align-items: center;"> <input type="text" value="Filter all columns"/> <div> <a href="#">First</a> <a href="#">Previous</a> <span style="background-color: #007bff; color: white; padding: 2px 5px;">1</span> <a href="#">Next</a> <a href="#">Last</a> </div> <a href="#">Show All Rows</a> </div>						

[Add New Outfall](#)

1. Populate the outfall location table by adding outfall information. Click the **Add New Outfall** button to access the Outfall Information pop-up form. Enter the outfall number, receiving water, and latitude/longitude and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.



A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions included in this application. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities) provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

## Line Drawing

Browse...

No file chosen

If applicable, attach a file describing any currently approved chemical additives.

## Approved Additives

Browse...

No file chosen

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater.

## Operations 0

▼ Outfall Number

▼ Operation

▼ Average Flow

Actions

Filter all columns

First

Previous

1

Next

Last

Show All Rows

Add New Operation

2. In section II, click the **Browse** button to upload an electronic drawing showing the water flow through the facility. If applicable, click the **Browse** button to upload an electronic file describing approved additives.
  - B) Click the **Add New Operation** button populate the Operations table. Enter the operation information and click the **Save** button. Enter as many as applicable, each will display on the above table.
  - C) Select **Yes/No** in Part C. If applicable, click the **Add New Flow** button to access the Seasonal Flow Information pop-up form. Enter the seasonal flow information and click the **Save** button. Enter as many as applicable, each will display on the Flows table.

**III. Production**

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

C. List the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

Products **0**

▼ Average Quantity Per Day	▼ Unit of Measure	▼ Operation/Product/Materi al	▼ Affected Outfalls	Actions
<div>Filter all columns</div> <div><div>First</div><div>Previous</div><div>1</div><div>Next</div><div>Last</div><div>Show All Rows</div></div>				

Add New Operation/Product/Material

3. Respond **Yes/No** in the Production section. If applicable, click the **Add New Operation/Product/Material** button to access the pop-up form. Enter the information and click the **Save** button. Enter as many as applicable, each will display on the Products table.

**IV. Improvements**

**A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedules letters, stipulations, court orders and grant or loan conditions.**

Yes No

**Improvements** 0

▼ Conditions or Agreements	▼ Affected Outfalls	▼ Source of Discharge	▼ Project Description	▼ Required Completion Date	▼ Projected Completion Date	Actions
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">Filter all columns</div> <div> <span>First</span> <span>Previous</span> <span style="background-color: #005596; color: white; padding: 0 5px;">1</span> <span>Next</span> <span>Last</span> </div> <div><a href="#">Show All Rows</a></div> </div>						

Add New Improvement

**B. Do you have any additional water pollution or other environmental improvement projects planned or under way which may affect your discharges?**

Yes No

4. Respond *Yes/No* in the Improvements section. If applicable, click the *Add New Improvement* button and/or *Add Additional Improvement* button to access the associated forms. Enter the improvement information on the form and click the *Save* button. Enter as many improvements as applicable, each will display on their respective tables.

**V. Intake & Effluent Characteristics**

You may download the template for the Intake & Effluent Characteristics Spreadsheet Using the link labeled 'Blank Form' below. Once the spreadsheet has been completed, use the Browse button to upload the spreadsheet and include it as part of this form.

**A, B, & C. Intake and Effluent Characteristics Spreadsheet** [Blank Form](#)

**Browse...** No file chosen

**D. Do you know or have reason to believe that any pollutants listed on table 2C-3 is or will be discharged from any outfall listed in this application? (see [instructions](#) for listing of table 2C-3)**

**Yes** **No**

List all table 2C-3 pollutants you know or have reason to believe will be discharged from any outfall. Include the source of the discharge with each pollutant listed.

**Pollutants 0**

▼ Pollutant	▼ Source of Discharge	Actions
Filter all columns		
<div> <span>First</span> <span>Previous</span> <span>1</span> <span>Next</span> <span>Last</span> </div>		
Show All Rows		

**Add New Pollutant**

- Click the **Browse** button to upload the Intake and Effluent Characteristics Spreadsheet. To access a blank copy of the spreadsheet, simply click the link for **Blank Form** to download the Microsoft Excel file (as shown on the next page). Select the **Save File** option and click the **OK** button. Open the spreadsheet from your saved location. Click the **Browse** button to upload the electronic file when complete.

swims\_form2c\_partV\_input\_sheet.xlsm - Excel

File Home Insert Page Layout Formulas Data Review View Developer ACROBAT Tell me what you want to do

Clipboard Font Alignment Number Styles Cells

G16

NPDES Permit Application - Form 2C - Part V. Intake and Effluent Characteristics - Data Entry Spreadsheet

Validation Key: Must be number or "<"

Permit Number 0 Outfall # 0

Facility Name 0

Data Collection Period from: 1/0/1900 to: 1/0/1999

V. Intake and Effluent Characteristics

Part A - You must provide the results of at least one analysis for each pollutant. Note: When computing average values, if a measurement is less than the method detection limit (MDL), substitute a value of zero (0) for that measurement in the calculation. If all measurements are less than the MDL, enter "W" in column 2-a.

3. Effluent

1. Pollutant	2. a. Maximum Daily Value	3. Effluent		4. c. Long-term
		1. Concentration	2. Mass	
a Biochemical Oxygen Demand (BOD)				
b Chemical Oxygen Demand (COD)				
c Total Organic Carbon (TOC)				
d Total Suspended Solids (TSS)				
e Ammonia (as N)				
f Flow				
g Temperature (Winter)				
h Temperature (Summer)				
i pH				

Part B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark "X" in column 2-a, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence. Note: When computing average values, if a measurement is less than the method detection limit (MDL), substitute a value of zero (0) for that measurement in the calculation. If all measurements are less than the MDL, enter "W" in column 2-a.

**Error! No text of specified style in document.**

- D) If applicable, click the **Add New Pollutant** button to access the Pollutant Information pop-up form. Enter the pollutant information on the form and click the **Save** button. Enter as many pollutants as applicable, each will display on the Pollutants table.
6. For the section titled Potential Discharges Not Covered by Analysis, respond **Yes/No**. If applicable, click the **Add Pollutants** button to access the Pollutant Information form. Enter the pollutant information on the form by selecting each from the left and clicking the > button to move them to the right side of the form – click the **Save** button when complete. Enter as many pollutants as applicable, each will display on the above table.

**VII. Biological Toxicity**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes No

Provide the name of the toxicity test conducted and a description of the purpose of the test. Add as many instances of this section as you need to list and describe all tests.

**Toxicity Tests 0**

▼ Test Name	▼ Test Purpose	Actions
Filter all columns		
First Previous 1 Next Last Show All Rows		

Add New Toxicity Test

7. Respond **Yes/No** to the question in the Biological Toxicity section. If applicable, click the **Add New Toxicity Test** button to access the Toxicity Test Information form. Enter the toxicity test name and purpose and click the **Save** button. Enter as many as applicable, each will display on the Toxicity Tests table.
8. Respond **Yes/No** in section VIII. If applicable, click the **Add New Lab Detail** button to access the pop-up form. Enter the laboratory/consulting firm information, select the pollutants from the list provided, and click the **Save** button. Enter as many as applicable, each will display on the above table.
9. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

**NPDES Form 2D**

**New Sources and New Dischargers Application for Permit to Discharge Process Wastewater**

[Form Instructions](#)

**I. Outfall Locations**

For each outfall, list the latitude and longitude and the name of the receiving water.

**Outfalls** 0

▼ Outfall Number	▼ Receiving Water	▼ Latitude	▼ Longitude	▼ Lat/Long Collection Method	▼ Average Daily Design Flow	Actions
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>Filter all columns</div> <div> <a href="#">First</a> <a href="#">Previous</a> <span style="background-color: #007bff; color: white; padding: 2px 5px;">1</span> <a href="#">Next</a> <a href="#">Last</a> </div> <div>Show All Rows</div> </div>						

[Add New Outfall](#)

**II. Discharge Date**

When do you expect to begin discharging? \_\_\_\_\_

1. Populate the outfall location table by adding outfall information. Click the **Add New Outfall** button to access the Outfall Information pop-up form. Enter the outfall number, receiving water, and latitude/longitude and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.
2. Populate Section II with the expected discharge date.

**III. Flows, Sources & Treatments**

A. For each outfall, provide a description of: (a) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater.

Operations **0**

▼ Outfall Number	▼ Operation	▼ Average Flow	Actions
Filter all columns			
<div> <span>First</span> <span>Previous</span> <span>1</span> <span>Next</span> <span>Last</span> </div> <span>Show All Rows</span>			

[Add New Operation](#)

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions included in this application. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities) provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

Line Drawing

[Browse...](#) No file chosen

C. Except for storm runoff, leaks, or spills, will any of the discharges described previously in this application be intermittent or seasonal?

☐ Yes ☐ No

3. In section III, click the **Add New Operation** button to access the Outfall Information pop-up form. Enter the outfall number, operation, and treatment information and click the **Save** button. Enter as many operations as applicable, each operation entered will display on the Operations table.
- B) Click the **Browse** button to upload a drawing of the water flow through the facility.
- C) If applicable, click the **Add New Flow** button to access the Seasonal Flow Information pop-up form. Enter the outfall and flow information and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Flows table.



**IV. Production**

Does an effluent guideline or New Source Performance Standard (NSPS) promulgated by EPA apply to your facility?

**Yes** No

Are the limitations in the applicable effluent guideline or NSPS expressed in terms of production (or other measure of operation)?

**Yes** No

For each outfall, list the estimated level of production (project of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates.

Operation/Product/Material 0

▼ Year	▼ Quantity Per Day	▼ Unit of Measure	▼ Operation/Product/Material	Actions
Filter all columns				
First Previous 1 Next Last Show All Rows				

Add New Operation/Product/Material

4. Answer *Yes/No* to the questions in part IV. If applicable, click the *Add New Operation/Product/Material* button to access the pop-up form. Enter the year and associated information and click the *Save* button. Add as many as applicable, each will display on the Operation/Product/Material table.

**V. Effluent Characteristics**

Each part of this section requests you to provide an estimated daily maximum and average for certain pollutants and the source of the information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by Ohio EPA. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitation guideline or NSPS, or indirectly through limitations on an indicator pollutant.

**Are you requesting or have you already received an Ohio EPA waiver from Group A data submission for this facility?**

☐ No ☒ Requesting Waiver ☐ Waiver Received

Upload a document specifying which pollutant or parameters should be waived and the reasons for requesting such a waiver. [Contact Ohio EPA](#) if you are unsure what your waiver request should contain.

**Group A Data Submission Waiver Justification**

No file chosen

You may download the template for the Effluent Characteristics Spreadsheet Using the link labeled 'Blank Form' below. Once the spreadsheet has been completed, use the Browse button to upload the spreadsheet and include it as part of this form.

**Effluent Characteristics Spreadsheet** [Blank Form](#)

No file chosen

**Do you know or have reason to believe that any pollutants listed on table 2D-3 will be discharged from any outfall listed in this application? (see [instructions](#) for listing of table 2D-3)**

5. Complete the Effluent Characteristics section. If applicable, click the **Browse** button to upload an electronic copy of the Data Submission Waiver Justification. Click the **Browse** button to upload the Effluent Characteristics Spreadsheet. To access a blank copy of the spreadsheet, click the link for **Blank Form** to download the Microsoft Excel file (as shown below). Select the **Save File** option and click the **OK** button. Open the spreadsheet from your saved location. Click the **Browse** button to upload the electronic file when complete.

The screenshot displays the 'NPDES Permit Application - Form 2D - Part V. Effluent Characteristics - Data Entry Spreadsheet'. The spreadsheet is open in Microsoft Excel, showing the 'Home' tab. The data entry section includes the following fields:

- Permit Number: 0
- Outfall #: (blank)
- Facility Name: 0
- Data Collection Period: from: 1/0/1900 to: 1/0/1900

Below these fields is the 'V. Effluent Characteristics' section, which includes instructions and a table for 'Group A Pollutants'.

**V. Effluent Characteristics**

A and B: These items require you to report estimated amounts (both concentration and mass) for each pollutant. Data for each outfall must be reported with the specific instructions for that part. Data for each outfall must be reported with the specific instructions for that part.

**General Instructions:** Each part of this system request you to provide an estimated amount for each pollutant. For all outfalls, data for pollutants in Group B should be reported as a percentage of the maximum daily value.

**Group A Pollutants**

1. Pollutant	SWIMS Pollutant ID	2. Effluent Characteristics
		a. Maximum Daily Value
		1. Concentration 2. Mass
1 Ammonia (as N)	12207	
2 Biochemical Oxygen Demand (BOD)	12208	
3 Chemical Oxygen Demand (COD)	12209	
4 Total Organic Carbon (TOC)	12214	
5 Total Suspended Solids (TSS)	12215	

An 'Input' dialog box is open, prompting the user to 'Enter 3 digit outfall number (e.g. 001)'. The input field contains '001'.

Answer **Yes/No** to the question pertaining to pollutants in table 2D-3. If applicable, click the **Add New Pollutant** button to access the Pollutant Information form. Select a pollutant using the dropdown of options and state the reason for discharge – click the **Save** button. Add as many pollutants as applicable, each pollutant will display on the Pollutants table.

**VI. Engineering Report on Wastewater Treatment**

**A. Are any technical evaluations concerning your wastewater treatment available (including engineering reports or pilot plant studies)?**

☒ Yes ☐ No

Please upload a copy of the available technical evaluations concerning your wastewater treatment.

**Technical Evaluations**

No file chosen

**B. Are there any existing plants which, to the best of your knowledge resemble this production facility with respect to production processes, wastewater constituents, or wastewater treatments?**

☒ Yes ☐ No

Provide the name and location of any existing plants which, to the best of your knowledge resemble this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

**Similar Plants** 0

▼ Name	▼ Location	Actions
Filter all columns		
First Previous <b>1</b> Next Last Show All Rows		

6. Respond **Yes/No** to the questions in section VI. If applicable, click the **Browse** button to upload an electronic copy of the technical evaluations.  
B) Respond **Yes/No** to Part B and, if applicable, click the **Add New Similar Plant** button to access the pop-up form. Enter the name and location of the similar plant and click the **Save** button. Add as many plants as applicable, each plant will display on the Similar Plants table.
7. Respond **Yes/No** in the other information section and add a comment if applicable. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

NPDES Form 2E

**Facilities Which Do Not Discharge Process Wastewater**

[Form Instructions](#)

**I. Receiving Waters**

Outfalls
0

▼ Outfall Number	▼ Latitude	▼ Longitude	▼ Lat/Long Collection Method	▼ Receiving Water	▼ Discharge Start Date	▼ Average Daily Design Flow	Actions
<div style="display: flex; justify-content: space-between; align-items: center;"> <input style="width: 40%; border: 1px solid #ccc;" type="text" value="Filter all columns"/> <div> <span>First</span> <span>Previous</span> <span style="background-color: #007bff; color: white; padding: 2px 5px;">1</span> <span>Next</span> <span>Last</span> <span>Show All Rows</span> </div> </div>							

Add New Outfall

1. Complete section I by adding outfall information. Click the **Add New Outfall** button to access the pop-up form. Enter the outfall number, receiving water, and latitude/longitude and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.
2. If applicable, complete Section II by entering your best estimate of the date on which your facility will begin to discharge.
3. Click the **Actions** dropdown next to each outfall in the Type of Waste table and select **Edit** to access the pop-up form. Select the types of waste being discharged for the outfall and click the **Save** button. Complete this step for each outfall listed in the Type of Waste table.

**IV. Effluent Characteristics**

You may download the template for the Intake & Effluent Characteristics Spreadsheet the link labeled 'Blank Form' below. Once the spreadsheet has been completed, use the upload button below to upload the spreadsheet and include it as part of this form.

**Intake and Effluent Characteristics Spreadsheet** [Blank Form](#)

Browse...

No file chosen

**Additional Questions**

**V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?**

Yes

No

**Briefly describe the frequency and duration of the flow.**

Frequency and duration of flow

**VI. Are there any treatment systems used prior to discharge for this flow?**

Yes

No

**Briefly describe the treatment systems and their associated design flow(s), where applicable.**

- Click the **Browse** button to upload the Intake and Effluent Characteristics Spreadsheet. To access a blank copy of the spreadsheet, click the link for **Blank Form** to download the Microsoft Excel file (as shown below). Select the **Save File** option and click the **OK** button. Open the spreadsheet from your saved location. Click the **Browse** button to upload the file when complete.

The screenshot shows an Excel spreadsheet titled "swims\_form2e\_partIV\_input\_sheet\_macro.xlsm". The ribbon includes File, Home, Insert, Page Layout, Formulas, Data, Review, View, Developer, and a search bar. The spreadsheet content is as follows:

	A	B	C	D	E	F	G	H	I	J	K
1	<b>NPDES Permit Application - Form 2E - Part IV. Effluent Characteristics</b>										
2	<i>Data Entry Spreadsheet</i>										
3											
4	<b>Instructions:</b> Enter your permit number, facility name, and the period over which data was collected below. Then click the Add Outfall button to add a worksheet for each outfall you want to report. Enter data as indicated on each worksheet. Save the spreadsheet under a new name. Then follow instructions in the <i>Surface Water Permit Application &amp; Reporting</i> system to attach this form to your NPDES permit application.										
5											
6	Permit Number										
7											
8	Facility Name										
9											
10	Data Collection Period	from:		to:							
11											

An "Add Outfall" button is located in the bottom right corner of the spreadsheet area.

5. Respond to the additional questions and enter applicable information pertaining to intermittent or seasonal discharges and treatment systems used prior to discharge.
6. Enter any additional information. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

## NPDES Form 2F

**Application to Discharge Storm Water Discharges Associated with Industrial Activity**

[Form Instructions](#)

**I. Outfall Locations**

For each outfall, list the latitude and longitude and the name of the receiving water.

**Outfalls 0**

▼ Outfall Number	▼ Receiving Water	▼ Latitude	▼ Longitude	▼ Lat/Long Collection Method	▼ Average Daily Design Flow	Actions
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid #ccc; padding: 2px 5px;">Filter all columns</div> <div> <div>First</div> <div>Previous</div> <div style="background-color: #007bff; color: white; padding: 2px 5px;">1</div> <div>Next</div> <div>Last</div> </div> <div>Show All Rows</div> </div>						

Add New Outfall

**II. Improvements**

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may

1. Complete the Outfall Locations section by adding outfall information. Click the **Add New Outfall** button to access the pop-up form. Enter the outfall number, receiving water, and latitude/longitude and click the **Save** button. Enter as many outfalls as applicable, each outfall entered will display on the Outfalls table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.
2. Respond **Yes/No** to the questions in the Improvements section. When applicable, click the **Add New Improvement** button and/or **Add Additional Improvement** button to access the associated forms. Enter the improvement information on the form and click the **Save** button. Enter as many improvements as applicable, each will display on their respective table.
3. For Section III, click the **Browse** button to upload an electronic site map.



**IV. Narrative Description of Pollutant Sources**

**A. For each outfall, provide an estimate of the area of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by each outfall.**

Surfaces **0**

▼ Outfall Number	▼ Impervious Area	▼ Total Area Drained	Actions
Filter all columns		First Previous <b>1</b> Next Last	Show All Rows

[Add New Surface](#)

**B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location manner and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.**

Description of significant materials

**C. For each outfall, provide the location and a description of existing structural and non-structural control measures to reduce**

- Fill out the narrative description of pollutant sources section. Click the **Add New Surface** button and/or **Add New Control Measure** button to access the associated forms. Enter the source and control measure information on the associated forms and click the **Save** button. Enter as many as applicable, each will display on their respective table.
- For Section V, respond **Yes/No** to the non-storm water certification statement above and enter the applicable description.
- Respond **Yes/No** in the Significant Leaks and Spills section and provide details on significant leaks and spills history.

**VII. Discharge Information**

A, B, C. You may download the template for the Discharge Information Spreadsheet Using the link labeled 'Blank Form' below. Once the spreadsheet has been completed, use the upload button below to upload the spreadsheet and include it as part of this form.

Discharge Information Spreadsheet [Blank Form](#)

**Browse...** No file chosen

D. Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite samples. Indicate the date, duration, total rainfall, maximum flow and total flow related to the event. Also indicate the number of hours between the beginning of the measured storm and the end of the previous measureable rain event.

▼ Date of Storm	▼ Duration of storm	▼ Total Rainfall	▼ Hours Between Events	▼ Max Flow Rate During Event	▼ Total Flow From Event	Actions
Filter all columns						First Previous <b>1</b> Next Last Show All Rows

**Add New Storm Data**

Provide a description of the method of flow measurement or estimate.

Description of method of flow measurement or estimate.

- Click the **Browse** button to upload the Discharge Information Spreadsheet. To access a blank copy of the spreadsheet, click the link for **Blank Form** to download the Microsoft Excel file (as shown below). Select the **Save File** option and click the **OK** button. Open the spreadsheet from your saved location. Click the **Browse** button to upload the electronic file when complete.

The screenshot shows the NPDES Permit Application - Form 2F - Part VII. Discharge Information - Data Entry Spreadsheet. The spreadsheet is open in Excel, showing the following data:

NPDES Permit Application - Form 2F - Part VII. Discharge Information - Data Entry Spreadsheet			
Permit Number	0	Outfall #	
Facility Name	0		
Data Collection Period	from: 1/0/1900	to: 1/0/1900	
<b>VII. Discharge Information</b>			
<b>Part A</b> - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See			
1. Pollutant			1. Maximum
a. Oil and Grease			a. Grab Sample Taken During First 20 Minutes
b. Biochemical Oxygen Demand (BOD)			
c. Chemical Oxygen Demand (COD)			
d. Total Suspended Solids (TSS)	20132		
e. Total Nitrogen	175462185		
f. Total Phosphorus	20142		
g. pH	20133		pH Minimum

A pop-up dialog box titled "Input" is open, prompting the user to "Enter 3 digit outfall number (e.g. 001)." The input field contains "001". The dialog box has "OK" and "Cancel" buttons.

D) Click the **Add New Storm Data** button to access the pop-up form. Enter the storm information and click the **Save** button. Enter as many as dates as applicable, each will display on the Storm Data table. Provide a description of the method of flow measurement or estimate.

E) Respond **Yes/No** to the question about potential discharges not covered by analysis. If applicable, click the **Add Pollutants** button to access the pop-up form. Enter the pollutant information and click the **Save** button. Enter as many as applicable, each will display on the above table.

**VIII. Biological Toxicity**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

**Yes** No

Provide the name of the toxicity test conducted and a description of the purpose of the test. Add as many instances of this section as you need to list and describe all tests.

**Toxicity Tests** 0

▼ Test Name	▼ Test Purpose	Actions
Filter all columns		
First Previous 1 Next Last Show All Rows		

Add New Toxicity Test

8. In Section VIII, respond *Yes/No*. If applicable, click the *Add New Toxicity Test* button to access the form. Enter the toxicity test information and click the *Save* button. Enter as many as applicable, each will display on the Toxicity Tests table.

**IX. Contract Analysis**

Were any of the analyses reported in this application performed by a contract laboratory or consulting firm?

**Yes** No

Provide the name, address, phone number and a list of analyzed pollutants for each contract laboratory or consultant which provided data used in this application.

Provide the contract lab or consulting firm details.

**Contract Labs** 0

▼ Name of Lab/Firm	▼ Address	▼ Telephone #	▼ Pollutants Analyzed	Actions
Filter all columns				
First Previous 1 Next Last Show All Rows				

Add New Lab Detail

- Respond **Yes/No** in Section IX. If applicable, click the **Add New Lab Detail** button to access the pop-up form. Enter the laboratory/consulting firm information, select the pollutants from the list provided, and click the **Save** button. Enter as many as applicable, each will display on the Contract Labs table.
- Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

**NPDES Form 2S**

**Application for Sewage Sludge Use or Disposal**

[Form Instructions](#)

Facility Contact

Email Address of Facility Contact

Applicant Email Address

Email Address of Facility Contact

Applicant Email Address

**I. General Information**

**A. Sewage Sludge Treatment and Disposal Characteristics**

Complete the following to determine the applicability of your facility's sewage sludge use or disposal practices. If you answer yes to any question, you must complete the applicable section. Complete all sections that apply to your facility.

Is sewage sludge from your facility hauled to another facility that provides treatment or blending?

☒ Yes ☐ No

Is sewage sludge from your facility applied to the land? This includes exceptional quality sewage sludge (EQS) and sewage sludge applied to land reclamation sites.

☒ Yes ☐ No

1. Begin by entering contact information for the facility and the applicant.  
A) Respond ***Yes/No*** to the questions in Section I, part A.

**B. Treatment System Description**

1. List all treatment units used for collecting, dewatering, storing, or treating sewage sludge.

Treatments **0**

▼ Treatment Code	▼ Treatment Type	▼ Manufacturer	Actions
Filter all columns			
First Previous <b>1</b> Next Last Show All Rows			

Add New Treatment

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of this permit.

Line Drawing

Browse... No file chosen

3. Is this facility a Class I sludge management facility? Class I facilities include POTWs that are required to have an approved pretreatment program.

Yes No

4. What is the process design capacity of the sewage sludge treatment system in *dry tons/year* (Use the following calculation to convert from *gallons/year* to *dry tons/year*: *gallons of sludge/yr x 8.34 lb/gal x tons/2000 lb x % solids*)?

Process Design Capacity

B.1) Enter information describing the treatment system. Click the **Add New Treatment** button to access the pop-up form. Enter the treatment type and manufacturer information and click the **Save** button. Enter as many as applicable, each will display on the Treatments table. Once added, you can click the **Actions** dropdown to **Edit** or **Delete** each entry.

B.2) Click the **Browse** button to upload an electronic copy of the sewage sludge treatment process drawing.

B.3) Respond **Yes/No** to the question pertaining to Class I sludge management facilities.

B.4-5) Enter the design capacity of the treatment system and the year the treatment system was built.

**C. Amount Generated On Site**

1. List the total sewage amount of sewage sludge generated at the facility in the most recent year, in *dry tons*.

2. Do you receive sewage sludge from other generators?



 

3. Do you receive domestic septage?

 
**D. Pollutant Information**

Name of laboratory completing the analyses

Using the table below, list the data for the pollutant concentrations in sewage sludge from your facility during the previous year. Select the edit icon (pencil) in the Action column to edit information in the table.

Pollutant Name	CAS Number	Number of Analyses	Average Concentration (mg/kg)	Max Monthly Concentration (mg/kg)	Minimum Detection Level	Action
Arsenic	7440-38-2					
Cadmium	7440-43-9					

C) Fill in the information and respond **Yes/No** to the questions in Part C, Amount Generated on Site.

D) Complete the Pollutant Information section by entering the name of the laboratory and clicking the **Edit** link under the Action column of the pollutant table. Enter the information in the pop-up form for each pollutant and click the **Save** button – the entries will populate in the above table.

2. Enter the off-site shipment information. Click the **Add New Facility Detail** button and populate the information in the pop-up form. Enter as many as applicable, each will display on the Facilities table.



**III. Land Application of Bulk Sewage Sludge**

**A. Land Application General Information**

1. List the total sewage sludge from your facility applied to all land application sites for the most recent year, in *dry tons*.

Total Applied

2. List the total number of land application sites currently assigned an Ohio EPA site identification number.

Total Application Sites

3. List the total acreage of land application sites currently assigned an Ohio EPA site identification number.

Total Acreage of Application Sites

4. List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

Add Counties

5. Are there any land application sites located in states other than Ohio?

Yes

No

Describe how you notify the permitting authority for the states where the non-Ohio land application sites are located.

3. Enter responses into Section III. Click the **Add Counties** button to enter all counties where land application currently takes place or is anticipated to occur – select counties from the left of the pop-up form and click the > button to move them to the right of the form.
  - A.5-7) Respond **Yes/No** to questions 5, 6, and 7 and enter requested information if applicable.
  - A.8-10) Enter the information pertaining to Class A and Class B. Click the **Add Vector Attraction Reduction Options** button to access the pop-up form – select options from the left and click the > button to move them to the right of the form.
4. Surface disposal is prohibited in the state of Ohio.

**V. Incineration**

Provide the facility name, location, contact information and total *dry tons* of sewage sludge sent for each incineration facility receiving sewage sludge from your facility.

**Facilities** 0

▼ Facility Name	▼ Air Permit Number	▼ Address	▼ Contact Name	▼ Contact Title	▼ Contact Phone	▼ Contact Email	▼ Total Sludge (dry tons)	Actions
<div>Filter all columns</div> <div>First Previous 1 Next Last Show All Rows</div>								

Add New facility Detail

Total amount of sewage sludge hauled to all incineration facilities for the most recent year (in *dry tons*).

0

5. Fill out the Incineration information. Click the **Add New Facility Detail** button to access the Facility Details form. When the form is saved, the information will populate in the Facilities table.

**VI. Municipal Solid Waste Landfills**

Provide the facility name, location, contact information and total *dry tons* of sewage sludge sent for each Municipal Solid Waste Landfill facility receiving sewage sludge from your facility.

**Facilities** 0

▼ Facility Name	▼ Address	▼ Contact Name	▼ Contact Title	▼ Contact Phone	▼ Contact Email	▼ Total Sludge (dry tons)	Actions
<input type="text" value="Filter all columns"/>						<div style="display: flex; align-items: center; gap: 5px;"> <span>First</span> <span>Previous</span> <span style="background-color: #2196f3; color: white; padding: 2px 5px;">1</span> <span>Next</span> <span>Last</span> <span>Show All Rows</span> </div>	

Add New facility Detail

**Total amount of sewage sludge hauled to all MSW Landfill facilities for the most recent year (in *dry tons*).**

0

6. Enter the Municipal Solid Waste Landfill information. Click the **Add New Facility Detail** to access the pop-up form.
7. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save** and **Close** to return to the General Application form.

**Antidegradation Addendum****Antidegradation Addendum Application**

[Form Instructions](#)

Applicant

Applicant First Name

Applicant Last Name

Facility Owner

Facility Location Address/Description

City  State  Zip Code

Project Name

1. Begin by entering the applicant's name and facility owner. The facility location address/description fields are prepopulated from the agency permit database and cannot be changed on the form.
2. Respond *Yes/No* to the questions in the Antidegradation Applicability section.

Antidegradation Information

**Does this application meet an exemption as outlined by OAC 3745-1-05(B)(2) of the Antidegradation rule?**

☐ Yes ☒ No

**Does this application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?**

☐ Yes ☒ No

**Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule?**

☐ Yes ☒ No

For all projects that do **not** qualify for an exclusion a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required

A. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

B. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically generated to improve water quality or enhance recreational opportunities on the affected water resource.

C. Provide a brief description below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If more space is needed please check this box and upload one or more files containing this information: ☐)

**Preferred design alternative (If more space is needed please check this box and upload one or more files containing this information: ☐)**

3. Respond **Yes/No** to the questions in the Antidegradation Information section and fill out the applicable fields. If applicable, click the **Browse** button to upload a Stream Evaluation Addendum Worksheet.
4. Once complete, click the **Validate** button to see if all fields have been filled out correctly. Click **Save**, **Close**, or click **Submit** to submit the application to the agency. A saved application will be housed in your Application List on the Facility Profile until submitted, deleted, or delegated to another individual to submit. *NOTE: The option to print, delete, edit, and delegate the application will be available from the Facility Profile.*

Additional information regarding the Antidegradation Addendum can be obtained on the Ohio EPA website at:

<https://epa.ohio.gov/divisions-and-offices/surface-water/guides-manuals/antidegradation>

## **Finding Facilities and Permits**

Searching for and adding a facility/permit to your facilities dashboard will allow you to manage all your permits, including creating renewal applications, submitting applications, and editing, deleting, and delegating of applications.

1. From your facilities dashboard, click the **Add Facility/Permit** button located on the top menu bar, enter the permit number and click the **Search** button. If the permit number is unavailable, select **I don't have a permit number** to enter identifying information into another search field. If valid permit or facility information has been entered, the system will find the facility and display it in the Search Results section.

The screenshot displays the 'Facility Search' interface. On the left, a search form titled 'Facility Search' with the subtitle 'Enter your facility search criteria...' contains input fields for 'Permit Number', 'Facility Name', 'Address', 'City', and a dropdown for '-- Select county --'. Below these fields are 'Reset' and 'Search' buttons. To the right of the form, a message states 'Your search returned 27 facilities.' with a 'Create New Facility' button and a 'Search' button. Below this message, a list of search results is shown, each with a 'select' button and a location pin icon. The results are:

Permit Number	Facility Name	Address	City	State	Zip
537510	CLR License Test Facility	50 West Town St	Columbus	OH	43215
537517	CLR Registration Test Facility	50 West Town St	Columbus	OH	43215
537640	DMWM CLR Scrap Tire Recovery Class 2	50 West Town St	Columbus	OH	43215

On the right side of the interface is a map of Ohio showing major cities like Toledo, Cleveland, Akron, Columbus, and Cincinnati. A status bar at the bottom of the map displays 'Lat/Lon 42.008 -84.858 | Scale 1:4622324 | Zoom 7' and mentions 'Earthstar Geographics | Esri, HERE, Garmin' and 'Powered by Esri'.

2. Click the **Select** button to add the facility to your facilities dashboard

## Permit Renewal & Modification

*NOTE: This section only applies to facilities already covered under an individual NPDES Permit that is set to expire within nine months (Renewal) or will not expire within nine months but are proposing a change to their permit conditions (Modification).*

**Ohio EPA - Division of Surface Water** STREAMS SW-US

Home Add Facility/Permit Create New Permit Application

### Richard Miller WTP (18836) Facility Profile

▼ Permit 11V00040

ID	Number	Type	Rating	Effective Date	Expiration Date	Status	Actions
242032798	11V00040*ID	Industrial	NA	NA	NA	Draft	N/A
204745033	11V00040*HD	Industrial	Minor	10/01/2017	09/30/2022	Active	Actions ▼
180722750	11V00040*GD	Industrial	Minor	11/01/2014	07/31/2017		

First Previous 1 2 3 N

- Renewal
- Modify Permit
- Transfer
- Create Report
- Download Permit

1. From your facilities dashboard, click the facility of interest, this will show all related Permits and Applications. Select the **Actions** dropdown to access management tools which will allow you to **Renew, Modify, or Transfer** the permit. *NOTE: You can also select **Create Report** to access any number of reporting forms that can be submitted electronically – many of which apply to many of the other 20 permit types that can be accessed within STREAMS.*
2. Click **Renewal** to renew your NPDES Individual Permit coverage. The application is the same as shown in the “New Applications” section of this document but many of the fields are populated with information from the agency system.
3. Click **Modify Permit** to modify your current NPDES Individual Permit coverage. See below for screenshots of the modification application form.

## Application for Modification of Ohio NPDES Permit

[Form Instructions](#)

General Permit Information	
<b>Permit Number</b> 1PV00107*FD	<b>Facility Location Information</b> Jones Estates Pines LLC. 2174 Jackson Road Hamilton, OH 45011
<b>Permittee Name</b> <input type="text" value="Jones Estates Pines LLC"/>	
Facility Contact Information	
<b>First Name</b> <input type="text" value="Jason"/>	<b>Last Name</b> <input type="text" value="Freed"/>
<b>Title</b> <input type="text" value="Director"/>	
<b>E-mail Address</b> <input type="text" value="jason.freed@jonesestates.com"/>	<b>Phone</b> <input type="text" value="(613) 335-0644"/>

4. Begin by updating the prepopulated facility information if the facility contacts have changed.



Modification Request Details	
<b>Name of Receiving Water or Waters</b> <input type="text"/>	
<b>Provisions</b> You must describe in detail the provision(s) of the existing permit that you wish to modify. You may either type the details into this application or upload a file containing the information. <input checked="" type="radio"/> Text <input type="radio"/> Upload <input type="text"/>	<b>Reasons</b> You must describe in detail the reasons you are seeking to modify the identified provisions of the existing permit. Refer to OAC 3745-33-04(D) for acceptable grounds for modifying a permit. You may either type the details into this application or upload a file containing the information. <input checked="" type="radio"/> Text <input type="radio"/> Upload <input type="text"/>
<b>Modification Details</b> You must describe the requested modification in sufficient detail to allow Ohio EPA to process the request. You may either type the details into this application or upload a file containing the information. <input checked="" type="radio"/> Text <input type="radio"/> Upload <input type="text"/>	
<b>Was a Permit to Install Required?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

5. Fill in the Modification Request Details section.

Antidegradation Addendum

The Antidegradation Addendum is required. Select the button at the right to edit this form.

Edit Antidegradation Addendum

Fee Due

Fee Explanation	Fee Details	Fee Amount								
Application Fee		\$200.00								
Form 2E Fees	<table> <tr> <th>Outfall Number</th> <th>Flow</th> <th>Flow Units</th> <th>Fee</th> </tr> <tr> <td>001</td> <td>23500</td> <td>GPD</td> <td>\$100.00</td> </tr> </table>	Outfall Number	Flow	Flow Units	Fee	001	23500	GPD	\$100.00	\$100.00
Outfall Number	Flow	Flow Units	Fee							
001	23500	GPD	\$100.00							
		<b>\$300.00</b>								

- If changes to the Antidegradation Addendum are required, click the ***Edit Antidegradation Addendum*** button and you will be directed to the form.
- The final fee is shown at the bottom of the application form. Once complete, click the ***Validate*** button to see if all fields have been filled out correctly. Click ***Save*** and ***Close*** or click ***Submit*** to submit the application to the agency. A saved application will be housed in your Application List on the Facility Profile until submitted, deleted, or delegated to another individual to submit.  
*NOTE: The option to print, delete, edit, and delegate the application will be available from the Facility Profile.*

**Editing, Deleting, and Delegating Applications**Marietta Industrial Enterprises Inc (43987) Facility  
Profile

▼ Permit 259780512

ID	Number	Type	Rating	Effective Date	Expiration Date	Status	Actions
259780512	259780512	Individual	NA	NA	NA	Draft	N/A

▼ Application 1

ID	Permit Number	Type	Coverage	Application Type	Updated	Status	Visibility	Actions
259780511	259780512	Individual	Regular	New	02/22/2022	Edit	Private	Actions ▼

Filter all columns

First Previous 1 Next

- Edit
- Delete
- Modify Visibility
- Delegate
- Download PDF
- Zip

➤ Permit 0IN00084

If you saved the application form and chose not to submit it immediately, it will now be housed on the Application List on the Facility Profile where you can now perform the tasks under the **Actions** dropdown. You have the ability to **Download a PDF copy** of the application, open the application back up in **Edit** mode, **Delete** it, or **Delegate** the application to another eBusiness Center account holder (ex. one person prepares the application, another person submits it).

If you decide to delete the application form that you have created, simply click on the **Actions** dropdown and select **Delete**. A confirmation window will prompt you to confirm the deletion of the application. If confirmed, the application will no longer be accessible on the STREAMS system.

If you choose to delegate an application form, simply click on the **Actions** dropdown and select **Delegate**. The system will prompt you to search for the account holder that you want to delegate to. If you know their eBusiness Center account User ID, simply type it in and

click ***Search***. TIP: Do not fill in all search fields (for example, if you do not know the User ID, simply type in their last name and click ***Search***.)

**Search Account and Delegate Application** ×

You have chosen to delegate application (257476868). Please select the eBusiness Center account you would like to assign this delegation.

Your search returned 88 accounts.

User ID	User Details	Select
1061202	Johnathon Roberts	<input type="radio"/>
6231741131	Craig Roberts	<input type="radio"/>
71448170	darius roberts	<input type="radio"/>
72108865	Kenneth Roberts	<input type="radio"/>
73006610	Joseph Robertson	<input type="radio"/>
76252667	Mark Roberts	<input type="radio"/>
76991916	Larry Roberts	<input type="radio"/>


The example above is a search by the Last Name of “Roberts”. The system returns a list of all usernames that match, simply click the ***Select*** button to delegate access to the application/report that was created and saved. A confirmation will be shown of the account holder that you selected, click the ***Delegate*** button to complete the delegation. At this point, the account holder you have delegated can log into their personal eBusiness Center account and have the report listed on their dashboard.

### **Submitting Application Forms**

When you click the ***Submit*** button, you will be prompted to answer a security question and enter your PIN (i.e., your personal electronic signature) setup when first creating your eBusiness Center account. Enter this information and click the ***Submit*** button. Entering in an incorrect security question answer or PIN will result in a red error message. If you need assistance recovering a PIN, refer to eBiz Help on the [Ohio EPA's eBusiness Center](#) main page.

## ePay – Fee Payment

### Ohio EPA Fee Payment Options

 Your submission to Ohio EPA was successful. Payment of any applicable fees must be received by the due date shown on your invoice. Some fees have a penalty added for late payment. Late payment penalties, if any, are explained on the invoice. A confirmation email, including a copy of the invoice, has been sent to the email address associated with your account. Please save a copy of this invoice for your records.




Your invoice may be paid online with one of the credit cards listed below or by debiting your bank account through the Automated Clearing House (ACH). All online transactions are processed as one time payments. Ohio EPA does not save your credit card or bank account information. If you need assistance please call our Fiscal office, Mon. - Fri. between 8 AM and 5 PM (closed on holidays) at (614) 644-2339.


Master Card, VISA or Discover Credit Card:  
You can pay your balance due now via credit card. If you would like to pay now, click the 'Pay with Credit Card' button below. A service fee of 1.9% is added to payments made by credit card. When you arrive at the payment screen, please enter the billing name and address exactly as it appears on your credit card statement. Please have your credit card or statement ready.

Automated Clearing House (ACH):  
There is no service fee for ACH payments. When you provide your bank routing number and bank account number, you authorize us to make a one-time electronic funds transfer from your bank account to pay the invoice. If there is a debit block on your bank account, ask your bank to allow transactions with Ohio EPA before paying with ACH. When you arrive at the payment screen verify the billing name and address match the information for your bank account and make corrections if necessary.

Please download your invoice. After you download your invoice you may proceed with online payment or select the 'Exit' button if you will be sending your payment by US mail.

**Print Your Invoice**

   To download your invoice you will need the free Adobe Acrobat Reader. If you do not have the reader you can download it by clicking on the image below.



**Pay Electronically**

To proceed to the electronic payment page you must download your invoice. If you are paying more than one fee, the online payment page will show each fee on a separate line. In order to verify the total you will need the invoice.

**Check or Money Order via US Mail**

If your invoice has a bar code at the bottom you may pay by check/money order, payable to Treasurer, State of Ohio, by mailing the check/money order and the bottom portion of the invoice with the bar code to Ohio EPA, PO Box 77005, Cleveland, Ohio 44194-7005. Sending payments without a bar code on the invoice to the Cleveland location will result in a processing delay.

If your invoice does not have a bar code, please include a copy of the invoice with your check/money order and mail to Ohio EPA, PO Box 1049, Columbus Ohio 43215-1049. Please record the Revenue ID Number from the invoice on your check/money order.

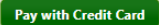
All checks/money orders should be made payable to "Treasurer, State of Ohio".

### Ohio EPA Fee Payment Options

**Pay Electronically**


Master Card, VISA or Discover Credit Card:  
A service fee of 1.9% is added to payments made by credit card. You will be charged for two payments, the invoice payment and a separate service fee. When you arrive at the payment screen please enter your billing name and address exactly as it appears on your credit card statement.

Amount Due:	\$200.00
Service Fee:	\$3.80
<b>Total Amount Due:</b>	<b>\$203.80</b>



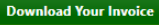
Automated Clearing House (ACH):  
There is no service fee for ACH payments. When you provide your bank account number and routing number, you authorize us to make a one-time electronic funds transfer from your bank account to pay the invoice. If there is a debit block on your bank account, ask your bank to allow transactions with Ohio EPA before paying with ACH. When you arrive at the payment screen verify the billing name and address match the information for your bank account and make corrections if necessary.

<b>Total Amount Due:</b>	<b>\$200.00</b>
--------------------------	-----------------



**Pay Later**

If you would like to use Electronic Payment, but are not ready at this time, you can return to the eBusiness Center at a later time and select "Pay Ohio EPA Fees Online". You will need the Revenue ID or Transaction ID from your invoice to make your payment.



**Check or Money Order via US Mail**

If your invoice has a bar code at the bottom you may pay by check/money order, payable to Treasurer, State of Ohio, by mailing the check/money order and the bottom portion of the invoice with the bar code to Ohio EPA, PO Box 77005, Cleveland, Ohio 44194-7005. Sending payments without a bar code on the invoice to the Cleveland location will result in a processing delay.

If your invoice does not have a bar code, please include a copy of the invoice with your check/money order and mail to Ohio EPA, PO Box 1049, Columbus Ohio 43215-1049. Please record the Revenue ID Number from the invoice on your check/money order.

All checks/money orders should be made payable to "Treasurer, State of Ohio".

The preferred method of fee payment is ePay. After submitting the application, the Fee Payment Options screen will appear (you will also get an email containing a PDF of both application and invoice). Payment can be made immediately or later by logging back into your account and clicking ***Pay EPA Fees Online*** in the available service list. To pay immediately, click the ***Download Invoice*** button to proceed with the online payment. The invoice information will appear on screen where the payer may select ***Pay with Credit Card***, ***Pay with ACH*** or ***Exit*** (to return to the eBusiness Center home page). If paying via credit card, a 1.9% fee is applied – no fee is applied if using electronic check (Note: If the payer does not have an eBusiness Center PIN their only payment option is to pay by credit card. If your preferred method of payment is by electronic check, return to the eBusiness Center and click ***Apply for PIN***. Once a PIN is assigned,

## **Technical Support**

For permit specific questions, contact the particular permit section at Ohio EPA or your Ohio EPA permit writer assigned to the particular permit.

For technical assistance with STREAMS or any of the Division of Surface Water's Electronic Business Services, don't hesitate to contact the system administrator. The administrator urges each account holder to develop a positive working relationship with DSW to remain current on relevant topics, obtain value-added tips, streamline efforts, and to always have a go-to contact when you need one.

The preferred method of communication is through email as the administrator can email you personalized click-by-click instructions. If you leave a voice mail or send an email, you will receive expert advice from the administrator -- nearly 95% of technical assistance requests are handled within minutes, but can take up to 24 hours if the administrator is out of the office or away from the desk.

**BUSINESS HOURS:** Mon- Fri: 8:00 a.m. – 5:00 p.m.

For further assistance, contact us at [dsw.eBIZhelp@epa.ohio.gov](mailto:dsw.eBIZhelp@epa.ohio.gov)

eBusiness Center Helpdesk (PINS & Passwords): (877) 372-2499

## **Appendix I**

### **Instructions for NPDES Form 1**

**Instructions for NPDES Forms 2A, 2B, 2C, 2D, 2E,  
2F, and 2S**

### **NPDES Modification Instructions**