


Please type. Do not complete by hand.

FORM 1 GENERAL	EPA U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting)</i>			I. EPA I.D. NUMBER <div style="background-color: black; color: black;">[REDACTED]</div>																																														
LABEL ITEMS II. EPA I.D. NUMBER III. FACILITY NAME VI. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.			If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.																																													
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. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. 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 .																																																		
SPECIFIC QUESTIONS			MARK 'X'			SPECIFIC QUESTIONS			MARK 'X'																																									
			YES	NO	FORM ATTACHED				YES	NO	FORM ATTACHED																																							
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
C. Is this a facility which currently results in to discharges waters of the U.S. other than those described in A or B above? (FORM 2C)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
E. Is this a facility which does not discharge process wastewater? (FORM 2E)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																							
G. Do you generate sewage sludge that is ultimately regulated by Part 503? Do you generate 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)			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																													
III. NAME OF FACILITY Village of Ashville, Ohio WRRF																																																		
IV. FACILITY CONTACT <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">A. NAME & TITLE (last, first, title)</td> <td style="width: 50%; text-align: center;">B. PHONE (area code & no.)</td> </tr> <tr> <td style="text-align: center;">Franklin Christman</td> <td style="text-align: center;">(740) 983 - 7132</td> </tr> </table>							A. NAME & TITLE (last, first, title)	B. PHONE (area code & no.)	Franklin Christman	(740) 983 - 7132																																								
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VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
4952	(specify) Sewerage Systems		(specify)
C. THIRD		D. FOURTH	
	(specify)		(specify)
VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
Tom Bouts			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	S	(specify) 614-429-7811
E. STREET OR P.O. BOX			
P.O. Box 195, 200 East Station Street			
F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Ashville	OH	43103	Is this facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to surface water)		D. PSD (Air emissions from proposed sources)	
4PC00005			
B. UIC (Underground injection of fluids)		E. OTHER (specify)	
		(specify)	
C. RCRA (Hazardous waste)		F. OTHER (specify)	
		(specify)	
XI. MAP			
Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.			
XII. NATURE OF BUSINESS (provide a brief description)			
The project consists of a new water resource recovery facility including all associated site civil, process, architectural, structural, electrical, instrumentation, HVAC, and plumbing work. The project also includes the demolition of the existing plant and replacement with a pump station/forcemain. A new gravity outfall sewer will be constructed from the site of the new WRRF to the existing wastewater treatment plant outfall.			
XIII. CERTIFICATION (see instructions)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
A. Name & Official Title		B. Signature	C. Date Signed
Franklin Christman, Village Administrator			3/3/2015
COMMENTS FOR OFFICIAL USE ONLY			