



ANTIDegradation REVIEW SUMMARY
PATH D: TIER 1 PRELIMINARY REVIEW REQUEST

1. FACILITY AND CONTACT INFORMATION

FACILITY NAME		COUNTY	
ADDRESS (PHYSICAL)	CITY	STATE	ZIP CODE
CONTACT NAME			
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER WITH AREA CODE	

2. EXISTING WATER QUALITY DATA OR MODEL SUMMARY

The proposed project will be reviewed by the Watershed Protection Section to determine whether or not the discharge will cause or contribute to the impairment. Once this determination has been completed, the applicant may proceed by paying the review fee and submitting the request forms for the entire project.

Provide all the relevant data and reports for approval by the Watershed Protection Section.

Name of Receiving Stream:

Does the receiving stream have a Total Maximum Daily Load (TMDL)? Yes No

If known, what is the source(s) of the impairment?

List the pollutants for which the stream is impaired:

What is the design flow of the proposed facility?

Comments/Discussion:

Tier Determination: Identify all Tier 1 pollutants below.

Tier 1 Pollutant of Concern	Concentration*		Water Quality Standard	Proposed Effluent Concentration
	mg/L	µg/L		

* Place an X in appropriate box for the concentration units for each Pollutant of Concern

3. PROPOSED PROJECT SUMMARY