

**SIGNIFICANT INDUSTRIAL WASTEWATER DISCHARGE PERMIT
APPLICATION FORM**

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
a. Operator Name: _____
b. Is the operator identified in 1.a. the owner of the facility? Yes [] No []
If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.
-
2. Facility Address:
Street: _____
City: _____ State: _____ Zip: _____
3. Business Mailing Address:
Street or P.O. Box: _____
City: _____ State: _____ Zip: _____
4. Designated signatory authority of the facility:
[Attach similar information for each authorized representative]
Name: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: () _____
5. Designated facility contact
Name: _____
Title: _____ Phone #: () _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

- | | | |
|---------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Industrial Categories* | <input type="checkbox"/> Foundries (Metal Molding and Casting) | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Plastics and Synthetic Materials Manufacturing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Nonferrous Metals Forming | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Organic Chemicals Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Paint and Ink Formulating | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Paving and Roof Manufacturing | <input type="checkbox"/> Timber Products |

* A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users."

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance:

- a. _____ b. _____ c. _____
 d. _____ e. _____ f. _____

4. PRODUCT VOLUME:

PRODUCT (Brand name)	PAST CALENDAR YEAR Amounts per day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts per day (Daily Units)	
	Average	Maximum	Average	Maximum
	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many/as are applicable.)
 Private Well
 Surface Water
 Municipal Water Utility (Specify City): _____
 Other (Specify): _____

2. Name on the water bill: _____
 Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water service usage on premises: [New facilities may estimate]

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment wash down	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Cow Water	_____	_____
k. Total of A-J	_____	_____

SECTION D - SEWER INFORMATION

1. a. For an existing business:
 Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number _____

No: Have you applied for a sanitary sewer hookup? Yes No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)?

Yes No

(ii). Have you applied for a building permit if a new facility will be constructed?

Yes No

(iii). Will you be connected to the public sanitary sewer system?

Yes No

2. List size, descriptive location, and flow of each facility sewer that connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

Yes If the answer to this question is "yes," complete the remainder of the application.

No If the answer to this question is "no," skip to Section I.

2. Provide the following information on wastewater flow rate: [New facilities may estimate]

a. Hours/Day Discharged (e.g., 8 hours/day):

M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. Number of batch discharges _____ per day.

b. Average discharge per batch _____ (GPD).

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate _____ Gallons/minute.

e. Percent of total discharge _____

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing the unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge.]

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. For Categorical Users: Provide the wastewater discharge flow for each for your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge.]

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Unregulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Dilutions</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA?

Yes No

b. Has a baseline monitoring report (BMR) that contains TTO information been submitted?

Yes No

c. Has a toxic organics management plan (TOMP) been developed?

Yes (Please attach a copy) No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

Planned: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes No (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

Yes No (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility? Yes No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

Yes, describe _____ No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

Air flotation

Ozonation

Centrifuge

Reverse osmosis

Chemical precipitation

Screen

Chlorination

Sedimentation

Cyclone

Septic tank

Filtration

Solvent separation

Flow equalization

Spill protection

Grease or oil separation, type: _____

Sump

Grease trap

Biological treatment, type: _____

Grinding filter

Rainwater diversion or storage

Grit removal

Other chemical treatment, type: _____

Ion exchange

Other physical treatment, type: _____

Neutralization, pH correction

Other, type: _____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.
6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No
 (If Yes,) Name: _____ Title: _____
 Phone: _____
 Full Time: _____ (specify hours) Part Time: _____ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment? Yes No
9. Do you have a written maintenance schedule for your treatment equipment? Yes No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
Shifts per work day:		_____	_____	_____	_____	_____	_____	_____
Empl's per shift:	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____
Shift start and end times	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:
 Continuous through the year, or
 Seasonal - circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

3. Indicate whether the facility discharge is:
 Continuous through the year, or
 Seasonal - circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

4. Does operation shut down for vacation, maintenance, or other reasons?
 Yes, indicate reasons and period when shutdown occurs: _____
 No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified.

Chemical

Quantity

7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? Yes No
If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.
2. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No If yes, where do they discharge to?
3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to discharge to: (check all that apply).
 an onsite disposal system to ground
 public sanitary sewer system (e.g., through a floor drain) other, specify:
 storm drain not applicable, no possible discharge to any of the above routes
4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?
 Yes – [Please enclose a copy with the application.]
 No
 N/A, Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.
5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
 Yes, please describe below
 No, skip the remainder of Section J

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.
3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and facility.
4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. _____	b. _____
_____	_____
_____	_____
Permit No. (if applicable): _____	Permit No. (if applicable): _____

5. Have you been issued any Federal, State, or local environmental permits?
 Yes No
 If yes, please list the permit(s): _____

SECTION K - AUTHORIZED SIGNATURES

Compliance Certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?
 Yes No Not yet discharging

2. **If No:**

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____	_____	_____
Name(s)	Title	
_____	_____	_____
Signature	Date	Phone