LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT
DEPARTMENT OF ENVIRONMENTAL QUALITY & PUBLIC WORKS
DIVISION OF WATER QUALITY

INSTRUCTIONS FOR COMPLETING WASTEWATER DISCHARGE PERMIT APPLICATION

All Questions must be answered. DO NOT LEAVE BLANKS. If you answer "no" to question E.1., you may skip to section I, otherwise, if a question is not applicable, indicate so on the form. Instructions to some questions on the permit application are given below.

SECTION A – INSTRUCTIONS (GENERAL INFORMATION)

1. Enter the facility's official or legal name. Do not use a colloquial name.

    a. Operator name: give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same as the facility.

    b. Indicate whether the entity which operates the facility also owns it by marking the appropriate box:

        (i) If the response is "no", clearly indicate the operator's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Provide the physical location of the facility that is applying for a discharge permit.

3. Provide the mailing address where correspondence from the Control Authority may be sent.

4. Provide the names of the authorized signatories for this facility for the purpose of signing all reports. The designated signatory is defined as:

    a. A responsible corporate officer, if the industrial user submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:

        (i) A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
        (ii) The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures

    b. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.

c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State or local government entity, or their agents.

d. A duly authorized representative of the individual designated in the paragraph (a), (b), or (c) of this section if:

(i) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company and

(ii) the written authorization is submitted to the City.

e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (d) of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

5. Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by the Control Authority (e. g., the plant manager).

SECTION B – INSTRUCTIONS (BUSINESS OPERATIONS)

1. Check off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.

3. For all processes found on premises, indicate the North American Industrial Classification System (NAICS) code number, as found in the most recent edition of NAICS Manual. This document is available by calling NTIS at (800) 553-6847 or online at http://www.census.gov/epcd/www/naics.html. Copies of the manual are also available at most public libraries.

4. List the type of products, giving the common or brand name and the proper or scientific name. Enter from your records the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated total daily production for this calendar year. Be sure to specify the daily units of production. Attach additional pages as necessary.

SECTION C – INSTRUCTIONS (WATER SUPPLY)

5. Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.

SECTION E – INSTRUCTIONS (WASTEWATER DISCHARGE INFORMATION)

1. If you answer "no" to this question, skip to section I, otherwise complete the remainder of the application.

4. A schematic flow diagram is required to be completed and certified for accuracy by a State Registered professional engineer. Assign a sequential reference number to each process starting with No. 1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

5. Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility. Categorical users should skip to question 6.

6. Categorical users should report average daily and maximum daily wastewater flows from each regulated, unregulated, and dilution process. A regulated wastestream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated wastestreams are wastestreams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution wastestream. Dilution wastestreams include sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams, demineralizer backwash streams and process wastestreams from certain industrial subcategories exempt by EPA from categorical pretreatment standards. [For further details see 40 CFR 403.6 (e).]

7. Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific toxic organic compound found in the industrial user's process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category [see applicable categorical pretreatment standards, 40 CFR part 405-471].

SECTION H – INSTRUCTIONS (FACILITY OPERATIONAL CHARACTERISTICS)

2. Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which the

discharge occurs. Make comments you feel are required to describe the variation in operation of your business activity.

4. Indicate any shut downs in operation which may occur during the year and indicate the reasons for shutdowns.

5. Provide a listing of all primary raw materials used (or planned) in the facility's operations. Indicate amount of raw materials used in daily units.

6. Provide a listing of all chemicals used (or planned) in the facility's operations. Indicate the amount used or planned in daily units. Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. Provide copies of all available manufacturer's safety data sheets (MSDS) for all chemicals identified.

7. A building layout or plant site plan of the premises is required to be completed and certified for accuracy by a State registered professional engineer. Approved building plans may be substituted. An arrow showing the North as well as the map scale must be shown. The location of each existing and proposed sampling location and facility sewer line must be clearly identified as well as all sanitary and wastewater drainage plumbing. Number each process discharging wastewater to the public sewer. Use the same numbering system used in the schematic flow diagram.

SECTION I – INSTRUCTIONS (SPILL PREVENTION)

6. Describe how the spill occurred, what was spilled, when the spill occurred, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a reoccurrence or what measures have been taken to limit damage if another spill occurs.

SECTION J – INSTRUCTIONS (NON-DISCHARGED WASTES)

1. For wastes not discharged to the Control authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e. g. incinerated, hauled, etc,), and the location of disposal.

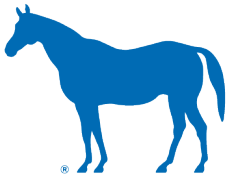
2. Onsite disposal system could be a septic system, lagoon, holding pond (evaporative type), etc.

5. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc. Include permit numbers

SECTION K – INSTRUCTIONS (AUTHORIZED SIGNATURES)

See Question 4 in section A for a definition of an authorized representative.

LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT
DEPARTMENT OF ENVIRONMENTAL QUALITY AND PUBLIC WORKS
DIVISION OF WATER QUALITY
WASTEWATER PERMIT APPLICATION FORM



LEXINGTON

Facility Name: _____

Date: _____

Return To: Lexington-Fayette Urban County Government
Division of Water Quality
125 Lisle Industrial Ave. Ste 180
Lexington, KY 40511
Attn: Pretreatment

LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT
DEPARTMENT OF ENVIRONMENTAL QUALITY & PUBLIC WORKS
DIVISION OF WATER QUALITY

WASTEWATER PERMIT APPLICATION FORM

NOTE: Please read all attached instructions prior to completing this application.

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 #: _____

   E-Mail Address: _____

5. Designated facility contact:

   Name: _____

   Title: _____

   Phone #: _____

   E-Mail Address: _____

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)

Industrial Categories

- □ Aluminum Forming
- □ Asbestos Manufacturing
- □ Battery Manufacturing
- □ Can Making
- □ Carbon Black
- □ Coal Mining
- □ Coil Coating
- □ Copper Forming
- □ Electric and Electronic Components Manufacturing
- □ Electroplating
- □ Feedlots
- □ Fertilizer Manufacturing
- □ Foundries (Metal Molding and Casting)
- □ Glass Manufacturing
- □ Grain Mills
- □ Inorganic Chemicals
- □ Iron and Steel
- □ Leather Tanning and Finishing
- □ Metal Finishing
- □ Metal Products and Machinery
- □ Nonferrous Metal Forming
- □ Nonferrous Metal Manufacturing
- □ Organic Chemicals Manufacturing
- □ Paint and Ink Formulating
- □ Paving and Roofing Manufacturing
- □ Pesticides Manufacturing
- □ Petroleum Refining
- □ Pharmaceutical
- □ Plastic and Synthetic Materials Manufacturing
- □ Plastics Processing Manufacturing
- □ Porcelain Enamel
- □ Pulp, Paper, and Fiberboard Manufacturing
- □ Rubber
- □ Soap and Detergent Manufacturing
- □ Steam Electric
- □ Sugar Processing
- □ Textile Mills
- □ 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 North American Industrial Classification System (NAICS) Code for all processes (if more than one applies, list in descending order of importance.): NAICS Codes can be found at http://www.census.gov/epcd/www/naics.html

a. _____

b. _____

c. _____

d. _____

4. Product Volume:

PRODUCTS (Brandname)	PAST CALENDER YEAR Amounts per day		ESTIMATE THIS CALENDER YEAR Amounts per day	
	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. What is the average daily consumption? _____

5. List average water usage on premises for each discharge point:
   (New facilities may estimate, Attach additional sheets if needed for additional discharge points.)

Type	Discharge Point 1		Discharge Point 2	
	Average water Usage (GPD)	Indicate Estimate (E) or Measured (M)	Average water Usage (GPD)	Indicate Estimate (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 washdown	_____	_____	_____	_____
i. Irrigation and lawn watering	_____	_____	_____	_____
j. Evaporation	_____	_____	_____	_____
k. Other (explain) _____	_____	_____	_____	_____
l. TOTAL OF a-k	_____		_____	

SECTION D – SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

□ Yes: Sanitary Sewer (LexServ) Account Number _____
Name on Account _____

□ 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 □ 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(s), descriptive location(s), and flow(s) of each facility sewer, which connects to the LFUCG's sewer system. (If more than three, attach additional information on another sheet.)

	Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
1	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
2	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
3	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

SECTION E – WASTEWATER DISCHARGE INFORMATION

1 Does (or will) this facility discharge any wastewater other than from restrooms to 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 for each discharge point. (new facilities may estimate.)

Discharge point____

a. Hours/day discharged (e. g., 8hours/day

M _______ T _______ W _______ TH _______ F _______ SAT ______ SUN ______

b. Hours of Discharge (e. g., 8AM to 5PM)

M _______ T _______ W _______ TH _______ F _______ SAT ______ SUN ______

c. Peak hourly flow rate (GPD) _____________

d. Maximum daily flow rate (GPD) _____________

e. Annual daily average (GPD) _____________

Discharge point____

a. Hours/day discharged (e. g., 8hours/day

M _______ T _______ W _______ TH _______ F _______ SAT ______ SUN ______

b. Hours of Discharge (e. g., 8AM to 5PM)

M _______ T _______ W _______ TH _______ F _______ SAT ______ SUN ______

c. Peak hourly flow rate (GPD) _____________

d. Maximum daily flow rate (GPD) _____________

e. Annual daily average (GPD) _____________

Discharge point____

a. Hours/day discharged (e. g., 8hours/day

M _______ T _______ W _______ TH _______ F _______ SAT ______ SUN ______

b. Hours of Discharge (e. g., 8AM to 5PM)

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 □ week □ month

   b. Batch discharges to which discharge point? _____

   c. What is batch discharged? _____

   d. Is the batch discharge treated □ Yes □ No

   e. Average discharge per batch _____ (Gallons)

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

   g. Flow rate _____ gallons/minute.

   h. 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 wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the public sewer. Use these numbers when showing this unit process in the building layout in section H. Indicate to which discharge point each flow is discharged. 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 by discharge point, 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).

Discharge Point ______________________

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch, continuous, none)
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________

Discharge Point ______________________

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch, continuous, none)
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________

Discharge Point ______________________

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch, continuous, none)
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________
___	________________	__________	__________	___________________

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

6. For Categorical users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities estimate)

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Discharge Point
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Discharge Point
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)	Discharge Point
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____
___	_____	_____	_____	_____	_____

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 standards published by EPA?

□ Yes If yes, please list _____ _____
□ No _____ _____
_____ _____
_____ _____
_____ _____

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

□ Yes □ No
If yes, Date of monitoring _____
(Please attach a copy)

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

□ Yes (Please attach a copy)
□ No If no, please develop and submit.

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

Current: Flow Metering □ Yes □ No
If yes, Type: _____

Is the metering devise Certified? □ Yes □ No
Certified by: _____

Sampling Equipment □ Yes □ No

Planned: Flow Metering □ Yes □ No
Sampling Equipment □ Yes □ No

If so, please indicate the present 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 Describe _____

□ 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 Describe _____
□ No (skip question 12)

12 Briefly describe recovery process, substance recovery, 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 nonregulated 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.

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

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis (2-chloroethyl) ether								
17 Bis (chloro methyl) ether								
2-chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6 Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichloropheno								
1,2-Dichloropropane								
1,2-Dichloropropylene								
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benze (a) anthracene								
Benzo (a) pyrene								
3,4-benzofluoranthene								
Benzo (k) fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo (ghi) perylene								
Fluorene								
Phenantthrene								
Dibenzo (a,h) anthracene								
Indeno (1,2,3-cd) pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride								
Aldrin								
Dieldrin								
Chlordane								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil & Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorus								
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury (Method 1631)								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

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
   □ Centrifuge
   □ Chemical precipitation
   □ Chlorination
   □ Cyclone
   □ Filtration
   □ Flow equalization
   □ Grease or oil separation, Type: _____
   □ Grease trap
   □ Grinding Filter
   □ Grit removal
   □ Ion exchange
   □ Neutralization, pH correction
   □ Ozonation
   □ Reverse osmosis
   □ Screen
   □ Sedimentation
   □ Septic tank
   □ Solvent separation
   □ Spill protection
   □ Sump
   □ Biological treatment, type: _____
   □ Rainwater diversion or storage
   □ Other chemical treatment, type: _____
   □ Other physical treatment, type: _____
   □ Other, type: _____

   _____

   _____

4. Description

For each discharge point, 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 for each discharge point. Include process equipment, 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 estimate 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, Attach a copy
□ No

9. Do you have a written maintenance schedule for your treatment equipment?

□ Yes, Attach a copy
□ No

SECTION H – FACILITY OPERATION CHARACTERISTICS

1. Shift Information

		☐ Mon	☐ Tue	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Work days								
Shifts per Work day:		_____	_____	_____	_____	_____	_____	_____
Employees 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 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 facility discharge occurs:

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

Comments: _____

_____

4. Does the operation shut down for vacation, maintenance, or other reasons? ☐ Yes ☐ No

If yes indicate reasons and periods when shut down occurs: _____

_____

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/Safety Data Sheets 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 areas?

   □ Yes □ No

   If yes, where do they discharge? _____
   _____

3. Describe spill prevention controls for the above chemical storage units. _____
   _____
   _____
   _____
   _____

4. If you have chemical storage containers, bins or ponds in manufacturing area, could an accidental spill lead to a discharge to: (Check all that apply)

   □ An onsite disposal system
   □ Public Sanitary sewer system (e.g. through a floor drain)
   □ Storm drain
   □ To ground
   □ Other, specify: _____
   □ Not applicable, no possible discharge to any of the above routes

5. Do you have an Spill Prevention, Control and Countermeasure plan (SPCC) or Slug Control Plan to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

   □ Spill Plan – (Please enclose a copy with the application)
   □ Slug Control Plan – (Please enclose a copy with the application)
   □ N/A, Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

6. 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 sludge generated and not disposed of in the sanitary sewer system?

   □ Yes, please describe below. *Please submit hazardous waste reports for each*
   □ No, skip the remainder of Section J

Waste Generated	Quantity (per year)	Disposal Method

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 the facility.

Waste	Facility

4. If an outside firm removes any of the above checked wastes, state the name and address of all haulers:

   a. _____
   _____
   _____
   Permit number (if applicable): _____

   b. _____
   _____
   _____
   Permit number (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. Do you have a copy of Chapter 16 of the local ordinance? □ Yes □ No

2. Are all applicable Federal, State or Local pretreatment standards and requirements being met on a consistent basis?

   □ Yes □ No □ Not yet discharging

3. 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