

**INDUSTRIAL PRETREATMENT**  
**Wastewater Discharge Permit Application**

***PART 1: INSTRUCTIONS TO FILL OUT WASTEWATER DISCHARGE PERMIT APPLICATION***

***PART 2: WASTEWATER DISCHARGE PERMIT APPLICATION***

**PART 1: INSTRUCTIONS TO FILL OUT 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 H. 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 name 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 all the names of the authorized signatories for this facility for the purposes of signing all reports. The designated signatory is defined as:
  - a.
    - (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 governmental entity, or their agents.
  - d. A duly authorized representative of the individual designated in paragraph (a), (b), or (c) of this section if:
    - (i) The authorization is made in writing by the individual described in paragraph (a), (b), or (c);
    - (ii) 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
    - (iii) 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 operation of the facility, or 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 for the facts reported on this form and who can be contacted by the Control Authority (e.g., the plant manager).

## **SECTION B - INSTRUCTIONS (BUSINESS ACTIVITY)**

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 the premises, indicate the Standard Industrial Classification (SIC) Code Number, as found in the most recent Edition of Standard Industrial Classification Manual prepared by the Executive Office of the President, Office of Management and Budget. This document is available from the Government Printing Office in Washington D.C., or in San Francisco, California. **DO NOT USE PREVIOUS EDITIONS OF THE MANUAL.** Copies of the manual are also available at most public libraries.

## **SECTION C - INSTRUCTIONS (WATER SUPPLY)**

4. 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 wash down includes floor wash down. 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 H, otherwise complete the remainder of the application.
4. 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 5.
5. Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated waste stream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste streams are waste streams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution waste stream. Dilution waste streams include sanitary wastewater, boiler blow down, non-contact cooling water or blow down, storm water streams, demineralize backwash streams and process waste streams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. (For further details see 40 CFR 403.6 (e).)
6. Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific toxic organic compounds 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 Parts 405-471).

## **SECTION G - 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 any 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 shutdown.

## **SECTION I - 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. On-site disposal system could be a septic system, lagoon, holding ponds (evaporative-type), etc.
6. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES

(for discharges to surface water), etc.

**PART 2: WASTEWATER DISCHARGE PERMIT APPLICATION**

Note: *Please read Appendix A, beginning on page 15, 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 #: \_\_\_\_\_

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**).

Industrial Categories\*

- |   |  |
|---|--|
| <input type="checkbox"/> Aluminum Forming                       | <input type="checkbox"/> Concentrated Aquatic Animal Production  |
| <input type="checkbox"/> Asbestos Manufacturing                 | <input type="checkbox"/> Construction and Development            |
| <input type="checkbox"/> Battery Manufacturing                  | <input type="checkbox"/> Dairy Processing                        |
| <input type="checkbox"/> Canned Preserved Fruits and Vegetables | <input type="checkbox"/> Electrical and Electric Components Man. |
| <input type="checkbox"/> Canned Preserved Seafood Processing    | <input type="checkbox"/> Electroplating                          |
| <input type="checkbox"/> Carbon Black                           | <input type="checkbox"/> Explosives Manufacturing                |
| <input type="checkbox"/> Coal Mining                            | <input type="checkbox"/> Feedlots                                |
| <input type="checkbox"/> Coil Coating                           | <input type="checkbox"/> Fertilizer Manufacturing                |
| <input type="checkbox"/> Copper Forming                         | <input type="checkbox"/> Ferroalloy Manufacturing                |
| <input type="checkbox"/> Cement Manufacturing                   | <input type="checkbox"/> Glass Manufacturing                     |
| <input type="checkbox"/> Centralized Waste Treatment            | <input type="checkbox"/> Grain Mills                             |

- |  |   |
|--|---|
| <input type="checkbox"/> Gum and Wood Chemicals                                      | <input type="checkbox"/> Paint Formulating                    |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> Paving and Roofing Manufacturing     |
| <input type="checkbox"/> Ink Formulating   | <input type="checkbox"/> Pesticides Manufacturing             |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing                           | <input type="checkbox"/> Petroleum Refining                   |
| <input type="checkbox"/> Iron and Steel Manufacturing                                | <input type="checkbox"/> Pharmaceutical                       |
| <input type="checkbox"/> Landfills   | <input type="checkbox"/> Phosphate Manufacturing              |
| <input type="checkbox"/> Leather Tanning and Finishing                               | <input type="checkbox"/> Photographic Point Source            |
| <input type="checkbox"/> Meat and Poultry Products                                   | <input type="checkbox"/> Plastic and Synthetic Materials Man. |
|  | <input type="checkbox"/> Porcelain Enamel                     |
| <input type="checkbox"/> Metal Finishing   | <input type="checkbox"/> Pulp, Paper, and Fiberboard Man.     |
| <input type="checkbox"/> Metal Molding and Casting                                   | <input type="checkbox"/> Rubber Manufacturing                 |
| <input type="checkbox"/> Metal Products and Machinery                                | <input type="checkbox"/> Soap and Detergent Manufacturing     |
| <input type="checkbox"/> Mineral Mining and Processing                               | <input type="checkbox"/> Steam Electric Power Generating      |
| <input type="checkbox"/> Nonferrous Metals Forming and Metal Powders                 | <input type="checkbox"/> Sugar Processing                     |
|  | <input type="checkbox"/> Textile Mills                        |
| <input type="checkbox"/> Nonferrous Metals Manufacturing                             | <input type="checkbox"/> Timber Products Processing           |
| <input type="checkbox"/> Oil and Gas Extraction                                      | <input type="checkbox"/> Transportation Equipment Cleaning    |
| <input type="checkbox"/> Ore Mining and Dressing                                     | <input type="checkbox"/> Waste Combustors                     |
| <input type="checkbox"/> Organic Chemicals, Plastics, Synthetic Fibers Manufacturing |   |

*\*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. \_\_\_\_\_

**SECTION C - WATER SUPPLY**

1. Water Sources: **(Check as many as are applicable)**

- Private Well
- Municipal Surface Water
- Municipal Ground Water **(Specify City):** \_\_\_\_\_
- Other **(Specify):** \_\_\_\_\_

2. Provide Information as shown on the facility water billing records:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. List all water service account number(s): \_\_\_\_\_
4. List average water usage on premises  
(New facilities may estimate)

<u>Type</u>	<u>Average Water Usage (GPD)</u>	<u>Indicate Estimated (E) or Measured (M)</u>
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 & equip. wash down	_____	_____
i. Irrigation & lawn watering	_____	_____
j. Evaporation	_____	_____
k. Other: _____	_____	_____
l. Other: _____	_____	_____
m. Other: _____	_____	_____
k. = TOTAL OF a – m	_____	_____

**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(s): \_\_\_\_\_

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

- b. For a new business:

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

Yes  No

Have you applied for a building permit if a new facility will be constructed?

Yes  No  NA

Will you be connected to the public sanitary sewer system?

Yes  No

2. List size, descriptive location, and flow of each facility sewer which connects to the City'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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 H.**

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 a 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\_\_\_\_\_

**Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 5.**

4. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process.

<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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 5.**

5. **For Categorical Users:** Provide the wastewater discharge flows for each of your processes or proposed processes.

<u>No.</u>	<u>Activity Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge</u>	<u>Identify (R,U, or D)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No.	Activity Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge	Identify (R,U, or D)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No.	Activity Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge	Identify (R,U, or D)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**6. For Categorical Users:** Provide all applicable categorical standards (e.g., 40 CFR 420 Iron and Steel Manufacturing, Subpart I-Acid Pickling Subcategory (PSNS)).

Process No. \_\_\_\_\_ CFR \_\_\_\_\_ ( )

- a. Provide the date the process commenced discharge: \_\_\_\_\_
- b. Provide the date of when the Baseline Monitoring Report (BMR) was submitted: \_\_\_\_\_
- c. Provide the date of when the 90 day report was submitted: \_\_\_\_\_

Process No. \_\_\_\_\_ CFR \_\_\_\_\_ ( )

- a. Provide the date the process commenced discharge: \_\_\_\_\_
- b. Provide the date of when the Baseline Monitoring Report (BMR) was submitted: \_\_\_\_\_
- c. Provide the date of when the 90 day report was submitted: \_\_\_\_\_

Process No. \_\_\_\_\_ CFR \_\_\_\_\_ ( )

- a. Provide the date the process commenced discharge: \_\_\_\_\_
- b. Provide the date of when the Baseline Monitoring Report (BMR) was submitted: \_\_\_\_\_
- c. Provide the date of when the 90 day report was submitted: \_\_\_\_\_

**7. For Categorical Users:** Provide applicability of the combined wastestream formula (CWF) (ref. 40 CFR 403.6(e))

- a. Is the CWF applicable for your facility?  
 Yes     No
- b. If yes, attach at least two years of regulated, unregulated and dilution flow information.

**8. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:** (as outlined in 40 CFR 400 - 471, Effluent Guidelines)

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 EPA?  
 Yes    No    NA
  
- b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?  
 Yes    No
  
- c. Do you wish to submit a Toxic Organic Management Plan (TOMP) or other Management Plans?  
 Yes    No    Other: (Specify) \_\_\_\_\_

9. **For Categorical Users:** If applicable, provide average long term production rates: (**e.g., 1,000,000 off pounds**) \_\_\_\_\_ (Attach at least two years of production data)    NA

Briefly describe any planned changes in production rates: (**Attach additional sheets if needed**).

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

- |                 |                    |                              |                             |                              |
|-----------------|--------------------|------------------------------|-----------------------------|------------------------------|
| <b>Current:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Continuous pH Mon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>Planned:</b> | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|                 | Continuous pH Mon. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

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11. 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 12**)

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

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

Yes No, **(skip question 14)**

14. 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.)**

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**SECTION F - 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**).

- |   |   |
|---|---|
| <input type="checkbox"/> Air flotation                            | <input type="checkbox"/> Screen                                   |
| <input type="checkbox"/> Centrifuge                               | <input type="checkbox"/> Sedimentation                            |
| <input type="checkbox"/> Chemical precipitation                   | <input type="checkbox"/> Septic tank                              |
| <input type="checkbox"/> Chlorination                             | <input type="checkbox"/> Solvent separation                       |
| <input type="checkbox"/> Cyclone                                  | <input type="checkbox"/> Spill protection                         |
| <input type="checkbox"/> Filtration                               | <input type="checkbox"/> Sump                                     |
| <input type="checkbox"/> Flow equalization                        | <input type="checkbox"/> Biological treatment,<br>type: _____     |
| <input type="checkbox"/> Grease or oil separation,<br>type: _____ | <input type="checkbox"/> Rainwater diversion or storage           |
| <input type="checkbox"/> Grease trap                              | <input type="checkbox"/> Other chemical treatment,<br>type: _____ |
| <input type="checkbox"/> Grinding filter                          | <input type="checkbox"/> Other physical treatment,<br>type: _____ |
| <input type="checkbox"/> Grit removal                             | <input type="checkbox"/> Other,<br>type: _____                    |
| <input type="checkbox"/> Ion exchange                             |   |
| <input type="checkbox"/> Neutralization, pH correction            |   |
| <input type="checkbox"/> Ozonation                                |   |
| <input type="checkbox"/> Reverse osmosis                          |   |

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

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5. 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.

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6. Do you have a treatment operator?  Yes  No  
**If the answer is "no", skip to question 8.**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Full time: \_\_\_\_\_ (specify hours)  
 Part time: \_\_\_\_\_ (specify hours)

7. Does your treatment operator have a wastewater license issued by the State of Texas?

Yes  No  
 Class or Type: \_\_\_\_\_

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 G - FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information

	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thur.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Work Days (Check applicable):	_____	_____	_____	_____	_____	_____	_____
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____

Employee(s) Per shift:

1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____
4 <sup>th</sup>	_____	_____	_____	_____	_____	_____	_____

Shift start And end Times:

1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____
4 <sup>th</sup>	_____	_____	_____	_____	_____	_____	_____

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

**SECTION H - 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 **If yes; where do they discharge to?** \_\_\_\_\_
- No
3. 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 on-site 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
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 system?
- Yes - (**Please enclose a copy with the application**)
- No
- N/A, Not applicable since there is no floor drains and/or the facility discharge(s) only domestic wastes.
5. Do you have a Slug Control Plan to prevent any discharge of a non-routine, episodic nature from entering the Control Authority's collection system?
- Yes - (**Please enclose a copy with the application**)
- No
- N/A, Not applicable
- If Slug Control Plan was previously submitted, provide Date: \_\_\_\_\_

## **SECTION I - 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.**

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.
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. Is hazardous waste generated or stored at your facility?

Yes     No

<u>Waste Generated</u>	<u>Description of Storage Area</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Have you been issued any Federal, State, or local environmental permits?

Yes     No

**If yes, please list the permit(s):** \_\_\_\_\_

\_\_\_\_\_

**SECTION J –ENVIRONMENTAL MANAGEMENT**

1. Does your facility practice Pollution Prevention?

Yes     No

**If yes, explain:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



2. Does your facility use recycled materials in its processes?

Yes  No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has less toxic, more environmentally-friendly materials been substituted for toxic materials?

Yes  No

**If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe your facilities Environmental Management Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION K-AUTHORIZED SIGNATURES**

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

Yes  No  Not yet discharging

**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 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