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**Industrial Pretreatment Program**

Industrial Discharge Permit Application

In accordance with Federal Pretreatment Standards (40 CFR Part 403.8(f)), and Caldwell City Code (04-07-15: Wastewater Discharge Permit Requirements), It shall be unlawful for significant industrial users (SIU), or categorical industrial users (CIU), to discharge wastewater, either directly or indirectly, into the POTW without first obtaining a wastewater discharge permit from the public works director. Permits: The user shall submit a list of any environmental control permits held by or for the facility (City of Caldwell 04-07-15(4)B). Any violation of the terms and conditions of a wastewater discharge permit shall be deemed a violation of this article and subjects the wastewater discharge permittee to the sanctions set out in this article. Obtaining a wastewater discharge permit does not relieve a permittee of its obligation to comply with all federal and state pretreatment standards or requirements or with any other requirements of federal, state, and local law.

New Source And New User: At least ninety (90) days prior to the anticipated startup, new sources, sources that become a user subsequent to the promulgation of an applicable categorical pretreatment standard, and a "new user" considered by the public works director to fit the definition of SIU, shall apply for a wastewater discharge permit and will be required to submit to the public works director the information listed in subsection (4) of this section. A new source or "new user" cannot discharge without first receiving a wastewater discharge permit from the public works director. A new source and "new user" shall also be required to include in its application information on the method of pretreatment the user intends to use to meet applicable pretreatment standards. A new source and "new user" shall give estimates of the information requested in subsections (4)D and (4)E of this section.

Once completed, please mail the Permit Application to:

City of Caldwell

Wastewater Treatment Plant

Attn: Pretreatment Staff

P.O. Box 1179

Caldwell, ID 83606

For more information or for questions, please contact the Pretreatment Technicians, Daniela Garcia (208)477-7953 or Eric Bair (208)477-4694.

**Instructions:**

Please fill out this form in its entirety and to the best of your knowledge. This permit application must be completed to section E.1. 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.
   1. 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 facilty.
   2. Indicate whether the entity which operates the facility also owns it by marking the appropriate box:
      1. 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:
   1. 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:
      1. 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
      2. the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate policies.
   2. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.
   3. 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.
   4. A duly authorized representative of the individual designated in paragraph (a), (b), or (c) of this section if:
      1. the authorization is made in writing by the individual described in paragraph (a), (b), or (c);
      2. the authorization specifies either an individual or 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
      3. The written authorization is submitted to the City.
   5. 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 with the facts reported on this form and who can be contacted by the Control Authority (e.g., the plant manager).

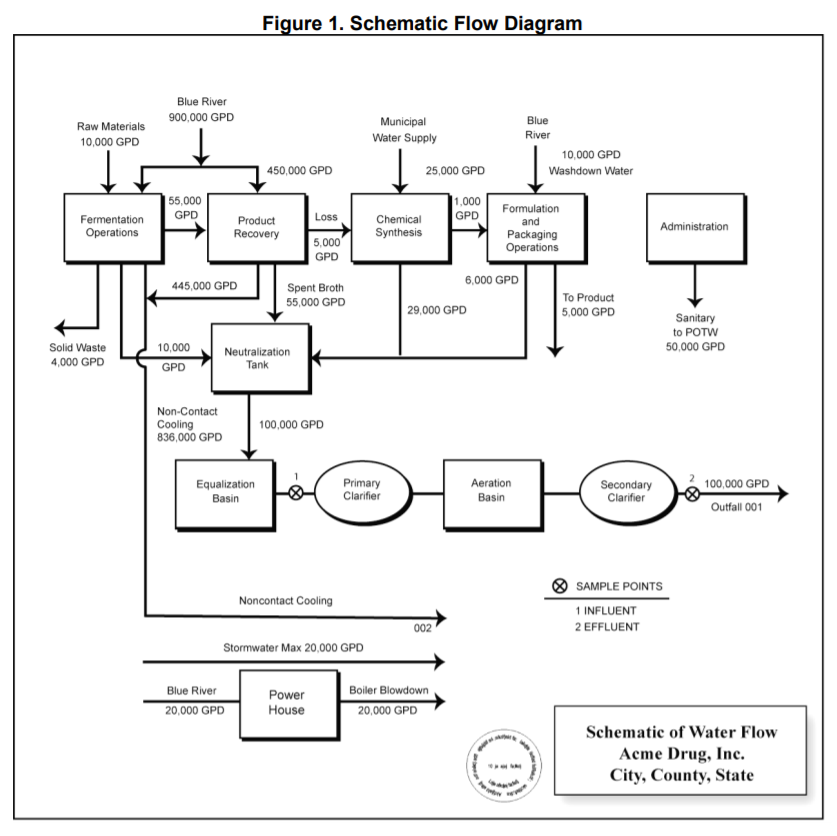
**Section B – Instructions (Business Operations)**

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.
2. Provide a brief narrative description of all operations at this facility.
3. For all processes found on the premises, indicate the NAICS (North America Industry Classification System) code which replaces the SIC (Standard Industrial Classification) system.
4. List the types 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.
5. Provide the facility’s long-term average production value for the past 5 years.

**Section C – Instructions (Water Supply)**

1. 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 D – Instruction (Wastewater Discharge Information)**

1. If you answer “no” to this question, skip to Section I, otherwise complete the remainder of the application.
2. A schematic flow diagram is required to be completed and certified for accuracy by a qualified professional. Assign a sequential reference number to each process starting with No. 1. An example of a drawing is shown below in Figure 1. To determine tour 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.
3. Users should report average daily and daily maximum flows from each process, operation, or activity present at the facility. Categorical users should report average daily and maximum daily wastewater flows from every 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, demineralized backwash streams and process wastestreams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. [For further details see 40 CFR 403.6 (e).]
4. Users should report the average daily and daily maximum wastewater flows for each nonprocess wastewater flows. Nonprocess wastewater flows include, but are not limited to, cooling tower blowdown and boiler blowdown.

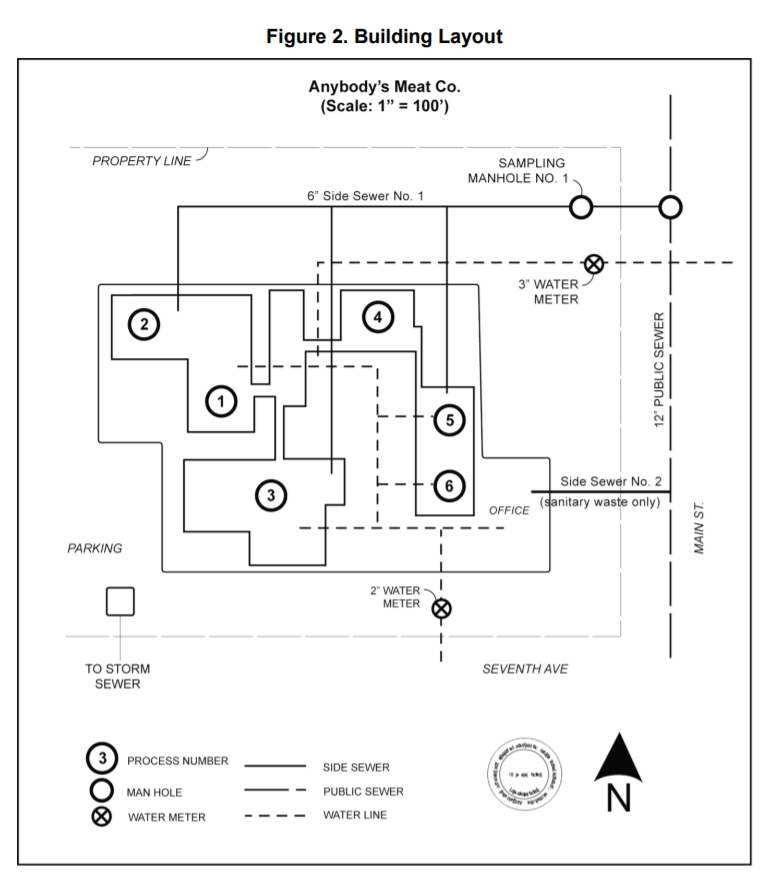
**Section F – Instruction (Characteristics of Discharge)**

Provide the results of sampling and analysis identifying the nature and concentration (or mass, if required) or regulated pollutants in the discharge from each regulated process. Both daily maximum and average concentration values (and mass, if required) must be reported. The sample must be representative of daily operations.

If the User is subject to categorical effluent limits, the user must take a minimum of one representative sample to compile the necessary data. Samples should be taken immediately downstream from pretreatment facilities if such exists or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with the regulated wastewater prior to pretreatment, the user should measure the flows and concentrations. Sampling and analysis must be performed in accordance with the techniques prescribed in 40 CFR Part 136 and amendments thereto. Furthermore, the date and place, and the methods of analysis must be submitted with the application.

Historical data may be used if the data provides sufficient information to determine the need for industrial pretreatment measures.

**Section H – Instruction (Facility Operational Characteristics)**

1. 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.
2. Indicate any shutdowns in operation which may occur during the year and indicate the reasons for shutdown.
3. Provide a listing of all primary raw materials used (or planned) in the facility’s operations. Indicate amount of raw material used in daily units.
4. Provide a listing of all chemicals used (or planned) in the facility’s operations. Indicate the amount used 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 safety data sheets (SDS) for all chemicals identified.
5. 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 submitted. And arrow showing 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 unit process discharging wastewater to the public sewer. Use the same number system shown in Figure 2 and the schematic flow diagram. An example of the drawing required is shown below.

**Section I – Instruction (Spill Prevention)**

1. Describe how the spill occurred, what was spilled, when the spill happened, 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. An onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.
3. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.

**Section K – Instructions (Authorized Signatures)**

See instructions for question 4 in Section A, for a definition of an authorized representative.

**Definitions**

**Approval Authority** – Idaho Department of Environmental Quality

**Authorized Representative of the User** –

A. If the user is a corporation:

1. The president, secretary, treasurer, or a 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

2. The manager of one or more manufacturing, production, or operation facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long term environmental compliance with environmental laws and regulations, can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

B. If the user is a partnership or sole proprietorship: A general partner or proprietor, respectively.

C. If the user is a federal, state, or local governmental facility: A director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility or his/her designee.

D. The individuals described in subsections A through C of this definition may designate another authorized **representative if the authorization** is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the city of Caldwell.

**Categorical Pretreatment Standard or Categorical Standard** – Any regulation containing pollutant discharge limits promulgated by the U.S. EPA in accordance with sections 307(b) and (c) of the act (33 USC 1317) which apply to a specific category of users and which appears in 40 CFR chapter I, subchapter N, parts 405-471.

**Categorical User –** An industrial user that uses a production process that generates a liquid waste stream regulated under the national categorical pretreatment standards.

**Commercial User –** Any industry or business that discharges less than twenty-five thousand (25,000) gallons per day of process wastewater and in the opinion of the city does not have the potential to impact the POTW. Commercial users are typically restaurants, car washes, automotive repair shops, apartments, retail businesses, etc.

**Control Authority –** The City of Caldwell, Idaho, through the Caldwell City Council.

**Pretreatment –** The reduction of the amount of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater to a less harmful state prior to or in lieu of discharging or otherwise introducing such pollutants into the POTW. This reduction or alteration can be obtained by physical, chemical, or biological processes; by process changes; or by other means (except by diluting the concentration of the pollutants unless allowed by an applicable pretreatment standard).

**Significant Industrial User –**

A. A user subject to categorical pretreatment standards; or

B. A user that:

1. Discharges an average of twenty-five thousand (25,000) gpd or more of process wastewater to the POTW (excluding sanitary, noncontact cooling, and boiler blowdown wastewater); or

2. Contributes a process waste stream which makes up five percent (5%) or more of the average dry weather hydraulic or organic, or solids capacity of the POTW treatment plant; or

3. Is designated as such by the city on the basis that it has a reasonable potential for adversely affecting the POTW's operation or for violating any pretreatment standard or requirement.

C. Upon a finding that a user meeting the criteria in subsection B2 of this definition has no reasonable potential for adversely affecting the POTW's operation or for violating any applicable pretreatment standard or requirement, the city may at any time, on its own initiative or in response to a petition received from a user (and in accordance with procedures in 40 CFR 403.8(f)(6)) determine that such user should not be considered a significant industrial user.

**Section A - General Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Facility Name: | | | | | | | |
| 1. Operator Name: | | | | | | | |
| 1. Is the operator identified above 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: | | | | | | | |
| Name: | | Title: | | | | | |
| Address: | | | | | | | |
| City: | | | State: | Zip: | | | |
| Phone Number: | | Email: | | | | | |
| 5. | Designated facility contact: | | | | | | | |
|  | Name: | | Title: | | | | | |
|  | Phone Number: | | Email: | | | | | |

**Section B - Business Activity**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | |
|  | Canned and Preserved Fruit and Vegetable Processing | | | | | | |
|  | Canned and Preserved Seafood | | | | | | |
|  | Carbon Black Manufacturing | | | | | | |
|  | Cement Manufacturing | | | | | | |
|  | Centralized Waste Treatment | | | | | | |
|  | Coal Mining | | | | | | |
|  | Coil Coating | | | | | | |  |
|  | Concentrated Animal Feeding Operation and Feedlots | | | | | | |  |
|  | Concentration Aquatic Animal Production | | | | | | |  |
|  | Copper Forming | | | | | | |  |
|  | Dairy Products Processing or Manufacturing | | | | | | |  |
|  | Electric and Electronic Components Manufacturing | | | | | | |  |
|  | Electroplating | | | | | | |  |
|  | Explosives Manufacturing | | | | | | |  |
|  | Fertilizer Manufacturing | | | | | | |  |
|  | Ferroalloy Manufacturing | | | | | | |  |
|  | Foundries (Metal Molding and Casting) | | | | | | |  |
|  | Glass Manufacturing | | | | | | |  |
|  | Grain Mills | | | | | | |  |
|  | Gum and Wood Chemicals Manufacturing | | | | | | |  |
|  | Hospital | | | | | | |  |
|  | Ink Formation | | | | | | |  |
|  | Inorganic Chemicals | | | | | | |  |
|  | Iron and Steel | | | | | | |  |
|  | Landfill | | | | | | |  |
|  | Leather Tanning and Finishing | | | | | | |  |
|  | Meat and Poultry Products | | | | | | |  |
|  | Metal Finishing | | | | | | |  |
|  | Metal Products and Machinery | | | | | | |  |
|  | Mineral Mining and Processing | | | | | | |  |
|  | Nonferrous Metals Forming | | | | | | |  |
|  | Nonferrous Metals Manufacturing | | | | | | |  |
|  | Oil and Gas Extraction | | | | | | |  |
|  | Ore Mining | | | | | | |  |
|  | Organic Chemicals Manufacturing | | | | | | |  |
|  | Paint and Ink Formulating | | | | | | |  |
|  | Paving and Roofing Manufacturing | | | | | | |  |
|  | Pesticides Chemical Manufacturing, Formulating, and/or Packaging | | | | | | |  |
|  | Petroleum Refining | | | | | | |  |
|  | Pharmaceutical Manufacturing | | | | | | |  |
|  | Phosphate Manufacturing | | | | | | |  |
|  | Photographic Processing | | | | | | |  |
|  | Plastic and Synthetic Materials Manufacturing | | | | | | |  |
|  | Porcelain Enameling | | | | | | |  |
|  | Printed Circuit Board Manufacturing | | | | | | |  |
|  | Pulp, Paper, and Fiberboard Manufacturing | | | | | | |  |
|  | Rubber Manufacturing | | | | | | |  |
|  | Soap and Detergent Manufacturing | | | | | | |  |
|  | Steam Electric Power Generating | | | | | | |  |
|  | Sugar Processing | | | | | | |  |
|  | Textile Mills | | | | | | |  |
|  | Timber Products | | | | | | |  |
|  | Transportation Equipment Cleaning | | | | | | |  |
|  | Waste Combustors | | | | | | |  |
|  | Other (Describe): | | | | | | |  |
| 2. | Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary): | | | | | | | |  |
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| 3. | Indicate applicable North American Industry Classification System (NAICS) for all processes: | | | | | | | |  |
| a. | |  |  | | | | |  |
| b. | |  |
| c. | |  |
| d. | |  |
| e. | |  |
| 4. | Production Rate | | | | | | | |  |
| Product | | | | Past Calendar Year Amounts per Day (Daily Units) | | Estimate This Calendar Year Amounts Per Day (Daily Units) | | |
| Average | Maximum | Average | Maximum | |
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| 5. | For production-based categorical IUs only: | | | | | | | |  |
|  | What is the facilities long-term average categorical production rate for the past five (5) years? | | | | | | | |  |
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**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 (as listed on the water bill): | | | | | |
| Street: | | | | | |
| City: | | | State: | | Zip: |
| 3. | Water Service Account Number: | | | | | |
| 4. | List average water 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 feeding |  | |  | |
| d. | Process |  | |  | |
| e. | Sanitary |  | |  | |
| f. | Air pollution control |  | |  | |
| g. | Contained in product |  | |  | |
| h. | Plant and equipment washdown |  | |  | |
| i. | Irrigation and lawn watering |  | |  | |
| j. | Other: |  | |  | |
| k. | Total of a. through 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 discharge pipe or discharge point which connects to the City’s sewer system. (Attach additional information on another sheet if necessary.) | | | | | |
| Descriptive Location of Sewer  Connection or Discharge Point | | | Average Flow  (GPD) | | |
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**Section E - Wastewater Discharge Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Does (or will) this facility discharge any wastewater other that from restrooms to the City sewer? | | | | | | | | |
| Yes | If the answer to this question is “yes”, please complete the remainder of the application. | | | | | | | |
| No | If the answer to this question is “no”, please skip to section I. | | | | | | | |
| 2. | Provide the following information on wastewater flow rate: (New facilities may estimate.) | | | | | | | | |
| 1. Hours/day discharged (e.g., 8 hours/day) | | | | | | | | |
| M | | T | W | | TH | F | SAT | SUN |
| 1. Hours of discharge (e.g., 9 a.m. to 5 p.m.) | | | | | | | | |
| M | | T | W | | TH | F | SAT | SUN |
| 1. Peak hourly flow rate | | | | (gallons per day): | | | | |
| 1. Maximum daily flow rate | | | | (gallons per day): | | | | |
| 1. Annual daily average | | | | (gallons per day): | | | | |
| 3. | If batch discharge occurs or will occur, indicate: (New facilities may estimate.) | | | | | | | | |
|  | 1. Number of batch discharges | | | | (per day): | | | | |
|  | 1. Average discharge per batch | | | | (gallons): | | | | |
|  | 1. Time of batch discharges | | | | (days of week): | | | (hours of day): | |
|  | 1. Flow rate | | | | (gallons per minute): | | | | |
|  | 1. Percent of total discharge | | | | (%): | | | | |

**Section E - Wastewater Discharge Information (continued)**

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| --- | --- |
| 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 sanitary sewer. Use these numbers when showing each unit processes in the building layout in section H. |
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**Section E - Wastewater Discharge Information (continued)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | 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). | | | | | | | | |
| No. | Process Description | | Average Flow  (GPD) | | Maximum Flow  (GPD) | | Type of Discharge  (batch, continuous, none) | |
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| 6. | List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each of nonprocess wastewater flows (i.e., cooling tower blowdown, boiler blowdown) | | | | | | | | |
| No. | Process Description | | Average Flow  (GPD) | | Maximum Flow  (GPD) | | Type of Discharge  (batch, continuous, none) | |
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| 7. | Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow equipment at this facility? | | | | | | | | |
|  | | | | Yes | | No | | N/A |
| Current | | Flow Metering | |  | |  | |  |
| Sampling Equipment | |  | |  | |  |
| Planned | | Flow Metering | |  | |  | |  |
| Sampling equipment | |  | |  | |  |
| 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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**Section E - Wastewater Discharge Information (continued)**

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| --- | --- | --- |
| 8. | Are any process changes or expansions planned during the next three year 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 to Question 10) |
| 9. | Briefly describe the changes and their effects on the wastewater volume and characteristics: (attach additional sheets if needed). | |
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| 10. | Are any recycling or reclamation system in use or planned? | |
|  | Yes |
|  | No (skip to Question 12) |
| 11. | 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 - 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 or 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 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 |  |  |  |  |  |  |  | |  |
| 1,1,2,2-Tetrachloroethane |  |  |  |  |  |  |  | |  |
| Chloroethane |  |  |  |  |  |  |  | |  |
| Bis(2-Chloroethyle)ether |  |  |  |  |  |  |  | |  |
| 17 Bis (chloro methyl) ether |  |  |  |  |  |  |  | |  |
| 2-Chloroethyle 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-Dichlorophenol |  |  |  |  |  |  |  | |  |
| 1,2-Dichloropropane |  |  |  |  |  |  |  | |  |
| 1,2-Dichloropropylene |  |  |  |  |  |  |  | |  |
| 1,3-Dichloropropylene |  |  |  |  |  |  |  | |  |
| 2,4-Dimethylphenol |  |  |  |  |  |  |  | |  |
| 2,4-Dinitrotoluene |  |  |  |  |  |  |  | |  |
| 2,6-Dinitrotoluene |  |  |  |  |  |  |  | |  |
| 1,2-Diphenylhydrazine |  |  |  |  |  |  |  | |  |
| Ethylbenzene |  |  |  |  |  |  |  | |  |
| Fluoranthene |  |  |  |  |  |  |  | |  |
| 4-Chlorophenyl Phenyl Ether |  |  |  |  |  |  |  | |  |
| 4-Bromophenyl Phenyl Ether |  |  |  |  |  |  |  | |  |
| Bis(2-Chloroethyl)ether |  |  |  |  |  |  |  | |  |
| Bis(2-chloroethoxy)methane |  |  |  |  |  |  |  | |  |
| Methylene Chloride |  |  |  |  |  |  |  | |  |
| Methyl Chloride |  |  |  |  |  |  |  | |  |
| Bromoform |  |  |  |  |  |  |  | |  |
| Dichlorobromomethane |  |  |  |  |  |  |  | |  |
| Chlorodibromomethane |  |  |  |  |  |  |  | |  |
| Hexachlorobutadiene |  |  |  |  |  |  |  | |  |
| Hexachlorocyclopentadiene |  |  |  |  |  |  |  | |  |
| Isophorone |  |  |  |  |  |  |  | |  |
| Napthalene |  |  |  |  |  |  |  | |  |
| Nitrobenzene |  |  |  |  |  |  |  | |  |
| Nitrophenol |  |  |  |  |  |  |  | |  |
| 2-Nitrophenol |  |  |  |  |  |  |  | |  |
| 4-Nitrophenol |  |  |  |  |  |  |  | |  |
| 2,4-Dinitrophenol |  |  |  |  |  |  |  | |  |
| 4,6-Dinitro-O-Cresol |  |  |  |  |  |  |  | |  |
| N-Nitrosodimethylamine |  |  |  |  |  |  |  | |  |
| N-Nitrosodiphenylamine |  |  |  |  |  |  |  | |  |
| N-Nitrosodi-N-Propylamine |  |  |  |  |  |  |  | |  |
| Pentachlorophenol |  |  |  |  |  |  |  | |  |
| Phenol |  |  |  |  |  |  |  | |  |
| Bis(2-ethylhexyl)phthalate |  |  |  |  |  |  |  | |  |
| Butylbenzyl Phthalate |  |  |  |  |  |  |  | |  |
| Di-N-Butyl Phthalate |  |  |  |  |  |  |  | |  |
| Diethyl Phthalate |  |  |  |  |  |  |  | |  |
| Dimethyl Phthalate |  |  |  |  |  |  |  | |  |
| Benzo(a)anthracene |  |  |  |  |  |  |  | |  |
| Benzo(a)pyrene |  |  |  |  |  |  |  | |  |
| 3,4-Benzofluoranthene |  |  |  |  |  |  |  | |  |
| Benzo(k)fluoranthene |  |  |  |  |  |  |  | |  |
| Chrysene |  |  |  |  |  |  |  | |  |
| Acenaphthylene |  |  |  |  |  |  |  | |  |
| Anthrracene |  |  |  |  |  |  |  | |  |
| Benzo(ghi)perylene |  |  |  |  |  |  |  | |  |
| Fluorene |  |  |  |  |  |  |  | |  |
| Phenanthrene |  |  |  |  |  |  |  | |  |
| Dibenzo(a,h)anthracene |  |  |  |  |  |  |  | |  |
| Indeno(1,2,3-cd)pyrene |  |  |  |  |  |  |  | |  |
| Pyrene |  |  |  |  |  |  |  | |  |
| Tetrachloroethylene |  |  |  |  |  |  |  | |  |
| Toluene |  |  |  |  |  |  |  | |  |
| Trichloroethylene |  |  |  |  |  |  |  | |  |
| Vinyl Chloride |  |  |  |  |  |  |  | |  |
| Aldrin |  |  |  |  |  |  |  | |  |
| Dieldrin |  |  |  |  |  |  |  | |  |
| Chlordane |  |  |  |  |  |  |  | |  |
| 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 |  |  |  |  |  |  |  | |  |
| Chloride |  |  |  |  |  |  |  | |  |
| Chlorine |  |  |  |  |  |  |  | |  |
| Fluoride |  |  |  |  |  |  |  | |  |
| Hardness |  |  |  |  |  |  |  | |  |
| Magnesium |  |  |  |  |  |  |  | |  |
| NH3-N |  |  |  |  |  |  |  | |  |
| Oil and Grease |  |  |  |  |  |  |  | |  |
| TSS |  |  |  |  |  |  |  | |  |
| TOC |  |  |  |  |  |  |  | |  |
| Kjeldahl N |  |  |  |  |  |  |  | |  |
| Nitrate N |  |  |  |  |  |  |  | |  |
| Nitrite N |  |  |  |  |  |  |  | |  |
| Organic N |  |  |  |  |  |  |  | |  |
| Orthophosphate P |  |  |  |  |  |  |  | |  |
| Phosphorus |  |  |  |  |  |  |  | |  |
| Sodium |  |  |  |  |  |  |  | |  |
| Specific Conductivity |  |  |  |  |  |  |  | |  |
| Sulfate (SO4) |  |  |  |  |  |  |  | |  |
| Sulfide (S) |  |  |  |  |  |  |  | |  |
| Sulfite (SO3) |  |  |  |  |  |  |  | |  |
| Antimony |  |  |  |  |  |  |  | |  |
| Arsenic |  |  |  |  |  |  |  | |  |
| Barium |  |  |  |  |  |  |  | |  |
| Beryllium |  |  |  |  |  |  |  | |  |
| Cadmium |  |  |  |  |  |  |  | |  |
| Chromium |  |  |  |  |  |  |  | |  |
| Copper |  |  |  |  |  |  |  | |  |
| Cyanide |  |  |  |  |  |  |  | |  |
| Lead |  |  |  |  |  |  |  | |  |
| Mercury |  |  |  |  |  |  |  | |  |
| Nickel |  |  |  |  |  |  |  | |  |
| Selenium |  |  |  |  |  |  |  | |  |
| Silver |  |  |  |  |  |  |  | |  |
| Thallium |  |  |  |  |  |  |  | |  |
| Zinc |  |  |  |  |  |  |  | |  |
| Do you anticipate requesting a monitoring waiver for regulated pollutants which you believe to not be present in your process wastestream(s)? | | | | | | Yes | | No | |

**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 apply): | |
|  | Air flotation |
|  | Centrifuge |
|  | Chemical precipitation |
|  | Chlorination |
|  | Cyclone |
|  | Filtration |
|  | Flow equalization |
|  | Grease of 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 |
|  | Rainwater diversion or storage |
|  | Biological treatment, type: |
|  | Grease or oil separation, type: |
|  | Other chemical treatment, type: |
|  | Other physical treatment, type: |
|  | Other, type: |
| 4. | Is process wastewater mixed with nonprocess wastewater prior to the sampling point? | |
|  | Yes, describe: |
|  | No |
| Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above: | |
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**Section G - Treatment (continued)**

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| --- | --- | --- | --- | --- |
| 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. | | | |
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| 7. | Do you have a treatment operator? | | Yes | No |
| (If Yes) | Name: | | |
| Title: | | |
| Phone: | | |
| Email: | | |
| Full time (specify hours): | | |
| Part time (specify hours): | | |
| 8. | Do you have a manual on the correct operation of your treatment equipment? | | Yes | No |
|  | Do you have a written maintenance schedule for your treatment equipment? | | Yes | No |
|  |

**Section H - Facility Operational Characteristics**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Shift Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work days | | | | | | | | | | Mon | | | Tues | | Wed | | | Thurs | | | Fri | | | Sat | | | | Sun | |
|  | | |  | |  | | |  | | |  | | |  | | | |  | |
| 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 the business occurs): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | Feb | | Mar | Apr | | | May | | | Jun | | | Jul | | | Aug | | | Sept | | | Oct | | | Nov | | | Dec |
| Comments: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Indicate whether the facility discharge is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Continuous through the year, or | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Seasonal (circle the months of the year during which the business occurs): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | | Feb | Mar | | Apr | | | May | | | Jun | | Jul | | Aug | | | Sept | | | Oct | | | Nov | | Dec | | |
| Comments: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Does operation shut down for vacation, maintenance, or other reasons? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes, indicate reasons and period when shutdown occurs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | List types and amounts (mass or volume per day) of raw materials used or planned to use (attach list if needed): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**Section H - Facility Operational Characteristics (continued)**

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| --- | --- | --- |
| 6. | List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Safety Data Sheets (if available) for all chemicals identified. | |
| Chemical | Quantity |
|  |  |
|  |  |
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| 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 outflow** and show existing and proposed sampling locations.  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. | | | | | |
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|  | | | | | |
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|  | | | | | |
| 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 areas, 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, please 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 systems? | | | | | |
|  | Yes – Please enclose a copy with the application. | | | | |
|  | No | | | | |
|  | N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes. | | | | |
| 5. | Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence: | | | | | |
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**Section J - Best Management Practices**

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| 1. | Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a facility’s wastestream or from reaching a discharge point. BMPs are management and operational procedures such as schedules of activities, prohibitions of practices listed in 40 CFR Part 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw materials storage. | | |
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| 2. | Do you have the potential for a slug discharge to the sewer system? A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the POTW’s regulations, local limits or permit conditions (40 CFR Part 403.8(f)(2)(v)). | Yes | No |
|  | |
| Please describe the type of the potential slug discharge, including quality and content: | | |
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| Please describe current mechanisms for prevention of slug discharges: | | |
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| Please describe where and how raw materials are stored: | | |
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**Section K - Non-Discharged Wastes**

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| 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 |
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| 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 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. |  | |
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| 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 type(s) and number(s): | | | | | |
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| 6. | Describe where and how waste liquids and sludges are stored: | | | | | |
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**Section L – Authorized Signatures**

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| **Compliance Certification** | | | |
| 1. | Are all applicable Federal, State, and 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. | |
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| 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 |
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| **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 (print):** | **Title:** | **Phone: ( ) -** |
| **Signature:** | | **Date:** |