



# NAMPA WASTEWATER DIVISION

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## CITY OF NAMPA, WASTEWATER DIVISION INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

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:<br>[Attach additional 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"/> | Asbestos Manufacturing                             |
| <input type="checkbox"/> | Auto Repair  |
| <input type="checkbox"/> | Battery Manufacturing                              |
| <input type="checkbox"/> | Beverage Bottling                                  |
| <input type="checkbox"/> | Can Making   |
| <input type="checkbox"/> | Canned and Preserved Fruit and Vegetable           |
| <input type="checkbox"/> | Canned and Preserved Seafood                       |
| <input type="checkbox"/> | Carbon Black Manufacturing                         |
| <input type="checkbox"/> | Cement Manufacturing                               |
| <input type="checkbox"/> | Centralized Waste Treatment                        |
| <input type="checkbox"/> | Coal Mining  |
| <input type="checkbox"/> | Coil Coating                                       |
| <input type="checkbox"/> | Concentrated Animal Feeding Operation and Feedlots |
| <input type="checkbox"/> | Concentration Aquatic Animal Production            |
| <input type="checkbox"/> | Copper Forming                                     |
| <input type="checkbox"/> | Dairy Product Processing or Manufacturing          |
| <input type="checkbox"/> | Electric and Electronic Components Manufacturing   |
| <input type="checkbox"/> | Electroplating                                     |
| <input type="checkbox"/> | Explosives Manufacturing                           |
| <input type="checkbox"/> | Fertilizer Application                             |
| <input type="checkbox"/> | Fertilizer Manufacturing                           |
| <input type="checkbox"/> | Ferroalloy Manufacturing                           |
| <input type="checkbox"/> | Food/Edible Products Manufacturing                 |
| <input type="checkbox"/> | Foundries (Metal Molding and Casting)              |
| <input type="checkbox"/> | Glass Manufacturing                                |
| <input type="checkbox"/> | Grain Mills  |
| <input type="checkbox"/> | Gum and Wood Chemicals Manufacturing               |
| <input type="checkbox"/> | Hospital   |
| <input type="checkbox"/> | Ink Formulation                                    |
| <input type="checkbox"/> | Inorganic Chemicals                                |
| <input type="checkbox"/> | Iron and Steel                                     |
| <input type="checkbox"/> | Landfill   |
| <input type="checkbox"/> | Leather Tanning and Finishing                      |
| <input type="checkbox"/> | Meat and Poultry Products                          |
| <input type="checkbox"/> | Metal Finishing                                    |
| <input type="checkbox"/> | Metal Products and Machinery                       |
| <input type="checkbox"/> | Military Installation                              |
| <input type="checkbox"/> | Mineral Mining and Processing                      |
| <input type="checkbox"/> | Nonferrous Metals Forming                          |

|    |    |   |
|----|----|---|
|    |    | Nonferrous Metals Manufacturing   |
|    |    | Oil and Gas Extraction  |
|    |    | Ore Mining  |
|    |    | Organic Chemical Manufacturing  |
|    |    | Paint and Ink Formulating   |
|    |    | Paving and Roofing Manufacturing  |
|    |    | Pesticide Application   |
|    |    | Pesticides Chemical Manufacturing, Formulating, and/or Packaging  |
|    |    | Petroleum Refining  |
|    |    | Pharmaceutical Manufacturing  |
|    |    | Phosphate Manufacturing   |
|    |    | Photographic Processing   |
|    |    | Plastic Processing or Manufacturing   |
|    |    | Plastic and Synthetic Material Manufacturing  |
|    |    | Porcelain Enameling   |
|    |    | Printed Circuit Board Manufacturing   |
|    |    | Printing and Publishing   |
|    |    | Pulp, Paper, and Fiberboard Manufacturing   |
|    |    | Railroad Yard   |
|    |    | Rubber Manufacturing  |
|    |    | Soap and Detergent Manufacturing  |
|    |    | Steam Electric Power Generating   |
|    |    | Sugar Processing  |
|    |    | Textile Mills   |
|    |    | Timber Products   |
|    |    | Transportation Equipment Cleaning   |
|    |    | Waste Combustors  |
|    |    | Waste Recycler  |
|    |    | Other (Describe)  |
|    |    |   |
|    |    |   |
|    |    |   |
| 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 Industry Classification System (NAICS) for all processes:  |
|    | a. |   |
|    | b. |   |
|    | c. |   |
|    | d. |   |
|    | e. |   |

| 4. | Production Rate  |  |         |   |         |
|----|--|--|---------|---|---------|
|    | Product  | Past Calendar Year<br>Amounts per Day<br>(Daily Units) |         | Estimate This Calendar Year<br>Amounts Per Day<br>(Daily Units) |         |
|    |  | Average  | Maximum | Average   | Maximum |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
|    |  |  |         |   |         |
| 5. | For production-based categorical IUs only:   |  |         |   |         |
|    | What is the facility's long-term average categorical production rate for the past 5 years? |  |         |   |         |

**SECTION C – WATER SUPPLY**

|                          |   |   |                           |  |
|--------------------------|---|---|---------------------------|--|
| 1.                       | Water Sources: (Check as many as are applicable.)                   |   |                           |  |
|                          | <input type="checkbox"/>  | Private Well                            |                           |  |
|                          | <input type="checkbox"/>  | Surface Water                           |                           |  |
|                          | <input type="checkbox"/>  | Municipal Water Utility (Specify City): |                           |  |
| <input type="checkbox"/> | 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 (estimate 20 gal/emp/day)      |                           |  |
|                          | 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, modified, or remodeled?<br>Building Permit Number: _____ | Yes No |
|   | (iii).   | Will you be connected to the public sanitary sewer system?   | Yes No |
|   | c. For a new business:   |  |        |
|   | Provide a construction time line for the following items (best estimate):  |  |        |
| Construction/modification of building and process lines: Start Date: _____ End Date: _____  |  |  |        |
| Construction/modification of pretreatment facility (including sampling station and monitoring equipment): Start Date: _____ End Date: _____ |  |  |        |
| Operational date of business: Start Date: _____   |  |  |        |
| Commencement of wastewater discharge: Start Date: _____   |  |  |        |
| 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 if necessary.) |  |        |
|   | 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 I.                          |   |                |   |                          |  |
| 2.                      | Provide the following information on wastewater flow rate. [New facilities may estimate.]          |   |   |                |   |                          |  |
|                         | a. Hours/day discharged (e.g., 8 hours/day)  |   |   |                |   |                          |  |
|                         | M  | T   | W | TH             | F | SAT                      | SUN  |
|                         | b. Hours of discharge (e.g., 9 a.m. to 5 p.m.)   |   |   |                |   |                          |  |
|                         | M  | T   | W | TH             | F | SAT                      | SUN  |
|                         | c. Peak hourly flow rate   |   |   |                |   |                          | GPD/MGD<br>(Circle Unit)                                       |
|                         | d. Maximum daily flow rate   |   |   |                |   |                          | GPD/MGD<br>(Circle Unit)                                       |
| e. Annual daily average |  |   |   |                |   | GPD/MGD<br>(Circle Unit) |  |
| 3.                      | If batch discharge occurs or will occur, indicate: [New facilities may estimate.]                  |   |   |                |   |                          |  |
|                         | a. Number of batch discharges  |   |   |                |   |                          | per day, per week, per month<br>(Circle Appropriate frequency) |
|                         | b. Average discharge per batch   |   |   |                |   |                          | (Gallons)  |
|                         | c. Time of batch discharges  |   |   | (days of week) |   |                          | (hours of day)   |
|                         | d. Flow rate   |   |   |                |   |                          | (Gallons per minute)   |

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 community sewer. Use these numbers when showing this unit processes in the building layout in Section H.
-



|    |   |                        |                    |                    |   |     |
|----|---|------------------------|--------------------|--------------------|---|-----|
| 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) |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
| 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.   | Nonprocess Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge (batch, continuous, none) |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
| 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:  |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
|    |   |                        |                    |                    |   |     |
| 8. | 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 to Question 10)   |                        |                    |                    |   |     |



**SECTION F – CHARACTERISTICS OF DISCHARGE**

All current industrial users are required to submit monitoring data for the previous twelve (12) months 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. Be sure methods conform to 40 CFR Part 136; 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                  | Method Used | Maximum Daily Value |      | Average Value |      | Number of Analyses | Sample Type (Mark Appropriate Type) |      |
|----------------------------|-------------|---------------------|------|---------------|------|--------------------|-------------------------------------|------|
|                            |             | Conc.               | Unit | Conc.         | Unit |                    | 24 hr Comp.                         | Grab |
| 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-Chloroethyl)ether    |             |                     |      |               |      |                    |                                     |      |
| 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-Dichlorophenol         |             |                     |      |               |      |                    |                                     |      |
| 1,2-Dichloropropane        |             |                     |      |               |      |                    |                                     |      |
| 1,2-Dichloropropylene      |             |                     |      |               |      |                    |                                     |      |
| 1,3-Dichloropropylene      |             |                     |      |               |      |                    |                                     |      |
| 2,4-Dimethylphenol         |             |                     |      |               |      |                    |                                     |      |
| 2,4-Dinitrotoluene         |             |                     |      |               |      |                    |                                     |      |
| 2,6-Dinitrotoluene         |             |                     |      |               |      |                    |                                     |      |
| 1,2-Diphenylhydrazine      |             |                     |      |               |      |                    |                                     |      |

| Pollutant                   | Detection Level Used | Maximum Daily Value |      | Average of Analyses |      | Number of Analyses | Units |      |
|-----------------------------|----------------------|---------------------|------|---------------------|------|--------------------|-------|------|
|                             |                      | Conc.               | Mass | Conc.               | Mass |                    | Conc. | Mass |
| Ethylbenzene                |                      |                     |      |                     |      |                    |       |      |
| Fluoranthene                |                      |                     |      |                     |      |                    |       |      |
| 4-Chlorophenyl Phenyl Ether |                      |                     |      |                     |      |                    |       |      |
| 4-Bromophenyl Phenyl Ether  |                      |                     |      |                     |      |                    |       |      |
| Bis(2-isopropyl)ether       |                      |                     |      |                     |      |                    |       |      |
| Bis(2-chloroethoxy)methane  |                      |                     |      |                     |      |                    |       |      |
| Methylene Chloride          |                      |                     |      |                     |      |                    |       |      |
| Methyl Chloride             |                      |                     |      |                     |      |                    |       |      |
| Bromoform                   |                      |                     |      |                     |      |                    |       |      |
| Dichlorobromomethane        |                      |                     |      |                     |      |                    |       |      |
| Chlorodibromomethane        |                      |                     |      |                     |      |                    |       |      |
| Hexachlorobutadiene         |                      |                     |      |                     |      |                    |       |      |
| Hexachlorocyclopentadiene   |                      |                     |      |                     |      |                    |       |      |
| Isophorone                  |                      |                     |      |                     |      |                    |       |      |
| Naphthalene                 |                      |                     |      |                     |      |                    |       |      |
| 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        |                      |                     |      |                     |      |                    |       |      |
| Di-N-Octyl Phthalate        |                      |                     |      |                     |      |                    |       |      |
| Diethyl Phthalate           |                      |                     |      |                     |      |                    |       |      |
| Dimethyl Phthalate          |                      |                     |      |                     |      |                    |       |      |
| Benzo(a)anthracene          |                      |                     |      |                     |      |                    |       |      |
| Benzo(a)pyrene              |                      |                     |      |                     |      |                    |       |      |
| 3,4-Benzofluoranthene       |                      |                     |      |                     |      |                    |       |      |
| Benzo(k)fluoranthene        |                      |                     |      |                     |      |                    |       |      |
| Chrysene                    |                      |                     |      |                     |      |                    |       |      |
| Acenaphthylene              |                      |                     |      |                     |      |                    |       |      |
| Anthracene                  |                      |                     |      |                     |      |                    |       |      |
| Benzo(ghi)perylene          |                      |                     |      |                     |      |                    |       |      |
| Fluorene                    |                      |                     |      |                     |      |                    |       |      |
| Phenanthrene                |                      |                     |      |                     |      |                    |       |      |
| Dibenzo(a,h)anthracene      |                      |                     |      |                     |      |                    |       |      |
| Indeno(1,2,3-cd)pyrene      |                      |                     |      |                     |      |                    |       |      |
| Pyrene                      |                      |                     |      |                     |      |                    |       |      |
| Tetrachloroethylene         |                      |                     |      |                     |      |                    |       |      |
| Toluene                     |                      |                     |      |                     |      |                    |       |      |
| Trichloroethylene           |                      |                     |      |                     |      |                    |       |      |
| Vinyl Chloride              |                      |                     |      |                     |      |                    |       |      |
| Aldrin                      |                      |                     |      |                     |      |                    |       |      |
| Dieldrin                    |                      |                     |      |                     |      |                    |       |      |

| Pollutant          | Detection Level Used | Maximum Daily Value |      | Average of Analyses |      | Number of Analyses | Units |      |
|--------------------|----------------------|---------------------|------|---------------------|------|--------------------|-------|------|
|                    |                      | Conc.               | Mass | Conc.               | Mass |                    | Conc. | Mass |
| 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           |                      |                     |      |                     |      |                    |       |      |
| BOD <sub>5</sub>   |                      |                     |      |                     |      |                    |       |      |
| Chlorine           |                      |                     |      |                     |      |                    |       |      |
| NH <sub>3</sub> -N |                      |                     |      |                     |      |                    |       |      |
| Oil and Grease     |                      |                     |      |                     |      |                    |       |      |
| TSS                |                      |                     |      |                     |      |                    |       |      |
| Kjeldahl N         |                      |                     |      |                     |      |                    |       |      |
| Total Phosphorous  |                      |                     |      |                     |      |                    |       |      |
| Total Antimony     |                      |                     |      |                     |      |                    |       |      |
| Total Arsenic      |                      |                     |      |                     |      |                    |       |      |
| Total Barium       |                      |                     |      |                     |      |                    |       |      |
| Total Beryllium    |                      |                     |      |                     |      |                    |       |      |
| Total Cadmium      |                      |                     |      |                     |      |                    |       |      |
| Total Chromium     |                      |                     |      |                     |      |                    |       |      |
| Total Copper       |                      |                     |      |                     |      |                    |       |      |
| Total Cyanide      |                      |                     |      |                     |      |                    |       |      |
| Total Lead         |                      |                     |      |                     |      |                    |       |      |
| Total Mercury      |                      |                     |      |                     |      |                    |       |      |
| Total Molybdenum   |                      |                     |      |                     |      |                    |       |      |
| Total Nickel       |                      |                     |      |                     |      |                    |       |      |
| Total Selenium     |                      |                     |      |                     |      |                    |       |      |
| Total Silver       |                      |                     |      |                     |      |                    |       |      |

| Pollutant   | Detection Level Used | Maximum Daily Value |      | Average of Analyses |      | Number of Analyses | Units |      |
|---|----------------------|---------------------|------|---------------------|------|--------------------|-------|------|
|   |                      | Conc.               | Mass | Conc.               | Mass |                    | Conc. | Mass |
| Total Thallium  |                      |                     |      |                     |      |                    |       |      |
| Total Zinc  |                      |                     |      |                     |      |                    |       |      |
| Any additional pollutants regulated by state or local laws:   |                      |                     |      |                     |      |                    |       |      |
|   |                      |                     |      |                     |      |                    |       |      |
|   |                      |                     |      |                     |      |                    |       |      |
|   |                      |                     |      |                     |      |                    |       |      |
| Expected/Known pH of discharge _____ s.u.   |                      |                     |      |                     |      |                    |       |      |
| Expected/Known temperature of discharge _____ °C  |                      |                     |      |                     |      |                    |       |      |
| Do you anticipate requesting a monitoring waiver for regulated pollutants which you believe to not be present in your process wastestream(s)?   |                      |                     |      |                     |      | Yes                | No    |      |
| In order to request a monitoring waiver for pollutants not present, you must provide data from at least one sampling of your facility's wastewater prior to any treatment present at your facility that is representative of all wastewater from all processes. The request of a monitoring waiver must be signed in accordance with 40 CFR 403.12(1), and include the certification statement in 40 CFR 403.6(a)(2)(ii). Do you wish to make this request? |                      |                     |      |                     |      | Yes                | No    |      |

**SECTION G - TREATMENT**

|  |   |
|--|---|
| 1.   | Is any form of wastewater treatment (see list below) practiced at this facility (or planned, if a new facility)?                            |
|  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |
| 2.   | Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years? |
|  | <input type="checkbox"/> Yes, describe:<br><input type="checkbox"/> 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"/> Centrifuge   |
|  | <input type="checkbox"/> Chemical precipitation   |
|  | <input type="checkbox"/> Chlorination   |
|  | <input type="checkbox"/> Cyclone  |
|  | <input type="checkbox"/> Filtration   |
|  | <input type="checkbox"/> Flow equalization  |
|  | <input type="checkbox"/> Grease or oil separation, type:  |
|  | <input type="checkbox"/> Grease trap  |
|  | <input type="checkbox"/> Grinding filter  |
|  | <input type="checkbox"/> Grit removal Ion   |
|  | <input type="checkbox"/> exchange   |
|  | <input type="checkbox"/> Neutralization, pH correction  |
|  | <input type="checkbox"/> Ozonation  |
|  | <input type="checkbox"/> Reverse osmosis  |
|  | <input type="checkbox"/> Screen Sedimentation   |
|  | <input type="checkbox"/> Septic tank Solvent  |
|  | <input type="checkbox"/> separation Spill   |
|  | <input type="checkbox"/> protection Sump  |
| <input type="checkbox"/> Rainwater diversion or storage  |   |
| <input type="checkbox"/> Biological treatment, type:     |   |
| <input type="checkbox"/> Other chemical treatment, type: |   |
| <input type="checkbox"/> Other physical treatment, type: |   |
| <input type="checkbox"/> Other, type:                    |   |
| 4.   | Is process wastewater mixed with non-process wastewater prior to the sampling point?  |
|  | <input type="checkbox"/> Yes, describe:   |
|  |   |
|  |   |
|  |   |
|  | <input type="checkbox"/> No   |

|     |  |                            |    |
|-----|--|----------------------------|----|
| 5.  | Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. Attach additional sheets, if necessary.                  |                            |    |
| 6.  | 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. |                            |    |
| 7.  | 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.                       |                            |    |
| 8.  | Do you have a treatment operator?  | Yes                        | No |
|     | (If Yes)   | Name:                      |    |
|     |  | Title:                     |    |
|     |  | Phone:                     |    |
|     |  | Full time (specify hours): |    |
|     |  | Part time (specify hours): |    |
| 9.  | Do you have a manual on the correct operation of your treatment equipment?   | Yes                        | No |
| 10. | Do you have written maintenance schedule for your treatment equipment?   | Yes                        | No |



**SECTION H - OPERATIONAL CHARACTERISTICS**

|    |   |     |      |     |      |     |     |     |   |   |   |   |
|----|---|-----|------|-----|------|-----|-----|-----|---|---|---|---|
| 1. | Shift Information   |     |      |     |      |     |     |     |   |   |   |   |
|    | Work days   | Mon | Tues | Wed | Thur | 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:  |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> Continuous through the year, or  |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> Seasonal (circle the months of the year during which the business occurs):               |     |      |     |      |     |     |     |   |   |   |   |
|    | J   | F   | M    | A   | M    | J   | J   | A   | S | O | N | D |
|    | Comments:   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
| 3. | Indicate whether the facility discharge is:   |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> Continuous through the year, or  |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> Seasonal (circle the months of the year during which the business 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?   |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> Yes, indicate reasons and period when shutdown occurs                                    |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    | <input type="checkbox"/> No   |     |      |     |      |     |     |     |   |   |   |   |
| 5. | List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed): |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |
|    |   |     |      |     |      |     |     |     |   |   |   |   |

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

| Chemical (or brand name) | Monthly Quantity Used<br>(mass or volume) | Quantity Stored On-site<br>(mass or volume) |
|--------------------------|---|---|
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |
|                          |   |   |

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.

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

**SECTION I – SPILL PREVENTION**

|    |  |   |    |
|----|--|---|----|
| 1. | Do you have chemical storage containers, bins, or ponds at your facility?  | Yes   | No |
|    | If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection. |   |    |
| 2. | Do you have floor drains in your manufacturing or chemical storage area(s)?  | Yes   | No |
|    | If yes where do they discharge to?   |   |    |
| 3. | If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to (check all that apply):  |   |    |
|    | <input type="checkbox"/>   | an onsite disposal system   |    |
|    | <input type="checkbox"/>   | public sanitary sewer system (e.g., through a floor drain)  |    |
|    | <input type="checkbox"/>   | storm drain   |    |
|    | <input type="checkbox"/>   | to ground   |    |
|    | <input type="checkbox"/>   | other, specify:   |    |
|    | <input type="checkbox"/>   | 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 City's collection systems?  |   |    |
|    | <input type="checkbox"/>   | Yes – Please enclose a copy with the application if one has not been submitted to the City within the last 12 months. |    |
|    | <input type="checkbox"/>   | No  |    |
|    | <input type="checkbox"/>   | 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.   |   |    |
|    | <br>   |   |    |
|    | <br>   |   |    |
|    | <br>   |   |    |
|    | <br>   |   |    |

**SECTION J – BEST MANAGEMENT PRACTICES**

|  |  |     |    |
|--|--|-----|----|
| 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, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 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. |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
| 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 403.8(f)(2)(v).   | Yes | No |
| Please describe the type of the potential slug discharge, including quality and content. |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
| Please describe current mechanisms for prevention of slug discharges.                    |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |
| Please describe where and how raw materials are stored.                                  |  |     |    |
|  |  |     |    |
|  |  |     |    |
|  |  |     |    |

**SECTION K – 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. | Have you been issued any Federal, State, or local environmental permits?  |                             |                 |
|    | Yes   |                             |                 |
|    | No  |                             |                 |
|    | If yes, please list the permit(s):  |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
| 6. | Describe where and how waste liquids and sludges are stored.  |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |
|    |   |                             |                 |

**SECTION L – AUTHORIZED SIGNATURES**

**Compliance certification:**

| 1.                 | Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?  |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------|---|--------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                    | Yes   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    | No  |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    | Not yet discharging   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2.                 | <p><b>If No:</b></p> <p>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.</p> <p>b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the City issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%; text-align: center;">Milestone Activity</th> <th style="width: 50%; text-align: center;">Completion Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>  | Milestone Activity | Completion Date |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Milestone Activity | Completion Date   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                    |   |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3.                 | <p><b>Confidentiality Information:</b></p> <p>Information and data furnished to the city with respect to the nature and frequency of discharge shall be available to the public without restriction unless the discharger specifically requests and is able to demonstrate to the satisfaction of the city that the release of such information would divulge information, processes, or methods of production entitled to protection as trade secrets or proprietary information of the discharger.</p> <p>Information accepted by the city as confidential shall not be transmitted to the general public by the city until, and unless, a ten (10) day notification is given to the discharger, but shall be made available immediately upon request to governmental agencies for use related to the NPDES program or pretreatment program, and in enforcement proceedings involving the person furnishing the report.</p> <p>Wastewater constituents and characteristics will not be recognized as confidential information and will be available to the public without restriction. City Code 8-9-6 (K)</p> <p><b>Indicate the information in this application form that you request remain confidential. Include the section number and the basis for the request.</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |                    |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**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

**INSTRUCTIONS TO FILL OUT WASTEWATER DISCHARGE PERMIT APPLICATION**

The permit application must be completed through question 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. 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 City 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. 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 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 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 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 with the facts reported on this form and who can be contacted by the City (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 City 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 Standard Industrial Classification (SIC) system. To determine the NAICS code for a facility see *North American Industry Classification System--United States, 2017* or <http://www.census.gov/eos/www/naics> .
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 – INSTRUCTION (WATER SUPPLY)**

- 1-3. Fill in the appropriate information.
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 washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 20 gallons per day (gpd) for each employee.

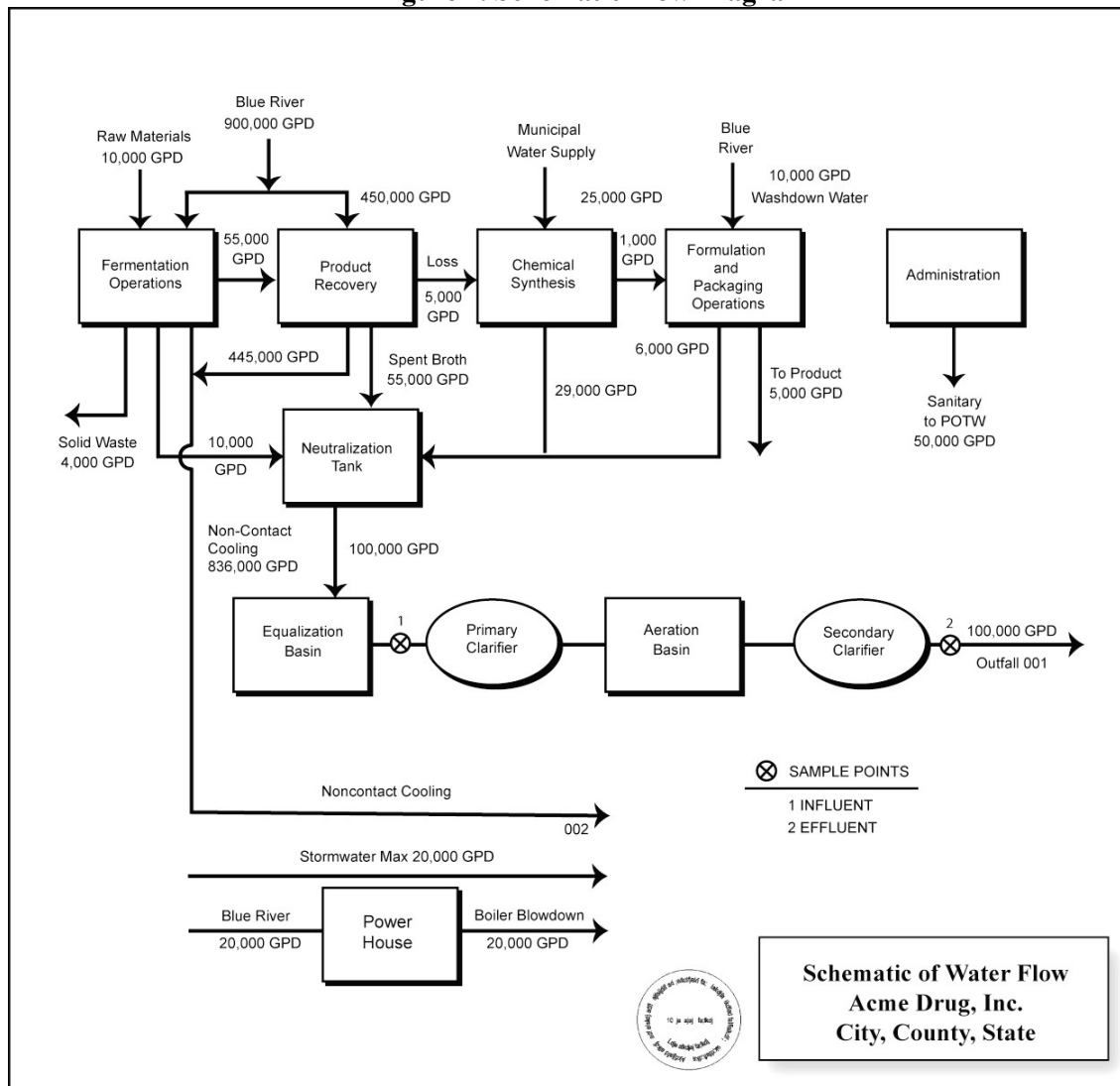
**SECTION D – INSTRUCTION (SEWER INFORMATION)**

1. Fill in the appropriate information.
2. Provide size, flow, and a brief description of each discharge point into the City’s collection system. For new businesses, provide a flow estimate.

**SECTION E – INSTRUCTION (WASTEWATER DISCHARGE INFORMATION)**

1. If you answer “no” to this question, skip to Section I, otherwise complete the remainder of the application.
- 2-3. Fill in the appropriate information.
4. A schematic flow diagram is required to be completed. 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 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.

**Figure 1. Schematic Flow Diagram**



5. Users should report average daily and daily maximum wastewater 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).]
6. 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.

7-11. Fill in the appropriate information.

#### **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 (or 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.

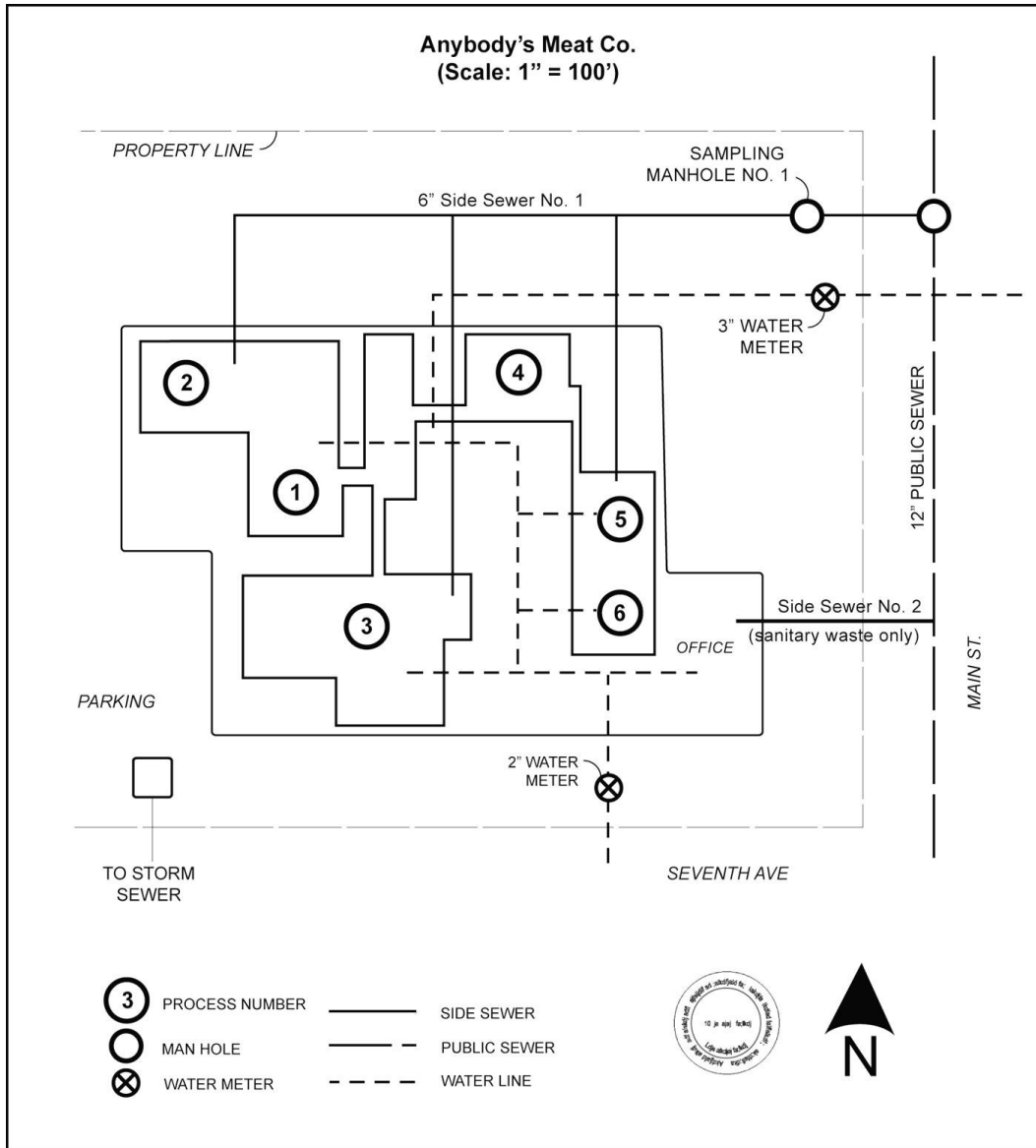
#### **SECTION G – INSTRUCTION (TREATMENT)**

See instructions in Section G.

**SECTION H – INSTRUCTION (OPERATIONAL CHARACTERISTICS)**

1. Fill in the appropriate information.
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.
3. Fill in the appropriate information.
4. Indicate any shut downs in operation which may occur during the year and indicate the reasons for shutdown.
5. 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.
6. Provide a listing of all chemicals used (or planned) in the facility's operations. Indicate the amount use of 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 material safety data sheets for all chemical identified.
7. A building layout or plant site plan of the premises is required to be completed. Approved building plans may be submitted. An 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, the schematic flow diagram. An example of the drawing required is shown below.

**Figure 2. Building Layout**



**SECTION I – INSTRUCTION (SPILL PREVENTION)**

1-4. Fill in the appropriate information.

5. 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 – INSTRUCTION (BEST MANAGEMENT PRACTICES)**

See instructions in Section J.

**SECTION K – INSTRUCTIONS (NON-DISCHARGED WASTES)**

1. For wastes not discharged to the City’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.
- 3-4. Fill in the appropriate information.
5. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.
6. Fill in the appropriate information.

**SECTION L – INSTRUCTIONS (AUTHORIZED SIGNATURES)**

See instructions in Section L.