



WRF USE ONLY

Date Received _____

App. No. _____

App. Fee Paid _____

**APPLICATION
IN COMPLIANCE WITH THE WASTEWATER,
PROHIBITED DISCHARGES, AND
PRETREATMENT REQUIREMENTS ORDINANCE**

NOTE TO SIGNING OFFICIAL - In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.

SECTION A - GENERAL INFORMATION

1. Company Name _____

2. Mailing Address _____

_____ Zip Code _____

3. Premise Address _____

_____ Zip Code _____

4. Name and title of Signing Official _____

Phone _____ Email _____

5. Alternate Person to Contact Concerning Information Provided Herein:

Name and Title _____

Phone _____ 24 hr. Emergency Phone _____

6. Check one: Existing Discharge
 Proposed Discharge

If proposed discharge, anticipated date of discharge commencement: _____

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete.

Date

Signature of Official

SECTION B - PRODUCT OR SERVICE INFORMATION

1. Process Number 1:

- a. **Brief narrative description of the primary manufacturing or service activity at premise address:** _____

- b. **SIC Code(s) of Primary Activity:** _____
- c. **Principal raw materials used:** _____ **Maximum used per day:** _____

- d. **Principal products produced:** _____ **Maximum quantity produced per day:** _____

- e. **Is this process batch or continuous?** _____
- f. **Average number of batches per day:** _____

2. Process Number 2:

- a. **Brief narrative description of the primary manufacturing or service activity at premise address:** _____

- b. **SIC Code(s) of Primary Activity:** _____
- c. **Principal raw materials used:** _____ **Maximum used per day:** _____

- d. **Principal products produced** _____ **Maximum quantity produced per day** _____

- e. **Is this process batch or continuous?:** _____
- f. **Average number of batches per day:** _____

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

1. Are your processes subject to seasonal variation? Yes No
If yes, explain and indicate the months of peak operation and products:

2. Shift information:

- a. No. of shifts per work day: _____
- b. Specific work days per week: _____
- c. Average no. of employees per shift: _____ 1st _____ 2nd _____ 3rd _____ Total
- d. Shift start times: _____ 1st _____ 2nd _____ 3rd

3. Describe any water recycling or material reclaiming processes utilized:

4. Is a spill prevention control and countermeasure plan prepared for the facility?

- Yes No If yes, attach a copy of the plan.

SECTION D - WATER CONSUMPTION AND LOSS

1. Raw water source(s) Municipal water division Rural water district
 Private contract Private well
 Surface water Other _____

2. Water bill addressee _____

3. Water service account no. _____

4. List past 12 months water usage from water bills: _____

a. 1st 6-month period of 20_____, _____ cubic ft X 7.48 = _____ gallons

b. 2nd 6-month period of 20_____, _____ cubic ft X 7.48 = _____ gallons

c. Volume from other source(s) _____ gallons per day

Name of other source(s) _____

5. List estimated water consumption within the plant:

	<u>Type</u>	<u>Avg. volume (gals/day)</u>	<u>Max. volume (gals/day)</u>	<u>Separate meter?</u>	
				<u>yes</u>	<u>no</u>
a.	Cooling water	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b.	Boiler feed	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c.	Process	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d.	Sanitary	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
e.	Plant, equip. washdown	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
f.	Irrigation, lawn watering	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
g.	Other _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
h.	Total of a - g	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

6. List estimated volume of discharge of water to:

	<u>Outlet</u>	<u>Avg. Discharge (gals/day)</u>	<u>Max. Discharge (gals/day)</u>	<u>Discharge meter?</u>	
				<u>yes</u>	<u>no</u>
a.	Municipal sewer	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
b.	Storm drain, ground	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
c.	Waste haulers	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
d.	Evaporation	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
e.	In Product	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
f.	Total of a - e	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

7. List average water usage and average wastewater discharge for SIC processes itemized in Section B (attach additional sheets if needed).

<u>Process No. See Section B</u>	<u>SIC No</u>	<u>Avg. Water Consumption Gal. Per Day</u>	<u>Est. Avg. Discharge Gal. Per Day</u>	<u>Est. Max Discharge Gal. Per Day</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Describe any water treatment or conditioning processes utilized:

SECTION E - SEWER INFORMATION

1. Attach a scaled drawing of your plant site on a 24" X 36" sheet showing the location of all sewers. Also, show location of possible sampling points for these sewers and sampling points for regulated SIC processes. For reference and field orientation, buildings, streets, alleys, and other pertinent physical structures should be included.

2. List plant sewers shown in Item 1, include size and flow. Assign sequential reference number to each sewer starting with No. 1, (If more than 3, attach additional connection information on another sheet).

Sewer Ref. No.	Sewer Size (inches)	Descriptive Location of Sewer Connection or Discharge Point	Avg. Flow GPD	Max. Flow GPD
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION F - WASTEWATER INFORMATION

1. Does this facility discharge any wastewater other than from restrooms, cafeterias, or non-contaminated cooling water?

- Yes (complete SECTION F, items 2, 3, and 4)
 No (skip to SECTION F, item 5)

2. Please indicate the quantities discharged from the activities indicated below in units of gallons per day (refer to SECTION D, items 5, 6, 7, and 8). The quantities are to be given for each sewer receiving the discharge. Place an asterisk on any outfall discharging to a storm drain or surface course and give the NPDES Outfall Number and NPDES Permit Number.

Discharge Quantity by Sewer Referenced in E-2

Process Type (From D-7)	1	2	3	4	5	6
a.	_____	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____	_____
Sanitary	_____	_____	_____	_____	_____	_____
Boiler	_____	_____	_____	_____	_____	_____
Cooling	_____	_____	_____	_____	_____	_____
Plant & Equip. Washdown	_____	_____	_____	_____	_____	_____
Regeneration Waste (From D-8)	_____	_____	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____	_____	_____
Total (Refer to E-2)	_____	_____	_____	_____	_____	_____
NPDES Outfall No.	_____	_____	_____	_____	_____	_____

3. Is any form of wastewater pretreatment utilized at this facility? Yes No
If yes, attach a brief description or Flow Diagram of the process.
4. Attach a copy to this application of the most recent wastewater analyses performed on the wastewater discharges from your facilities. Be sure to include the date of the analysis, name of the laboratory performing the analysis, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).
5. Priority Pollutant Information: Please indicate by placing an "x" in the box preceding each listed chemical if the chemical is suspected or known to be present in your manufacturing or service activity, or generated as a by-product. Some compounds are known by other names. Please check with your supplier to determine the specific compounds found in your supplies. If the chemical compound is not known, list the product name and the name and address of the supplier in the spaces provided following this listing.

- | | | | |
|------------------------------|--|------------------------------|---|
| 1. <input type="checkbox"/> | Acenaphthene | 26. <input type="checkbox"/> | Chlordane (technical mixture and metabolites) |
| 2. <input type="checkbox"/> | Acenaphthylene | 27. <input type="checkbox"/> | Chlorobenzene |
| 3. <input type="checkbox"/> | Acrolein | 28. <input type="checkbox"/> | Chlorodibromomethane |
| 4. <input type="checkbox"/> | Acrylonitrile | 29. <input type="checkbox"/> | Chloroethane |
| 5. <input type="checkbox"/> | Aldrin | 30. <input type="checkbox"/> | 2-Chloroethyl vinyl ether (mixed) |
| 6. <input type="checkbox"/> | Alpha-BHC | 31. <input type="checkbox"/> | Chloroform (trichloromethane) |
| 7. <input type="checkbox"/> | Alpha-endosulfan | 32. <input type="checkbox"/> | 2-Chloronaphthalene |
| 8. <input type="checkbox"/> | Anthracene | 33. <input type="checkbox"/> | 2-Chlorophenol |
| 9. <input type="checkbox"/> | 1,2-Benzanthracene (benzo(a)anthracene) | 34. <input type="checkbox"/> | 4-Chlorophenyl phenyl ether |
| 10. <input type="checkbox"/> | Benzene | 35. <input type="checkbox"/> | Chrysene |
| 11. <input type="checkbox"/> | Benzidine | 36. <input type="checkbox"/> | 4,4-DDD (p,p-TDE) |
| 12. <input type="checkbox"/> | Benzo(a)pyrene (3,4-benzopyrene) | 37. <input type="checkbox"/> | 4,4-DDE (p,p-DDX) |
| 13. <input type="checkbox"/> | 3,4-Benzofluoranthene (benzo(b)fluoranthene) | 38. <input type="checkbox"/> | 4,4-DDT |
| 14. <input type="checkbox"/> | 11,12-Benzofluoranthene (benzo(k)fluoranthene) | 39. <input type="checkbox"/> | Delta-BHC |
| 15. <input type="checkbox"/> | 1,12-Benzoperylene (benzo(ghi)perylene) | 40. <input type="checkbox"/> | 1,2,5,6-Dibenzanthracene (dibenzo(a,h)anthracene) |
| 16. <input type="checkbox"/> | Beta-BHC | 41. <input type="checkbox"/> | 1,2-Dichlorobenzene |
| 17. <input type="checkbox"/> | Beta-endosulfan | 42. <input type="checkbox"/> | 1,3-Dichlorobenzene |
| 18. <input type="checkbox"/> | Bis (2-chloroethyl) ether | 43. <input type="checkbox"/> | Dichlorobenzene |
| 19. <input type="checkbox"/> | Bis (2-chloroisopropyl) ether | 44. <input type="checkbox"/> | 1,4-Dichlorobenzidine |
| 20. <input type="checkbox"/> | Bis (2-ethylhexyl) phthalate | 45. <input type="checkbox"/> | 3,3-Dichlorobromomethane |
| 21. <input type="checkbox"/> | Bis (2-chloroethoxy) methane | 46. <input type="checkbox"/> | 1,2-Dichloroethane |
| 22. <input type="checkbox"/> | Bromoform (tribromomethane) | 47. <input type="checkbox"/> | 1,2-Dichloroethane |
| 23. <input type="checkbox"/> | 4-Bromophenyl phenyl ether | 48. <input type="checkbox"/> | 1,1-Dichloroethylene |
| 24. <input type="checkbox"/> | Butyl benzyl phthalate | 49. <input type="checkbox"/> | 2,4-Dichlorophenol |
| 25. <input type="checkbox"/> | Carbon tetrachloride (tetra-chloromethane) | 50. <input type="checkbox"/> | 1,2-Dichloropropane |
| | | 51. <input type="checkbox"/> | 1,3-Dichloropropylene (1,3-dichloropropene) |
| | | 52. <input type="checkbox"/> | Dieldrin |

53. Diethyl phthalate
54. Dimethyl phthalate
55. 2,4-Dimethylphenol
56. Di-n-butyl phthalate
57. 4,6-Dinitro-o-cresol
58. 2,4-Dinitrophenol
59. 2,4-Dinitrotoluene
60. 2,6-Dinitrotoluene
61. Di-n-octyl phthalate
62. 1,2-Diphenylhydrazine
63. Endosulfan sulfate
64. Endrin
65. Endrin aldehyde
66. Ethylbenzene
67. Fluoranthene
68. Fluorene
69. Gamma-BHC
70. Heptachlor
71. Heptachlor epoxide
(BHC-hexachlorocyclohexane)
72. Hexachlorobutadiene
73. Hexachlorocyclopenta-diene
74. Hexachloroethane
75. Hexacholobenzene
76. Indeno(1,2,3-cd)pyrene
(2,3-o-phenylene pyrene)
77. Isophorone
78. Methyl bromide
(bromomethane)
79. Methyl chloride
(chloromethane)
80. Methylene chloride
(dichloromethane)
81. Naphthalene
82. Nitrobenzene
83. 2-Nitrophenol
84. 4-Nitrophenol
85. N-Nitrosodimethylamine
86. N-Nitrosodi-n-propylamine
87. N-Nitrosodiphenylamine
88. Parachlorometa cresol
89. PCB-polychlorinated diphenyls
90. PCB-1016 (arochlor 1016)
91. PCB-1221 (arochlor 1221)
92. PCB-1232 (arochlor 1232)
93. PCB-1242 (arochlor 1242)
94. PCB-1248 (arochlor 1248)
95. PCB-1254 (arochlor 1254)
96. PCB-1260 (arochlor 1260)
97. Pentachlorophenol
98. Phenanthrene
99. Phenol
100. Pyrene
101. 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)
102. 1,1,2,2-Tetrachloroethane
103. Tetrachloroethylene
104. Toluene
105. Toxaphene
106. 1,2-Trans-dichloroethylene
107. 1,2,4-Trichlorobenzene
108. 1,1,1-Trichloroethane
109. 1,1,2-Trichloroethane
110. Trichloroethylene
111. 2,4,6-Trichlorophenol
112. Vinyl Chloride (chloroethylene)
113. Antimony
114. Arsenic
115. Asbestos (Fibrous)
116. Cadmium
117. Chromium
118. Copper
119. Cyanide
120. Lead
121. Mercury
122. Molybdenum
123. Nickel
124. Selenium
125. Silver
126. Zinc

Product Name

Supplier

Address

6. For chemical compounds in Section F-5 which are indicated to be known present, please list and provide the following data for each: (attach additional sheets if needed).

<u>Item No.</u>	<u>Chemical Compound</u>	<u>Annual Usage (lbs.)</u>	<u>Estimated Loss To Sewer (lbs./yr.)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION G - LOCAL LEGAL SERVICE

Should legal service be required, give the local company official or local legal service company that will accept such service. Note whether acceptance is by a company official or legal service company,

Company official Legal Service Company

1. Name: _____

2. Title: _____

3. Mailing Address: _____

_____ Zip Code _____