

**ENVIRONMENTAL COMPLIANCE SECTION  
PERMIT APPLICATION  
CLASS I**

**NEW (FILL IN ALL)**  **RENEWAL (FILL IN ALL)**  **MODIFICATION (FILL IN CHANGES)**

**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: (Please include suite or tenant space number in multiple unit building)**  
Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Facility Mailing Address:**  
Street or P.O. Box: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Designated Authorized Representative of the Facility:**
- |                  |                  |
|------------------|------------------|
| Name: _____      | Name: _____      |
| Title: _____     | Title: _____     |
| Phone No.: _____ | Phone No.: _____ |
| Fax No.: _____   | Fax No.: _____   |
| Email: _____     | Email: _____     |

5. **Designated Facility Contact:**
- |                  |                  |
|------------------|------------------|
| Name: _____      | Name: _____      |
| Title: _____     | Title: _____     |
| Phone No.: _____ | Phone No.: _____ |
| Fax No.: _____   | Fax No.: _____   |
| Email: _____     | Email: _____     |

**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).
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**Industrial Categories or Business Activities Regulated by Categorical Standards**

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Canned and Preserved Fruits and Vegetables Processing
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Dairy Products Processing
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Meat and Poultry Products
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users."



**SECTION C - WATER SUPPLY**

1. Water Sources: (Check all that apply)

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

2. Name on the water bill: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water service account number: \_\_\_\_\_

4. List average water usage on premises:  
 [New facilities may estimate]

	<b>Type</b>	<b>Average Water Usage (GPD)</b>	<b>Indicate Estimated (E) or Measured (M)</b>
a.	Contact cooling water	_____	_____
b.	Non-contact cooling water	_____	_____
c.	Boiler feed	_____	_____
d.	Process (Describe Processes)	_____	_____
	_____	_____	_____
	_____	_____	_____
e.	Sanitary	_____	_____
f.	Air pollution control	_____	_____
g.	Contained in product	_____	_____
h.	Plant & equipment washdown	_____	_____
i.	Irrigation & lawn watering	_____	_____
j.	Other	_____	_____
<b>k.</b>	<b>TOTAL OF a-j</b>	_____	_____

**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 or tenant/suite space?

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 facility sewer, which connects to the City's sewer system. (If more than four, attach additional information on another sheet.)

	<b>Sewer Size</b>	<b>Descriptive Location of Sewer Connection or Discharge Point</b>	<b>Average Flow (GPD)</b>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

**SECTION E - WASTEWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City's sewer system?

Yes **If Yes, complete the remainder of Section E.**  No

**SECTION E - WASTEWATER DISCHARGE INFORMATION Continued**

2. Provide the following information on wastewater flow rates. [New facilities may estimate]

a. Peak hourly flow rate (GPH)\_\_\_\_\_ b. Max. daily flow rate \_\_\_\_\_(GPD)

c. Annual daily average (GPD)\_\_\_\_\_

3. If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. No. of batch discharges per day\_\_\_\_\_ b. Avg. discharge per batch\_\_\_\_\_ (GPD)

c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
 (days of week) (hours of day)

d. Flow rate \_\_\_\_\_gallons/minute e. Percent of total discharge\_\_\_\_\_

4. Operating Schedule:

<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Hours of Discharge</u>
[ ] Mon. - Fri.	_____	_____
[ ] Mon. - Sun.	_____	_____
[ ] Sunday	_____	_____
[ ] Monday	_____	_____
[ ] Tuesday	_____	_____
[ ] Wednesday	_____	_____
[ ] Thursday	_____	_____
[ ] Friday	_____	_____
[ ] Saturday	_____	_____

5. Shift information:

Shifts/Day: \_\_\_\_\_ Shift times: \_\_\_\_\_ No. Employees \_\_\_\_\_ per shift

\_\_\_\_\_

\_\_\_\_\_

6. a. Indicate whether the business activity is:

[ ] Continuous [ ] Seasonal - Check the months business activity occurs:

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



**SECTION E - WASTEWATER DISCHARGE INFORMATION Cont.**

**ANSWER QUESTIONS 10 & 11 IF YOU ARE SUBJECT TO CATEGORICAL STANDARDS**

10. For Categorical Users: Provide the wastewater discharge flows for each/all process(es) or proposed process(es). Include the reference number from the process schematic that corresponds to each process. [New facilities should estimate each discharge]

<b>No.</b>	<b>Regulated Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>No.</b>	<b>Unregulated Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<b>No.</b>	<b>Dilute Process</b>	<b>Average Flow (GPD)</b>	<b>Maximum Flow (GPD)</b>	<b>Type of Discharge (batch, continuous, none)</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

Yes       No



SECTION E - WASTEWATER DISCHARGE INFORMATION Cont.

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

[ ] Yes If yes, please attach a copy of the BMR. [ ] No

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

Current:	Flow Metering	[ ]	Yes	[ ]	No	[ ]	N/A
	Sampling Equipment	[ ]	Yes	[ ]	No	[ ]	N/A
Planned:	Flow Metering	[ ]	Yes	[ ]	No	[ ]	N/A
	Sampling Equipment	[ ]	Yes	[ ]	No	[ ]	N/A

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

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13. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

[ ] Yes [ ] No, (skip question 15)

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

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**SECTION E - WASTEWATER DISCHARGE INFORMATION Cont.**

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

Yes       No, (skip question 16)

16. 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**

1. Existing Dischargers

All current industrial users are required to submit monitoring data on all pollutants that are required by their existing Industrial User Permit. Using the Pollutant Characteristics table provided in this section, report the analytical results. **DO NOT LEAVE BLANKS.** If you do not test for a listed pollutant indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), in your wastestream by placing the appropriate letter in the Pollutants in Wastestream column for New Dischargers.

2. New Dischargers

New dischargers should use the Pollutant Characteristics 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 (suspected to be present), or O (will not be present) under the pollutants in wastestream column. If sampling was done at a previous location or at the present location, then place the results of those analyses in the appropriate pollutant boxes.

**Sampling must be done by a certified laboratory using EPA approved methods.**

**POLLUTANT CHARACTERISTICS**

Pollutant	Existing Dischargers					New Dischargers
	R.M.C. 14.12. Local Limit mg/l	Maximum Daily Value		Average of Analyses		Pollutants in Wastestream
		Conc. mg/l	Mass lbs.	Conc. mg/l	Mass lbs.	P = present S = suspected O = not present
Ammonia	n/a					
Arsenic	0.18					
Barium	n/a					
Boron	5.2					
Cadmium	0.15					
Chloride	350.0					
Chromium	0.68					
COD	8,000					
Copper	3.0					
Cyanide	0.17					
Fluoride	12.0					
Hardness	2,500					
Lead	1.2					
Manganese	1.0					
Mercury	0.001					
Molybdenum	n/a					
Nickel	2.3					
Oil and Grease	250					
Selenium	n/a					
Silver	0.8,5.0					
Sodium	250.0					
Sulfate (SO <sub>4</sub> )	250.0					
TDS*	1,210					
Total Nitrogen	500					
TSS	2,000					
Zinc	6.7					

n/a indicates there is no established local limit for this pollutant.

\*Quarterly Average Compliance Limit.

**SECTION G - TREATMENT OF WASTEWATER**

1. Is any form of wastewater treatment (see #3 for a list of options) practiced at this facility?

Yes     No

2. Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years?

Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check all that apply).

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

**SECTION G - TREATMENT OF WASTEWATER Cont.**

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

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- 5. **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 an operator for the listed treatment system?

Yes     No

(if Yes,)

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

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

- 8. Do you have an instruction or operation manual for your treatment equipment?

Yes     No

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

Yes     No

**SECTION H - FACILITY OPERATION CHARACTERISTICS**

- 1. List types and amounts (mass or volume per day) of raw materials used or planned for use at this facility (attach list if needed):

	Material	Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____

- 2. List types and quantity of chemicals used or planned for use at this facility (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

	Chemical	Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____

- 3. **Building Layout - On a separate sheet of paper 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. This drawing or blueprint must be certified by a State Registered Professional Engineer**

SECTION I - SPILL PREVENTION

- 1. Do you have storage containers, bins, or ponds at your facility, which are used to store chemicals?  
 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 underground metal containers have cathodic protection. \_\_\_\_\_

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- 2. Do you have floor drains in your manufacturing area(s)?  
 Yes       No

Do you have floor drains in your chemical storage area(s)?

- Yes       No

If yes; where do they discharge to? \_\_\_\_\_

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

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

- 4. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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**SECTION J - FACILITY WASTE MANAGEMENT PLAN, Cont.**

**C. PRETREATMENT SYSTEMS OPERATIONS AND MAINTENANCE MANUAL**

The permittee is required to submit an operations and maintenance manual for any pretreatment equipment used at the facility. This manual must include process flow rates, chemicals used and dosage rates, equipment used for treatment, a description of the operation and maintenance of the equipment, and the name(s) of personnel responsible for operating the pretreatment equipment. This requirement does not apply to those facilities that limit pretreatment to the operation of normal interceptor separation/clarification.

**D. TOXIC ORGANIC MANAGEMENT PLAN (TOMP)**

All categorical industrial users, required by the specific 40 CFR regulations, must submit a TOMP. All newly permitted categorical industrial users may be required to analyze for Total Toxic Organics (TTO) prior to submitting the required TOMP.

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 K.

Waste Generated	Quantity (per year)	Disposal Method
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

2. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility. \_\_\_\_\_

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

3. If an outside firm removes any of the above non-discharged wastes, state the name(s) and address(es) of all waste haulers:

Name	Address
a. _____	_____
b. _____	_____
c. _____	_____

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

Yes  No

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

SECTION L - 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

**SECTION L - COMPLIANCE CERTIFICATION, Cont.**

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. \_\_\_\_\_

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

3. 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.

<b>Milestone Activity</b>	<b>Completion Date</b>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

**SECTION L - COMPLIANCE CERTIFICATION, Continued**

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. \_\_\_\_\_

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

3. 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.

<b>Milestone Activity</b>	<b>Completion Date</b>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

**SECTION M - AUTHORIZED SIGNATURES**

**This section must be signed by one of the Authorized Representatives listed on page 1 of the permit application.**

**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

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Phone

Internal Use:

\_\_\_\_\_

Name of Staff Reviewer

\_\_\_\_\_

Date

\_\_\_\_\_

Senior/Supervisor Approval

\_\_\_\_\_

Date