Sample Permit Application Form

Disclaimer
The Control Authority is not required to use this permit application form and may develop either its own form or choose to modify the sample form to reflect specific conditions at the wastewater facility (WWF) and requirements of state and local law. For the Control Authority choosing to use a modified version of the sample application, the sample permit application provides, as an aid to the Control Authority, blank spaces or brackets throughout the application. These identify areas in which additions and changes to the sample application might be needed to address the circumstances at a POTW. The sample has additional bracketed notes that further explain issues the Control Authority might wish to consider when developing its permit application form.

Note: Please read all attached instructions prior to completing this application. Requests for confidential treatment of information provided on this form shall be governed by procedures specified in Section 403.111, Florida Statutes. In accordance with Rule 62-625.800, Florida Administrative Code, and ***[enter applicable local ordinance reference]***, information and data provided in this questionnaire which identifies the content, volume and frequency of discharge shall be available to the public without restriction.

SECTION A – GENERAL INFORMATION

A.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.

A.2 Facility Address:
Street:
City: State: Zip:

A.3 Business Mailing Address:
Street or P.O. Box:
City: State: Zip:

A.4 Designated signatory authority of the facility:
[Attach similar information for each authorized representative]
Name:
Title:
Address:
City: State: Zip:
Phone #

A.5 Designated facility contact:
Name:
Title:
Phone #

A.6 ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]***
Do you wish to be considered for regulation under a general permit, if the Control Authority considers it to be appropriate? If so, you must file a request for coverage under a general control mechanism.
[POTW's should include list of available general control mechanisms] ☐Yes ☐No

SECTION B – BUSINESS ACTIVITY

B.1 If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories

☐Aluminum Forming
☐Asbestos Manufacturing
☐Battery Manufacturing
☐Can Making
☐Canned and Preserved Fruit and Vegetable Processing
☐Canned and Preserved Seafood
☐Carbon Black Manufacturing
☐Cement Manufacturing
☐Centralized Waste Treatment
☐Coal Mining
☐Coil Coating
☐Concentrated Animal Feeding Operation and Feedlots
☐Concentration Aquatic Animal Production
☐Copper Forming
☐Dairy Product Processing or Manufacturing
☐Electric and Electronic Components Manufacturing
☐Electroplating
☐Explosives Manufacturing
☐Fertilizer Manufacturing
☐Ferroalloy Manufacturing
☐Foundries (Metal Molding and Casting)
☐Glass Manufacturing
☐Grain Mills
☐Gum and Wood Chemicals Manufacturing
☐Hospital
☐Ink Formulation
☐Inorganic Chemicals
☐Iron and Steel
☐Landfill
☐Leather Tanning and Finishing
☐Meat and Poultry Products
☐Metal Finishing
☐Metal Products and Machinery
☐Mineral Mining and Processing
☐Nonferrous Metals Forming
☐Nonferrous Metals Manufacturing
☐Oil and Gas Extraction
☐Ore Mining
☐Organic Chemicals Manufacturing
☐Paint and Ink Formulating
☐Paving and Roofing Manufacturing
B.1 ☐Pesticides Chemical Manufacturing, Formulating, and/or Packaging
☐Petroleum Refining

☐Pharmaceutical Manufacturing
☐Phosphate Manufacturing
☐Photographic Processing
☐Plastic and Synthetic Materials Manufacturing
☐Porcelain Enameling
☐Printed Circuit Board Manufacturing
☐Pulp, Paper, and Fiberboard Manufacturing
☐Rubber Manufacturing
☐Soap and Detergent Manufacturing
☐Steam Electric Power Generating
☐Sugar Processing
☐Textile Mills
☐Timber Products
☐Transportation Equipment Cleaning
☐Waste Combustors
☐Other (Describe)

B.2 Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

B.3 Indicate applicable North American Industry Classification System (NAICS) for all processes:
a.
b.
c.
d.
e.

B.4 Production Rate

Product	Past Calendar Year Amounts per Day (Daily Units)		Estimate This Calendar Year Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

B.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

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

☐Private Well
☐Surface Water
☐Municipal Water Utility (Specify City):
☐Other (Specify):

C.2 Name (as listed on the water bill):
Street:
City: State: Zip:

C.3 Water service account number:

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

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feeding		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment washdown		
i. Irrigation and lawn watering		
j. Other		
k. Total of a through j		

SECTION D – SEWER INFORMATION

D.1 a. For an existing business:
Is the building presently connected to the public sanitary sewer system?
Yes ☐sanitary sewer account number—
No ☐have you applied for a sanitary sewer hookup? ☐Yes ☐No

b. for a new business:
(i). Will you be occupying an existing vacant building (such as in an industrial park)?
☐Yes ☐No
(ii). Have you applied for a building permit if a new facility will be constructed? ☐Yes ☐No
(iii). Will you be connected to the public sanitary sewer system? ☐Yes ☐No

D.2 List size, descriptive location, and flow of each discharge pipe or discharge point which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION

E.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.

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

a. Hours/day discharged (e.g., 8 hours/day)

M	T	W	TH	F	SAT	SUN

b. Hours of discharge (e.g., 9 a.m. to 5 p.m.)

M	T	W	TH	F	SAT	SUN

c. Peak hourly flow rate (GPD)
d. Maximum daily flow rate (GPD)
e. Annual daily average (GPD)

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

a. Number of batch discharges (per day)
b. Average discharge per batch (GPD)
c. Time of batch discharges (days of week) (hours of day)
d. Flow rate (gallons per minute)
e. Percent of total discharge

E.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. (*Maybe included as an attachment*)

E.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 faculties should provide estimates for each discharge]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

E.6 List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each of nonprocess wastewater flows (i.e., cooling tower blowdown, boiler blowdown)

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

E.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:

E.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)

E.9 Briefly describe these changes and their effects on the wastewater volume and characteristics: (attach additional sheets if needed)

E.10 Are any recycling or reclamation systems in use or planned?
☐Yes ☐No (skip to Question 12)

E.11 Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process (attach additional sheets if needed):

E.12 ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]*** As allowed at 40 CFR 403.6(c)(5) when the limits in a categorical Pretreatment Standard are expressed only in terms of pollutant concentration, an Industrial User may request that the Control Authority convert the limits to equivalent mass limits. Do you anticipate that you will make this request? ☐Yes ☐No

E.13 ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]*** As allowed at 40 CFR 403.6(c)(6), an Industrial User subject to the mass limits of categorical Pretreatment Standards to 40 CFR Parts 414, 419, and/or 455 may request that the Control Authority convert the mass limits to equivalent concentration limits. Do you anticipate that you will make this request? ☐Yes ☐No

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. Do not leave blanks. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
1,1,2,2,-Tetrachloroethane								
Chloroethane								
Bis(2-Chloroethyl)ether								
17 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								
Ethylbenzene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Fluoranthene								
4-Chlorophenyl Phenyl Ether								
4-Bromophenyl Phenyl Ether								
Bis(2-Chloroethyl)ether								
Bis(2-chloroethoxy)methane								
Methylene Chloride								
Methyl Chloride								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
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-ethylyhexyl)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								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4’-DDE								
4,4'-DDD								
Alpha-Endosulfan								
Beta-Endosulfan								
Endosulfan Sulfate								
Endrin								
Endrin Aldehyde								
Heptachlor								
Heptachlor Epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD3								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								
Any additional pollutants regulated by state or local laws:								

[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.] Do you anticipate requesting a monitoring waiver for regulated pollutants which you believe to not be present in your process wastestream(s)? ☐Yes ☐No

[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.] 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(l), 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

G.1 Is any form of wastewater treatment (see list below) practiced at this facility?

☐Yes ☐No

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

☐No ☐Yes, describe:

G.3 Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

☐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
☐Rainwater diversion or storage
☐Biological treatment, type:
☐Other chemical treatment, type:
☐Other physical treatment, type:
☐Other, type:

G.4 Is process wastewater mixed with nonprocess wastewater prior to the sampling point?

☐No ☐If Yes, describe:

G.5 Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked in G.3.

G.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.

G.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.

G.8 Do you have a treatment operator? ☐Yes ☐No
(If Yes) Name:
Title:
Phone:
Full time (specify hours):
Part time (specify hours):

G.9 Do you have a manual on the correct operation of your treatment equipment? ☐Yes ☐No

G.10 Do you have written maintenance schedule for your treatment equipment? ☐Yes ☐No

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

H.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							

H.2 Indicate whether the business activity is:

☐Continuous through the year, or

☐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:

H.3 Indicate whether the facility discharge is:

☐Continuous through the year, or

☐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:

H.4 Does operation shut down for vacation, maintenance, or other reasons?

☐No ☐Yes, indicate reasons and period when shutdown occurs:

H.5 List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

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

Chemical	Quantity

H.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

I.1 Do you have chemical storage containers, bins, or ponds at your facility?

☐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:

I.2 Do you have floor drains in your manufacturing or chemical storage area(s)?

☐No ☐If yes, where do they discharge to?

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

☐an 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

I.4 Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

☐Yes – **[Please enclose a copy with the application.]**
☐No
☐N/A, since there are no floor drains and/or the facility discharge(s) only domestic wastes.

I.5 Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – BEST MANAGEMENT PRACTICES

J.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.

J.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

K.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

K.2 Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

K.3 If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

K.4 If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a.

_____

_____

Permit No. (if applicable): _____

b.

_____

_____

Permit No. (if applicable): _____

K.5 Have you been issued any Federal, State, or local environmental permits?

☐Yes

☐No

If yes, please list the permit(s):

K.6 Describe where and how waste liquids and sludges are stored.

SECTION L – AUTHORIZED SIGNATURES

Compliance certification:

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

☐Yes
☐No
☐Not yet discharging

L.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.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note +that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

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(s)

_____ _____ _____

Signature(s)* Date Phone

* To be signed by an authorized representative, as defined in ***[enter applicable local ordinance reference]***, after completion of this form.

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 Control Authority may be sent.
4. Provide all the names of the authorized signatories for this facility for the purposes of signing all reports. The designated signatory is defined as:
   a. 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 Control Authority (e.g., the plant manager).
6. ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]*** Indicate if the facility would like to be considered for regulation under a general permit.

SECTION B – INSTRUCTIONS (BUSINESS OPERATIONS)

1. Check off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.
2. Provide a brief narrative description of all operations at this facility.
3. For all processes found on the premises, indicate the NAICS (North America Industry Classification System) code which replaces the Standard Industrial Classification (SIC) system. To determine the NAICS code for a facility see *North American Industry Classification System--United States, 2002* which includes definitions for each industry, tables showing correspondence between 2002 NAICS and 1997 NAICS for codes that changed, and a comprehensive index--features also available on this web site. To order the 1400-page *2002 Manual*, in print, call NTIS at (800) 553-6847 or (703) 605-6000, or check the NTIS web site . The 1250-page *1997 Manual*, showing correspondence between 1997 NAICS and 1987 SIC, is also available. The 2002 and 1997 versions of NAICS are available on CD-ROMs, which can be ordered at NTIS. See http://www.census.gov/epcd/www/naics.html which lists NAICS codes and definitions for each industry.
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.

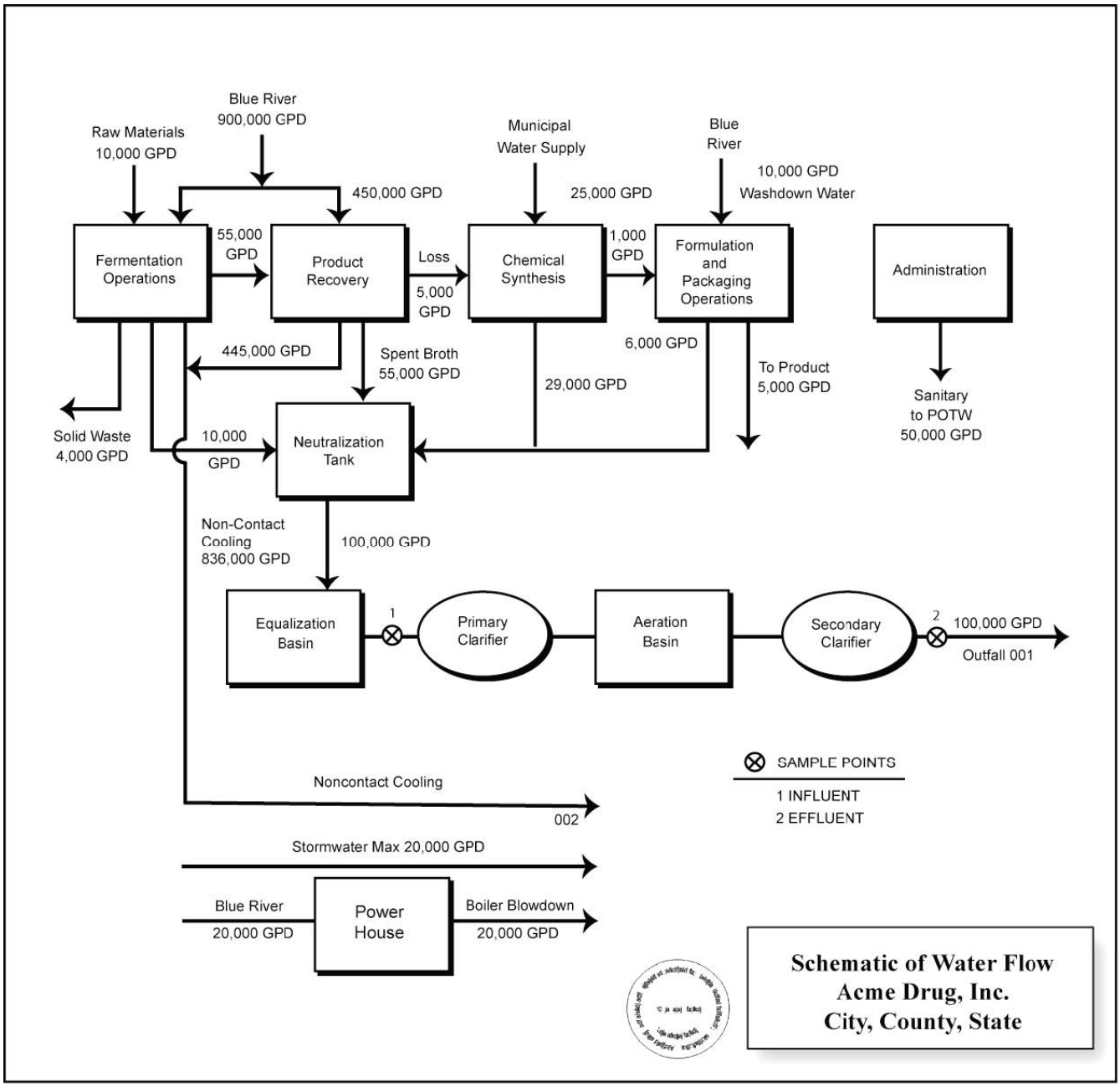
SECTION C – INSTRUCTION (WATER SUPPLY)

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 15 gallons per day (gpd) for each employee.

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.
4. A schematic flow diagram is required to be completed and certified for accuracy by a State registered professional engineer. 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.
12. ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]***
    The facility should indicate whether or not it anticipates requesting for equivalent mass limits.
13. ***[Note: This question might not be applicable to all pretreatment programs. The following question is only applicable to those programs implementing this optional streamlining provision.]***
    If the facility is subject to 40 CFR Parts 414, 419, or 455, it should indicate whether or not it anticipates requesting for equivalent concentration limits.

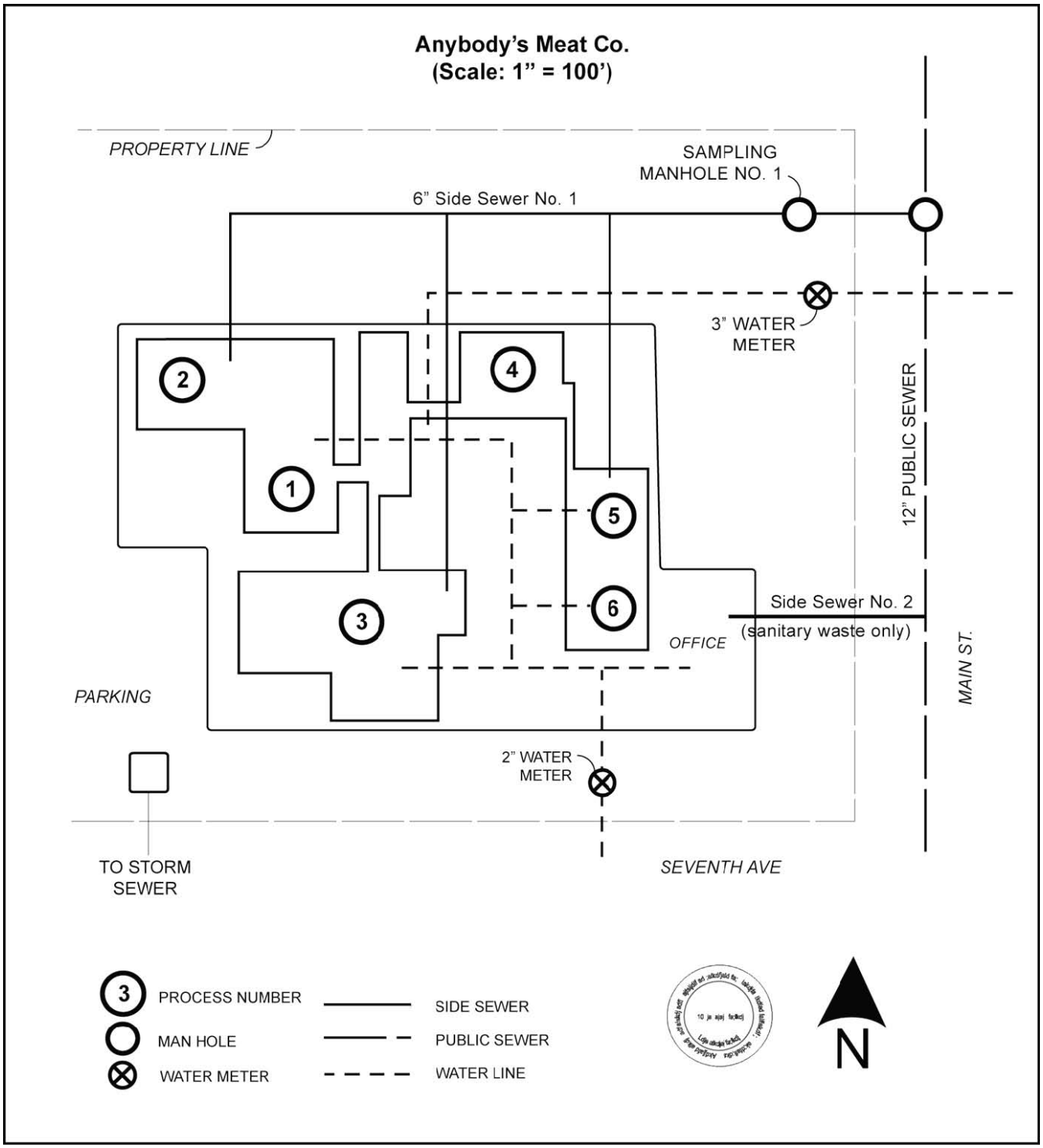
SECTION F – INSTRUCTION (CHARACTERISTICS OF DISCHARGE)

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 H – INSTRUCTION (FACILITY OPERATIONAL CHARACTERISTICS)

2. Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which the discharge occurs. Make any comments you feel are required to describe the variation in operation of your business activity.
4. Indicate any shut downs in operation which may occur during the year and indicate the reasons for shutdown.
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 and certified for accuracy by a State registered professional engineer. 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)

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 – INSTRUCTIONS (NON-DISCHARGED WASTES)

1. For wastes not discharged to the Control Authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e.g., incinerated, hauled, etc.), and the location of disposal.
2. Onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.
5. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.

SECTION K – INSTRUCTIONS (AUTHORIZED SIGNATURES)

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