

# WASTEWATER DISCHARGE PERMIT APPLICATION

## I. GENERAL INFORMATION:

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

Location: \_\_\_\_\_

Owner: \_\_\_\_\_ SIC Code: \_\_\_\_\_

Years of Establishment: \_\_\_\_\_

Contact Official: \_\_\_\_\_

(Note: Contact Official is the individual designated by the Industry. Whose responsibilities, include but are not limited to, signing all reports, corresponding to the Wastewater Utility regarding compliance matters, and making operational changes as needed to meet compliance with the pretreatment program.)

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

Number of Total Employees: \_\_\_\_\_

Days of Operation Per Week: \_\_\_\_\_

Hours of Operation Per Day: \_\_\_\_\_

## II. FACILITY INFORMATION:

Describe your facility's manufacturing processes:

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Is your facility's manufacturing expected to expand within the following twelve (12) months?      yes             no

If yes, please specify: \_\_\_\_\_

Number of Wastewater Treatment Operators or responsible personnel: \_\_\_\_\_

Name of the Operator(s) in charge during each shift:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your facility currently have any pretreatment equipment in use?

yes    no

If yes, please explain the type of system and provide a brief description: (Note: You may submit any factory specifications or diagrams for this area)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the location of the discharge area or sample collection point:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: Please include copy of your plumbing plans or schematic drawing depicting wastewater flow through your facility.)

Does your facility generate and dispose of Hazardous Wastes?

yes     no

(Note: Include copies of the last three (3) Waste Manifest Forms)

If yes, please explain disposal practices, and frequency of disposal:

\_\_\_\_\_

Is your facility regulated by other environmental control permits?

If yes, please specify: \_\_\_\_\_

**III. WASTEWATER DISCHARGE INFORMATION:**

Sanitary Sources	_____	gallons/day
Processes Sources	_____	gallons/day
Other (please specify on separate sheet)	_____	gallons/day
List Total Flow	_____	gallons/day

Is your facility's wastewater discharge?

Continuous \_\_\_\_\_

Batch \_\_\_\_\_

Other \_\_\_\_\_

Does your facility's wastewater fluctuate daily, monthly, or seasonally?

yes     no

If yes, when is flow the greatest? \_\_\_\_\_

Please list any changes in your wastewater composition or flow since the last permit was issued.

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(Note: Place a check beside all suspected pollutants on the Attachment that will be discharged into the wastewater collection system from your facility)

**IV. COMPLIANCE HISTORY:**

Is your facility regulated by any federal Categorical Pretreatment Standard? (i.e., Electroplating-Metal Finishing, etc.)                       yes                       no

If yes, please explain: \_\_\_\_\_

Has your facility received any noncompliance or violation notices since your last permit was issued?                       yes                       no

If yes, please explain the reason for noncompliance:  
\_\_\_\_\_  
\_\_\_\_\_

Is your facility current under any compliance schedule or time period provided by the Wastewater Utility to meet compliance with the pretreatment program?  
 yes                       no.

Other Comments:

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Applicant's Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*\*\*

Approved By: \_\_\_\_\_

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

Date: \_\_\_\_\_