

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:

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.

(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:

Applicant's Signature: _____

Title: _____

Date: _____

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

Approved By: _____

Title: _____

Date: _____