



**LUS ENVIRONMENTAL COMPLIANCE DIVISION  
WASTEWATER DISCHARGE PERMIT APPLICATION**

**Phone: (337) 291-5980  
1210 Walker Road  
P.O. Box 4017-C  
Lafayette, LA 70502  
Attn: Pretreatment (715)**

SECTION A - GENERAL INFORMATION

1. Facility Name \_\_\_\_\_

a. Operators 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 owner and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

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

2. Facility Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Business Mailing Address:

Street or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Designated signatory authority of the facility:  
(Attach similar information for each authorized representative)

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: Office \_\_\_\_\_ Fax \_\_\_\_\_

Phone No.: Home \_\_\_\_\_

5. Designated facility contact:

Name \_\_\_\_\_

Title \_\_\_\_\_

Phone No.: Office \_\_\_\_\_ Fax \_\_\_\_\_

Phone No.: Home \_\_\_\_\_

6. Application Prepared by:

Name \_\_\_\_\_

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

Title \_\_\_\_\_

Phone No.: Office \_\_\_\_\_ Fax \_\_\_\_\_

Phone No.: Home \_\_\_\_\_

7. Is your business located inside the city limits of Lafayette?

Yes [ ] No [ ]

If No, specify what city the business is located: \_\_\_\_\_

**CONFIDENTIALITY**

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requiring confidentiality.

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## 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 waste), place a check beside the category of business activity (check all that apply to your facility). If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.

- |  |  |
|--|--|
| <input type="checkbox"/> 40 CFR Part 405 - Dairy Products Processing                         | <input type="checkbox"/> 40 CFR Part 437 - Centralized Waste Treatment                 |
| <input type="checkbox"/> 40 CFR Part 406 - Grain Mills Manufacturing                         | <input type="checkbox"/> 40 CFR Part 438 - Metals Products & Machinery                 |
| <input type="checkbox"/> 40 CFR Part 407 - Canned and Preserved Fruits and Vegetables        | <input type="checkbox"/> 40 CFR Part 439 - Pharmaceutical Manufacturing                |
| <input type="checkbox"/> 40 CFR Part 408 - Canned and Preserved Seafood Processing           | <input type="checkbox"/> 40 CFR Part 440 - Ore Mining and Dressing                     |
| <input type="checkbox"/> 40 CFR Part 409 - Sugar Processing                                  | <input type="checkbox"/> 40 CFR Part 442 - Transportation Equipment Cleaning           |
| <input type="checkbox"/> 40 CFR Part 410 - Textile Mills                                     | <input type="checkbox"/> 40 CFR Part 443 - Paving and Roofing Materials                |
| <input type="checkbox"/> 40 CFR Part 411 - Cement Manufacturing                              | <input type="checkbox"/> 40 CFR Part 444 - Waste Combustors                            |
| <input type="checkbox"/> 40 CFR Part 412 - Feedlots  | <input type="checkbox"/> 40 CFR Part 445 - Landfills                                   |
| <input type="checkbox"/> 40 CFR Part 413 - Electroplating                                    | <input type="checkbox"/> 40 CFR Part 446 - Paint Formulating                           |
| <input type="checkbox"/> 40 CFR Part 414 - Organic Chemicals, Plastics, and Synthetic Fibers | <input type="checkbox"/> 40 CFR Part 447 - Ink Formulating                             |
| <input type="checkbox"/> 40 CFR Part 415 - Inorganic Chemicals Manufacturing                 | <input type="checkbox"/> 40 CFR Part 451 - Concentrated Animal Feeding Operations      |
| <input type="checkbox"/> 40 CFR Part 417 - Soap and Detergent Manufacturing                  | <input type="checkbox"/> 40 CFR Part 454 - Gum and Wood Chemicals                      |
| <input type="checkbox"/> 40 CFR Part 418 - Fertilizer Manufacturing                          | <input type="checkbox"/> 40 CFR Part 455 - Pesticides                                  |
| <input type="checkbox"/> 40 CFR Part 419 - Petroleum Refining                                | <input type="checkbox"/> 40 CFR Part 457 - Explosives Manufacturing                    |
| <input type="checkbox"/> 40 CFR Part 420 - Iron and Steel Manufacturing                      | <input type="checkbox"/> 40 CFR Part 458 - Carbon Black Manufacturing                  |
| <input type="checkbox"/> 40 CFR Part 421 - Nonferrous Metals Manufacturing                   | <input type="checkbox"/> 40 CFR Part 459 - Photographic                                |
| <input type="checkbox"/> 40 CFR Part 422 - Phosphate Manufacturing                           | <input type="checkbox"/> 40 CFR Part 460 - Hospitals                                   |
| <input type="checkbox"/> 40 CFR Part 423 - Steam Electric Power Generating                   | <input type="checkbox"/> 40 CFR Part 461 - Battery Manufacturing                       |
| <input type="checkbox"/> 40 CFR Part 424 - Ferroalloy Manufacturing                          | <input type="checkbox"/> 40 CFR Part 463 - Plastic Molding & Forming                   |
| <input type="checkbox"/> 40 CFR Part 425 - Leather Tanning and Finishing                     | <input type="checkbox"/> 40 CFR Part 464 - Metal Molding & Casting                     |
| <input type="checkbox"/> 40 CFR Part 426 - Glass Manufacturing                               | <input type="checkbox"/> 40 CFR Part 465 - Coil Coating                                |
| <input type="checkbox"/> 40 CFR Part 427 - Asbestos Manufacturing                            | <input type="checkbox"/> 40 CFR Part 466 - Porcelain Enameling                         |
| <input type="checkbox"/> 40 CFR Part 428 - Rubber Manufacturing                              | <input type="checkbox"/> 40 CFR Part 467 - Aluminum Forming                            |
| <input type="checkbox"/> 40 CFR Part 429 - Timber Products Processing                        | <input type="checkbox"/> 40 CFR Part 468 - Copper Forming                              |
| <input type="checkbox"/> 40 CFR Part 430 - Pulp, Paper, and Paperboard                       | <input type="checkbox"/> 40 CFR Part 469 - Electrical and Electronic Components        |
| <input type="checkbox"/> 40 CFR Part 432 - Meat Products                                     | <input type="checkbox"/> 40 CFR Part 471 - Nonferrous Metals Forming and Metal Powders |
| <input type="checkbox"/> 40 CFR Part 433 - Metal Finishing                                   |  |
| <input type="checkbox"/> 40 CFR Part 434 - Coal Mining and Processing                        |  |
| <input type="checkbox"/> 40 CFR Part 435 - Oil and Gas Extraction                            |  |
| <input type="checkbox"/> 40 CFR Part 436 - Mineral Mining and Processing                     |  |

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

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

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3. Indicate applicable North American Industry Classification System (NAICS) code and/or Standard Industrial Classification (SIC) code for all processes. (If more than one applies, list in descending order of importance.)

NAICS	SIC
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

For all processes found on the premises, indicate the North American Industry Classification System (NAICS) Code Number, as found in the most recent Edition of the North American Industry Classification System (NAICS) Manual prepared by the Executive Office of the President, Office of Management and Budget. This document is available from the Government Printing Office in Washington D.C., or in San Francisco, California. DO NOT USE PREVIOUS EDITIONS OF THE MANUAL. Copies of the manual are also available at most public libraries.

4. PRODUCT VOLUME

List the types of products, giving the common or brand name and the proper or scientific name. Enter from your previous 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

PRODUCT (Brandname)	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amounts Per Day (Daily Units)		Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C – UTILITY USAGE SUPPLY

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

- 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).

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 wash down includes floor wash down. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
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 - J \_\_\_\_\_

5. Electrical Sources: (Check the electrical company that is applicable)

- Lafayette Utilities System
- CLECO
- Entergy
- Slemco
- Other

6. Electrical Service Account Number \_\_\_\_\_

7. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes - Sanitary sewer account number \_\_\_\_\_

Specify the City that the sanitary sewer is located: \_\_\_\_\_

No - Have you applied for a sanitary sewer hookup?  Yes  No

If Yes, indicate the name of the city and person or department contacted for the sewer hook-

up: City \_\_\_\_\_ Department Name \_\_\_\_\_

Person's Name \_\_\_\_\_

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

If Yes, specify the Name of Organization for which will be named in the permit:

\_\_\_\_\_

In what city and which department have you applied for the permit? \_\_\_\_\_

\_\_\_\_\_

(iii). Will you be connected to the Lafayette public sanitary sewer system?

Yes  No

If No, what sewer system will you connect to: \_\_\_\_\_

\_\_\_\_\_

8. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<u>Sewer Pipe Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION D - WASTEWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?  
 Yes  No

2. Provide the following information on wastewater flow rate. (New facilities may estimate.)

a. Hours/Day Discharge (e.g. 8 hours/day)

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_F\_\_\_\_\_SAT\_\_\_\_\_SUN\_\_\_\_\_

b. Hours of discharge (e.g. 9 am to 5 pm)

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_F\_\_\_\_\_SAT\_\_\_\_\_SUN\_\_\_\_\_

c. Peak hourly flow rate (GPD)\_\_\_\_\_

d. Maximum daily flow rate (GPD)\_\_\_\_\_

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

3. If batch discharge occurs or will occur, indicate the following (new facilities may estimate):

a. Number of batch discharges\_\_\_\_\_per day.

b. Average of 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. If any infrequent discharges take place, please indicate the following:
  - a. Frequency\_\_\_\_\_
  - b. Volume\_\_\_\_\_gallons.
  - c. Duration\_\_\_\_\_hours.
  - d. Flow Rate\_\_\_\_\_gallons/minute.
  - e. Percent of Total Discharge\_\_\_\_\_

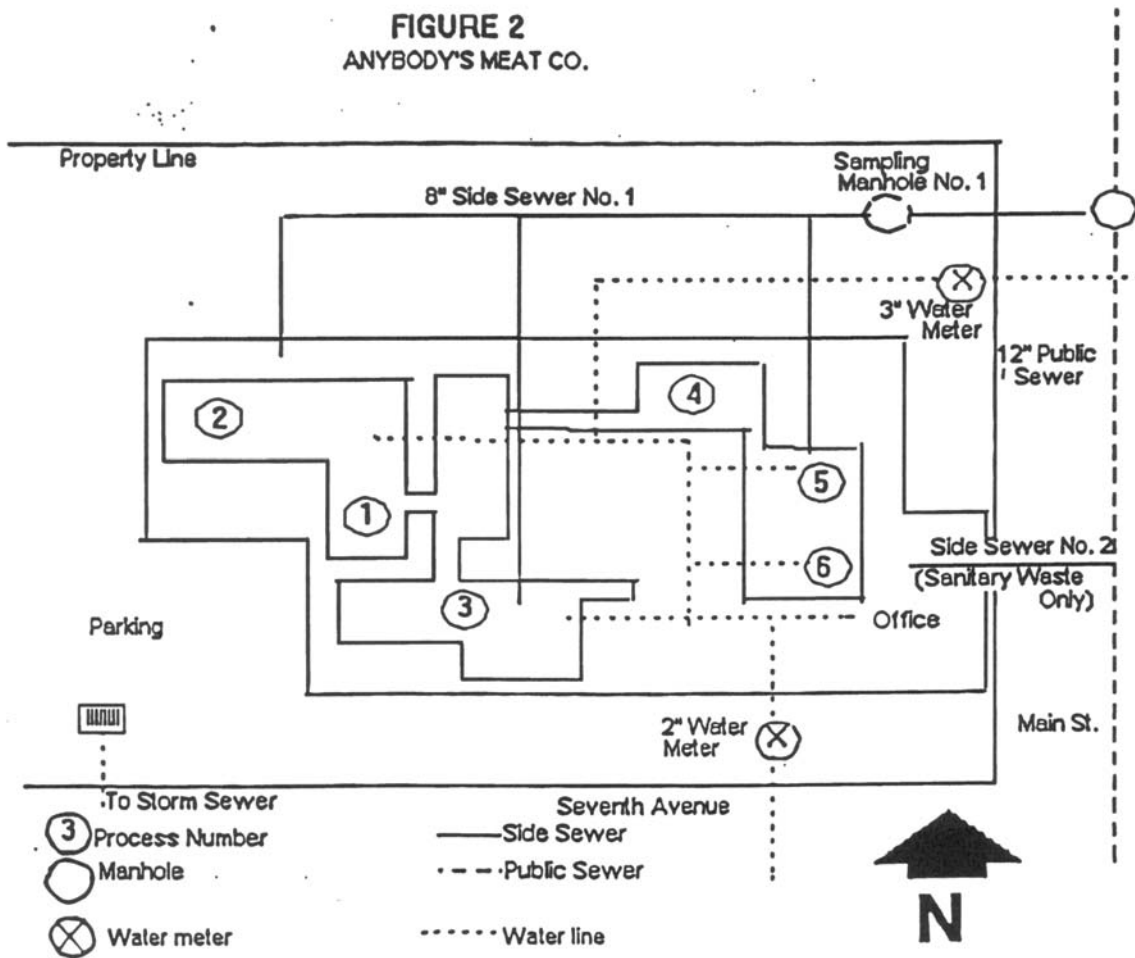
5. SCHEMATIC FLOW DIAGRAM

For each major activity in which wastewater is or will be generated, draw a schematic flow diagram on a separate sheet of paper 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 waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for the flow data this must be indicated. Assign a sequential reference number to each unit process having wastewater discharges to the community sewer starting with No. 1. Use these numbers when showing this unit processes in the building layout in Section H. **THIS DRAWING MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.**

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 2. BUILDING LAYOUT

FIGURE 2  
ANYBODY'S MEAT CO.



**FACILITIES THAT CHECKED ACTIVITIES IN QUESTION 1 OF SECTION B ARE CONSIDERED CATEGORICAL INDUSTRIAL USERS AND SHOULD SKIP TO QUESTION 7.**

6. For Non-Categorical Users Only: Non-Categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility.

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 facilities should provide estimates for each discharge.)

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

(Attach additional sheets, if needed)

**ANSWER QUESTIONS 7 & 8 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.**

7. For Categorical Users

Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

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

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

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated waste stream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste streams are waste streams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution waste stream. Dilution waste streams include sanitary wastewater, boiler blow down, non-contact cooling water or blow down, storm water streams, demineralizer backwash streams and process waste streams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. [For further details see 40 CFR 403.6 (e).]

8. For Categorical Users subject to Total Toxic Organic (TTO) requirements, please provide the following (TTO) information:

a. Does (or will ) this facility use any of the toxic organics that are listed under the TTO standard for the applicable categorical pretreatment standards published by EPA?  
 Yes       No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?  
 Yes       No

c. Has a toxic organics management plan (TOMP) been developed?  
 Yes       No  
 If yes, please attach a copy.

Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific toxic organic compounds found in the industrial user’s process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category [see applicable categorical pretreatment standards, 40 CFR Parts 405-471].

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

Current: Flow metering       Yes       No       NA  
 Sampling equipment       Yes       No       NA

Planned: Flow metering       Yes       No       NA  
 Sampling equipment       Yes       No       NA

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

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10. 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 (If the answer is no, skip question 11)

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

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

Yes     No (If the answer is no, skip question 13)

13. 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 E - 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 (non-regulated) 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 waste streams 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
<b>VOLATILE COMPOUNDS</b>								
Acetone								
Acrolein								
Acrylonitrile								
Benzene								
Bromodichloromethane								
Bromoform								
Bromomethane								
Carbon Disulfide								
Carbon Tetrachloride								
Chlorobenzene								
Chlorodibromomethane								
Chloroethane								
2- Chloroethyl vinyl ether								
Chloroform								
Chloromethane								
Dichlorobromomethane								
1,1 - Dichloroethane								
1,2 - Dichloroethane (EDC)								
1,1 - Dichloroethylene								
1,2 - Dichloropropane								
1,3 - Dichloropropylene (CIS)								
1,3 - Dichloropropylene (TRANS)								
Ethylbenzene								
Methyl Bromide								
Methyl chloride								
Methyl Ethyl Ketone								
Methyl Isobutyl Ketone								
Methylene chloride								
Methyl Methacrylate								
Styrene								
1,1,2,2 - Tetrachloroethane								
Tetrachloroethylene								
Toluene								
1,2 - Trans - dichloroethylene								
1,1,1 - Trichloroethane								
1,1,2 - Trichloroethane								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1,1,2 - Trichloroethane	_____	_____	_____	_____	_____	_____	_____	_____
Trichloroethylene	_____	_____	_____	_____	_____	_____	_____	_____
Trichlorofluormethane	_____	_____	_____	_____	_____	_____	_____	_____
Vinyl Acetate	_____	_____	_____	_____	_____	_____	_____	_____
Vinyl chloride	_____	_____	_____	_____	_____	_____	_____	_____
Xylene, Total	_____	_____	_____	_____	_____	_____	_____	_____
<b>METALS AND CYANIDE</b>								
Antimony, Total	_____	_____	_____	_____	_____	_____	_____	_____
Arsenic, Total	_____	_____	_____	_____	_____	_____	_____	_____
Barium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Beryllium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Cadmium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Chromium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Cobalt, Total	_____	_____	_____	_____	_____	_____	_____	_____
Copper, Total	_____	_____	_____	_____	_____	_____	_____	_____
Cyanide, Total	_____	_____	_____	_____	_____	_____	_____	_____
Lead, Total	_____	_____	_____	_____	_____	_____	_____	_____
Magnesium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Mercury, Total	_____	_____	_____	_____	_____	_____	_____	_____
Molybdenum, Total	_____	_____	_____	_____	_____	_____	_____	_____
Nickel, Total	_____	_____	_____	_____	_____	_____	_____	_____
Selenium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Silver, Total	_____	_____	_____	_____	_____	_____	_____	_____
Thallium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Tin, Total	_____	_____	_____	_____	_____	_____	_____	_____
Titanium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Vanadium, Total	_____	_____	_____	_____	_____	_____	_____	_____
Zinc, Total	_____	_____	_____	_____	_____	_____	_____	_____
<b>ACID COMPOUNDS</b>								
2 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
3 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
4 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,3 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,4 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,5 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.		Mass	Conc.
2,6 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____
3,4 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____
2,4 - Dimethylphenol	_____	_____	_____	_____	_____	_____	_____
4,6 - Dinitro - o - cresol	_____	_____	_____	_____	_____	_____	_____
2,4 - Dinitrophenol	_____	_____	_____	_____	_____	_____	_____
Methyl-2 Dinitrophenol-4,6	_____	_____	_____	_____	_____	_____	_____
2-Methyl phenol (o-cresol)	_____	_____	_____	_____	_____	_____	_____
4-Methyl phenol (p-cresol)	_____	_____	_____	_____	_____	_____	_____
2 - Nitrophenol	_____	_____	_____	_____	_____	_____	_____
4 - Nitrophenol	_____	_____	_____	_____	_____	_____	_____
p-chloro-m-cresol	_____	_____	_____	_____	_____	_____	_____
Pentachlorophenol	_____	_____	_____	_____	_____	_____	_____
Phenol	_____	_____	_____	_____	_____	_____	_____
2,4,5 - Trichlorophenol	_____	_____	_____	_____	_____	_____	_____
2,4,6 - Trichlorophenol	_____	_____	_____	_____	_____	_____	_____
<b>BASE/NEUTRAL COMPOUNDS</b>							
Acenaphthene	_____	_____	_____	_____	_____	_____	_____
Acenaphthylene	_____	_____	_____	_____	_____	_____	_____
Aniline	_____	_____	_____	_____	_____	_____	_____
Anthracene	_____	_____	_____	_____	_____	_____	_____
Benzidine	_____	_____	_____	_____	_____	_____	_____
Benzo [a]anthracene	_____	_____	_____	_____	_____	_____	_____
Benzo [a]pyrene	_____	_____	_____	_____	_____	_____	_____
3,4 - benzofluoranthene	_____	_____	_____	_____	_____	_____	_____
Benzo[ghi]perylene	_____	_____	_____	_____	_____	_____	_____
Benzo [k]fluoranthane	_____	_____	_____	_____	_____	_____	_____
Benzyl Alcohol	_____	_____	_____	_____	_____	_____	_____
Bis (2 - chloroethoxy) methane	_____	_____	_____	_____	_____	_____	_____
Bis(2 - chloroethyl) ether	_____	_____	_____	_____	_____	_____	_____
Bis (2 - chloroisopropyl) ether	_____	_____	_____	_____	_____	_____	_____
Bis(2 - ethylhexyl) phthalate	_____	_____	_____	_____	_____	_____	_____
4 - Bromophenyl phenyl ether	_____	_____	_____	_____	_____	_____	_____
2-Butoxy Ethanol	_____	_____	_____	_____	_____	_____	_____
Benzyl butyl phthalate	_____	_____	_____	_____	_____	_____	_____
4-Chloroaniline	_____	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2 - Chloronaphthalene								
4 - Chlorophenyl phenyl ether								
Chrysene								
Dibenzo[a,h]anthracene								
Dibenzofuran								
1,2 - Dichlorobenzene								
1,3 - Dichlorobenzene								
1,4 - Dichlorobenzene								
3,3 - Dichlorobenzidine								
1,2 - Dichloropropylene								
Diethyl Phthalate								
Dimethyl Phthalate								
Di - n - Butyl Phthalate								
2,4 - Dinitrotoluene								
2,6 - Dinitrotoluene								
Di - n - octyl Phthalate								
1,2 - Diphenylhydrazine								
Divinyl Benzene								
Ethylene Glycol Dimethacrylate								
Fluoranthene								
Fluorene								
Hexachlorobenzene								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Hexachloroethane								
Indeno[1,2,3-cd]pyrene								
Isophorone								
2-Methyl Naphthalene								
Naphthalene								
2-Nitroamine								
3-Nitroanaline								
4-Nitroanaline								
Nitrobenzene								
N - nitrosodimethylamine								
N - nitrosodiphenylamine								
N - nitrosodi - n - propylamine								

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.		Mass	Conc.
Phenanthrene	_____	_____	_____	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____	_____	_____	_____
Pyridine	_____	_____	_____	_____	_____	_____	_____
Tetracholrobenzene(s)	_____	_____	_____	_____	_____	_____	_____
1,2,4 - Trichlorobenzene	_____	_____	_____	_____	_____	_____	_____
<b>INORGANIC/NUTRIENTS COMPOUND</b>							
Ammonium-Nitrogen (NH3-N)	_____	_____	_____	_____	_____	_____	_____
Chloride	_____	_____	_____	_____	_____	_____	_____
Chlorine, Total Residual	_____	_____	_____	_____	_____	_____	_____
Fluoride	_____	_____	_____	_____	_____	_____	_____
Hardness	_____	_____	_____	_____	_____	_____	_____
Kjeldahl N	_____	_____	_____	_____	_____	_____	_____
Nitrate N	_____	_____	_____	_____	_____	_____	_____
Nitrite N	_____	_____	_____	_____	_____	_____	_____
Orthophosphate P	_____	_____	_____	_____	_____	_____	_____
Phosphorous	_____	_____	_____	_____	_____	_____	_____
Sodium	_____	_____	_____	_____	_____	_____	_____
Specific Conductivity	_____	_____	_____	_____	_____	_____	_____
Sulfate (SO4)	_____	_____	_____	_____	_____	_____	_____
Sulfide (S)	_____	_____	_____	_____	_____	_____	_____
Sulfite (SO3)	_____	_____	_____	_____	_____	_____	_____
<b>HERBICIDES / PESTICIDES</b>							
Aldrin	_____	_____	_____	_____	_____	_____	_____
Alpha-BHC	_____	_____	_____	_____	_____	_____	_____
Beta-BHC	_____	_____	_____	_____	_____	_____	_____
Gamma-BHC (Lindane)	_____	_____	_____	_____	_____	_____	_____
Delta-BHC	_____	_____	_____	_____	_____	_____	_____
Chlordane	_____	_____	_____	_____	_____	_____	_____
4,4'-DDT	_____	_____	_____	_____	_____	_____	_____
4,4'-DDE	_____	_____	_____	_____	_____	_____	_____
4,4'-DDD	_____	_____	_____	_____	_____	_____	_____
Dieldrin	_____	_____	_____	_____	_____	_____	_____
Alpha-endosulfan	_____	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.		Mass	Conc.
Beta-endosulfan	_____	_____	_____	_____	_____	_____	_____
Diazinon	_____	_____	_____	_____	_____	_____	_____
Endosulfan sulfate	_____	_____	_____	_____	_____	_____	_____
Endrin	_____	_____	_____	_____	_____	_____	_____
Endrin aldehyde	_____	_____	_____	_____	_____	_____	_____
Heptachlor	_____	_____	_____	_____	_____	_____	_____
Heptachlor epoxide	_____	_____	_____	_____	_____	_____	_____
PCB-1242	_____	_____	_____	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____	_____	_____	_____
PCB-1221	_____	_____	_____	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____	_____	_____	_____
PCB-1248	_____	_____	_____	_____	_____	_____	_____
PCB-1260	_____	_____	_____	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____	_____	_____	_____
PCB, Total	_____	_____	_____	_____	_____	_____	_____
2,3,7,8-Tetrachloro-dibenzo- p-dioxin (TCDD)	_____	_____	_____	_____	_____	_____	_____
2,4,5,-TP (Silvex)	_____	_____	_____	_____	_____	_____	_____
2,4,-D	_____	_____	_____	_____	_____	_____	_____
Toxaphene	_____	_____	_____	_____	_____	_____	_____
<b>OTHER</b>							
Asbestos	_____	_____	_____	_____	_____	_____	_____
Bacteria	_____	_____	_____	_____	_____	_____	_____
BOD5	_____	_____	_____	_____	_____	_____	_____
COD	_____	_____	_____	_____	_____	_____	_____
Formaldehyde	_____	_____	_____	_____	_____	_____	_____
Oil and Grease	_____	_____	_____	_____	_____	_____	_____
Organic N	_____	_____	_____	_____	_____	_____	_____
pH	_____	_____	_____	_____	_____	_____	_____
TOC	_____	_____	_____	_____	_____	_____	_____
TSS	_____	_____	_____	_____	_____	_____	_____

SECTION F - TREATMENT

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

Yes

No

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

Yes, describe \_\_\_\_\_

No

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

DAF Unit (Diffused Air Flootation)

Filtration

Flow equalization

Grease or oil separation, type \_\_\_\_\_

Grease Trap

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 \_\_\_\_\_

4. Description

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 a treatment operator?     Yes                       No

If Yes, Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

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

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

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

9. Do you have a written maintenance schedule for your treatment equipment?  
 Yes                       No

**SECTION G - FACILITY OPERATIONAL CHARACTERISTICS**

**1. Shift Information**

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun

Shifts per Work day	_____	_____	_____	_____	_____	_____	_____
------------------------	-------	-------	-------	-------	-------	-------	-------

Empl's per shift	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____

Shift start and end times	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal- Circle the months of the year during which the business activity occurs.

J F M A J J A S O N D

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.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

3. Indicate whether the facility discharge is:

Continuous through the year, or

Seasonal - Circle the months of the year during which the business activity occurs.

J F M A J J A S O N D

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

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

Yes, indicate reasons and period when shutdown occurs.

\_\_\_\_\_

\_\_\_\_\_

No

5. Indicate any shut down in operation which may occur during the year and indicate the reasons for the shutdown.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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 (mass or volume). Attach additional sheet of paper, if needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Provide a listing of all chemicals used (or planned) in the facility's operations. Indicate the amount used or planned in daily units. Indicate which chemicals have a reasonable potential to discharge into the sanitary sewer by placing a check mark in the box. Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. **PROVIDE COPIES OF ALL AVAILABLE MANUFACTURER'S MATERIAL SAFETY DATA SHEETS FOR ALL CHEMICALS IDENTIFIED:**

	Chemical	Quantity
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

8. Building Layout

A building layout or plant site plan drawn to scale of the premises is required to be completed and certified for accuracy by a **STATE REGISTERED PROFESSIONAL ENGINEER**. 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 numbering system shown in Figure 1, the schematic flow diagram. An example of the drawing required is shown below.

SECTION H - SPILL PREVENTION

1. Do you have chemical storage containers, bins, underground storage tanks or retention basin at your facility?

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 storage tanks have cathodic protection.

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

Yes     No

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

3. If you have chemical storage containers, bins, underground storage tanks or retention basins in manufacturing area, could an accidental spill lead to a discharge into/onto (check all that apply):

an onsite disposal system

the public sanitary sewer system (e.g. through a floor drain)

a storm drain

the ground

other, specify \_\_\_\_\_

not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) or Slug Loading Control Plan (SLCP) 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

NA - Not Applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events within the past three (3) years, if applicable, and remedial measures taken to prevent their reoccurrence. Include how the spill occurred, what was spilled, when the spill occurred, 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. (Attach additional sheets of paper, if needed).

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**SECTION I - NON-DISCHARGED WASTES**

1. Are any wastes liquids or sludges generated and **not** disposed of in the sanitary sewer system?  
 Yes, please describe below.  
 No, skip the remainder of Section I.

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.

Indicate which wastes identified below are disposed of at an off-site treatment facility and which are disposed of on-site. Onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.

If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility's name and address.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>	<u>Treatment on-site</u>	<u>off-site</u>	<u>Name &amp; Address of the Disposal Company</u>
_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	[ ]	[ ]	_____
_____	_____	_____	[ ]	[ ]	_____

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

a. \_\_\_\_\_ b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permit No. \_\_\_\_\_ Permit No. \_\_\_\_\_  
 (if applicable) (if applicable)

3. Have you been issued any Federal, State, or local environmental permits?  
 Yes  No

If yes, please list the permit(s):

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

Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.

SECTION J - POLLUTION PREVENTION

Good Operating Practices (Good operating practices are procedural, administrative, and institutional measures, which include improving inventory control, preventing accidental spills, segregating waste streams, and scheduling production runs that maximize production and minimize waste.):

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Input material substitutions (This technique involves replacing the input material that contains a problem pollutant with a different material that performs the same function without generating a toxic or hazardous waste.):

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Product changes (Product change generally falls into one of three categories: product substitution, changes in product composition, and product conservation.):

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Technology Changes (Technology changes involve changes in any of the following areas: production processes, equipment, layout or piping, use of automation and process operating conditions, such as flow rates, temperatures, pressures, and residence times.):

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Recycling (Recycling options involve the reuse and reclamation of spent input materials, such as solvents, detergents, inks, and other chemicals.):

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SECTION K - AUTHORIZED SIGNATURES

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

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, the compliance schedule is to be submitted by the facility,

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. Signature requirements for industrial user reports.

All applications, reports, or information submitted to the City by an industrial user shall include the certification statement as set forth in 40 CFR 403.6 (a)(2)(ii), and shall be signed as follows:

- a) By a responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph a corporate officer means (i) a 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 operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second –quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.
- b) By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.

- c) By a duly authorized representative of the individual designate in 3(a) or 3(b) of this section if:
- 1- The authorization is made in writing by the individual described in 3(a) or 3(b);
  - 2- The authorization specifies either an individual or a 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
  - 3- The written authorization is submitted to the Control Authority.
- d) If an authorization under paragraph (a)(c) 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 (a)(c) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.

#### **4. 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”.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone