

**Pretreatment Permit Application**

**For Discharge(s) to a Publically Owned Treatment Works**

**Section A. General Instructions**

* To be completed by persons engaged industrial manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works (POTW).
* To expedite the processing of the application, unless stated otherwise, all items are to be filled out completely. Your application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting “NA” to show that you considered the question.
* For any section of this application attach additional sheets as necessary.
* EPD may return incomplete applications to the sender if we are unable to process the incomplete application.
* Additional information may be required upon request.

**Section B. Attachments**

Please provide the following attachments to the permit application. Please be sure to label them as appropriate.

* 1. Site map showing the layout of the facility.
  2. A schematic flow diagram of the wastewater treatment system with flow volumes and sampling locations.
  3. Sewer Use Ordinance (SUO) as provided by the POTW.
  4. Baseline Monitoring Report (BMR)
  5. Accidental Spill Prevention Plan (ASPP).
  6. If applicable, Toxic Organics Management Plan (TOMP)

**Section C. Signatory Requirements**

The application is to be signed by a designated responsible official as follows:

For a corporation: by a responsible corporate official. A responsible corporate official 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, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. For a partnership or sole proprietorship: by a general partner or the proprietor.

**Section D. Submittal of Application**

Mail completed application packages to:

Georgia Department of Natural Resources

EPD – Watershed Protection Branch

Attention: Industrial Permitting Unit

2 Martin Luther King Jr. Drive

Suite 1152

Atlanta, Georgia 30334

**Section E. Common Acronyms Found in the Application**

1. CIU – Categorical Industrial User
2. CFR – Code of Federal Regulations
3. EPD – Environmental Protection Division
4. IU – Industrial User
5. NPDES - National Pollutant Discharge Elimination System
6. POTW – Publicly Owned Treatment Works
7. SIU – Significant Industrial User
8. SUO – Sewer Use Ordinance

**Section F. Significant Definitions**

1. Significant Industrial User (SIU) per 40 CFR 403.3(v) is any of the following:

a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, subchapter N.

b. A Categorical Industrial User (CIU).

c. A discharger that contributes 25,000 gallons per day of process wastewater to collection system **or** 5% of the hydraulic, organic or solids loading of the POTW **or** Designated by the EPD on the basis that the IU has a reasonable potential for affecting the POTW.

1. Categorical Industrial User

A categorical industrial user (CIU) is a facility that meets these conditions:

1. The industrial activity performed at the facility is regulated by one or more of the federal regulations found in Title 40 Code of Federal Regulations (40 CFR).
2. The facility discharges process wastewater to a Publicly Owned Treatment Works (POTW)

If you are a CIU, then you must comply with the categorical pretreatment standards specified in the federal regulations **and** any local limits (ex. SUO) established by the POTW that receives your wastewater discharge.

**Section G. Significant Industrial Categories**

The table below lists the significant industrial categories and the types of pollutants that must be analyzed and submitted in Section K.3 of this application.

| **INDUSTRIAL CATEGORY** | **Volatile** | **Acid Compounds** | **Base / Neutral Compounds** | **Pesticide** |
| --- | --- | --- | --- | --- |
| Adhesives and Sealants | x | x | x | - |
| Aluminum Forming | x | x | x | - |
| Auto and other laundries | x | x | x | x |
| Battery Manufacturing | x | x | x | - |
| Coal Mining | x | x | x | x |
| Coil Coating | x | x | x | - |
| Copper Forming | x | x | x | - |
| Electric and Electronic Compounds | x | x | x | x |
| Electroplating | x | x | x | - |
| Explosives Manufacturing | - | x | x | - |
| Foundries | x | x | x | - |
| Gum and Wood Chemicals | x | x | x | x |
| Inorganic Chemicals Manufacturing | x | x | x | - |
| Iron and Steel Manufacturing | x | x | x | - |
| Leather Tanning and Finishing | x | x | x | x |
| Mechanical Products Manufacturing | x | x | x | - |
| Metal Finishing | x | x | x | - |
| Nonferrous Metals Manufacturing | x | x | x | x |
| Ore Mining and Dressing | x | x | x | x |
| Organic Chemicals Plastic and Synthetic Fibers | x | x | x | x |
| Paint and Ink Formulating | x | x | x | x |
| Pesticides Chemicals | x | x | x | x |
| Petroleum Refining | x | x | x | x |
| Pharmaceutical Manufacturing | x | x | x | - |
| Photographic Equipment and Supplies | x | x | x | x |
| Plastics and Synthetic Materials Manufacturing | x | x | x | x |
| Plastic Processing | x | - | - | - |
| Pulp, Paper, and Paperboard | x | x | x | - |
| Rubber Manufacturing | x | x | x | - |
| Porcelain Enameling | x | - | x | x |
| Printing and Publishing | x | x | x | x |
| Soap and Detergent Manufacturing | x | x | x | - |
| Steam Electric Power Generating | x | x | x | - |
| Textile Mills | x | x | x | x |
| Timber Products Processing | x | x | x | x |

**Pretreatment Permit Application**

**For Discharge(s) to a Publically Owned Treatment Works**

***Check Applicable Box:***

***New Permit  Existing Permit (Permit No.:***      



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| **Section A. Contact & FAcility Information** | | | | | |
| Owner of Facility Name: | | | | | |
| Industrial Facility Name: | | | | | |
| Permit Application Contact Name (first & last): | | | | | |
| Title: | | | | | |
| E-mail Address: | | | | Phone: | |
| Facility Mailing Address (Street or P.O. box): | | | | | |
| City: | State: | Zip: | | | |
| Facility Location Street: | | | | | |
| City: | State: | | Zip: | | County: |
| Facility Latitude/Longitude (ex. 34.5364, -84.8045): | | | | | |
| SIC Code(s) (4-digit in order of priority)  1st:      2nd:       3rd:       4th | | | | NAICS Code(s): | |

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| **Section B. Designated Signatory authority for the facility** | | | |
| Name/Title: | | | |
| E-mail Address: | | Phone: | |
| Mailing Address Street or P.O. box: | | | |
| City: | State: | | Zip: |

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| Section c. General information | | |
| 1. Is the building currently connected to the POTW sanitary sewer system?  Yes  No | | |
| 1.a. If no, please provide estimated date of connection: | | |
| 1. Does the building have a separate sanitary sewer line to the PTW sanitary sewer system? This is a separate sanitary sewer line from the process wastewater line.   Yes  No | | |
| 1. Does the facility’s discharge meet the requirements for a Significant Industrial User (SIU) (defined in the Application Instructions?  Yes  No | | |
| 1. Do you have any other Federal, State, or local environmental permits?  Yes  No | | |
| 4.a. If yes, complete the following table. provide permit type, number, and issuance date: | | |
| **Permit Type** | **Permit Number** | **Permit Issuance Date** |
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| SECTION D. BUSINESS ACTIVITY | | | | | | | | | | | | | | | | |
| 1. If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check (X) beside the category (check all that apply) and enter the applicable subpart(s) that apply.  A facility with processes inclusive in the below table may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical Industrial Users". | | | | | | | | | | | | | | | | |
| **X** | | **INDUSTRIAL CATEGORIES** | | | | | | | **Code of Federal Regulations Reference No.** | | | | | | **Subpart That Applies To Applicant’s Facility** | |
|  | | Aluminum Forming 467 | | | | | | | 467 | | | | | |  | |
|  | | Asbestos Manufacturing | | | | | | | 427 | | | | | |  | |
|  | | Battery Manufacturing | | | | | | | 461 | | | | | |  | |
|  | | Canned and Preserved Fruits and Vegetables Processing | | | | | | | 407 | | | | | |  | |
|  | | Canned and Preserved Seafood Processing | | | | | | | 408 | | | | | |  | |
|  | | Carbon Black Manufacturing | | | | | | | 458 | | | | | |  | |
|  | | Cement Manufacturing | | | | | | | 411 | | | | | |  | |
|  | | Centralized Waste Treatment | | | | | | | 437 | | | | | |  | |
|  | | Coal Mining | | | | | | | 434 | | | | | |  | |
|  | | Coil Coating | | | | | | | 465 | | | | | |  | |
|  | | Concentrated Aquatic Animal Production | | | | | | | 451 | | | | | |  | |
|  | | Construction and Development | | | | | | | 450 | | | | | |  | |
|  | | Copper Forming | | | | | | | 468 | | | | | |  | |
|  | | Dairy Products Processing | | | | | | | 405 | | | | | |  | |
|  | | Electrical and Electronic Components Manufacturing | | | | | | | 469 | | | | | |  | |
|  | | Electroplating | | | | | | | 413 | | | | | |  | |
|  | | Explosives Manufacturing | | | | | | | 457 | | | | | |  | |
|  | | Feedlots | | | | | | | 412 | | | | | |  | |
|  | | Ferroalloy Manufacturing | | | | | | | 424 | | | | | |  | |
|  | | Fertilizer Manufacturing | | | | | | | 418 | | | | | |  | |
|  | | Glass Manufacturing | | | | | | | 426 | | | | | |  | |
|  | | Grain Mills | | | | | | | 406 | | | | | |  | |
|  | | Gum and Wood Chemicals Manufacturing | | | | | | | 454 | | | | | |  | |
|  | | Hospital | | | | | | | 460 | | | | | |  | |
|  | | Ink Formulating | | | | | | | 447 | | | | | |  | |
|  | | Inorganic Chemicals Manufacturing | | | | | | | 415 | | | | | |  | |
|  | | Iron and Steel Manufacturing | | | | | | | 420 | | | | | |  | |
| 1. **CONTINUED**. If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check (X) beside the category (check all that apply) and enter the applicable subpart(s) that apply.  A facility with processes inclusive in the below table may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical Industrial Users". | | | | | | | | | | | | | | | | |
| **X** | | **INDUSTRIAL CATEGORIES** | | | | | | | **Code of Federal Regulations Reference No.** | | | | | | **Subpart That Applies To Applicant’s Facility** | |
|  | | Landfills | | | | | | | 445 | | | | | |  | |
|  | | Leather Tanning and Finishing | | | | | | | 425 | | | | | |  | |
|  | | Meat Products | | | | | | | 432 | | | | | |  | |
|  | | Metal Finishing | | | | | | | 433 | | | | | |  | |
|  | | Metal Molding and Casting | | | | | | | 464 | | | | | |  | |
|  | | Metal Products and Machinery | | | | | | | 438 | | | | | |  | |
|  | | Mineral Mining and Processing | | | | | | | 436 | | | | | |  | |
|  | | Nonferrous Metals Forming Metal Powders | | | | | | | 471 | | | | | |  | |
|  | | Nonferrous Metals Manufacturing | | | | | | | 421 | | | | | |  | |
|  | | Oil and Gas Extraction | | | | | | | 435 | | | | | |  | |
|  | | Ore Mining and Dressing | | | | | | | 440 | | | | | |  | |
|  | | Organic Chemicals Plastic and Synthetic Fibers | | | | | | | 414 | | | | | |  | |
|  | | Paint Formulating | | | | | | | 446 | | | | | |  | |
|  | | Paving and Roofing Materials | | | | | | | 443 | | | | | |  | |
|  | | Pesticides Chemicals | | | | | | | 455 | | | | | |  | |
|  | | Petroleum Refining | | | | | | | 419 | | | | | |  | |
|  | | Pharmaceutical Manufacturing | | | | | | | 439 | | | | | |  | |
|  | | Phosphate Manufacturing | | | | | | | 422 | | | | | |  | |
|  | | Photographic | | | | | | | 459 | | | | | |  | |
|  | | Plastics Molding and Forming | | | | | | | 463 | | | | | |  | |
|  | | Porcelain Enameling | | | | | | | 466 | | | | | |  | |
|  | | Pulp, Paper, and Paperboard | | | | | | | 430 | | | | | |  | |
|  | | Rubber Manufacturing | | | | | | | 428 | | | | | |  | |
|  | | Soap and Detergent Manufacturing | | | | | | | 417 | | | | | |  | |
|  | | Steam Electric Power Generating | | | | | | | 423 | | | | | |  | |
|  | | Sugar Processing | | | | | | | 409 | | | | | |  | |
|  | | Textile Mills | | | | | | | 410 | | | | | |  | |
|  | | Timber Products Processing | | | | | | | 429 | | | | | |  | |
|  | | Transportation Equipment Cleaning | | | | | | | 442 | | | | | |  | |
|  | | Waste Combustor | | | | | | | 444 | | | | | |  | |
| **SECTION E. FACILITY OPERATIONS** | | | | | | | | | | | | | | | | |
| 1. Provide a brief description of each of the operations that generate the wastewater at this facility including primary products or services (includes principal raw materials, catalysts, and intermediates used in the process). | | | | | | | | | | | | | | | | |
| 2. **For Categorical Industrial User Only.** Is the applicable Subpart based on production?    Yes  No  NA | | | | | | | | | | | | | | | | |
| 2.a. If yes, complete the following table. | | | | | | | | | | | | | | | | |
| **Product**  **(Brand Name)** | | **Past Calendar Year Amounts Per Day (Daily Units)** | | | | | **Estimate this Calendar Year**  **Amounts Per Day**  **(Daily Units)** | | | | | **Future Projections for the Next Five Years**  **Amounts Per Day**  **(Daily Units)** | | | | |
| Average | Maximum | | | | Average | | | Maximum | | Average | | | Maximum | |
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| **SECTION F. WASTEWATER DISCHARGE FLOW & TREATMENT INFORMATION** | | | | | | | | | | | | | | | | |
| 1. **For all applicants**, List the daily average and daily maximum wastewater flows for each of the applicable waste streams in the table. At a minimum, use at least the last consecutive 12 months of monitoring data. New facilities must estimate the future flow. | | | | | | | | | | | | | | | | |
| **Type** | | | | | **Daily Average**  **(gpd)** | | | | | | **Daily Maximum**  **(gpd)** | | | | | |
| Contact cooling water | | | | |  | | | | | |  | | | | | |
| Non-contact cooling water | | | | |  | | | | | |  | | | | | |
| Boiler blow down | | | | |  | | | | | |  | | | | | |
| Process wastewater | | | | |  | | | | | |  | | | | | |
| Sanitary wastewater | | | | |  | | | | | |  | | | | | |
| Air pollution control wastewater | | | | |  | | | | | |  | | | | | |
| Plant & equipment wash down wastewater | | | | |  | | | | | |  | | | | | |
| Other (specify): | | | | |  | | | | | |  | | | | | |
| Other (specify): | | | | |  | | | | | |  | | | | | |
| Other (specify): | | | | |  | | | | | |  | | | | | |
| 2. **For Batch Discharges Only.** Provide the following information. If your discharge is continuous please continue to question no. 3 below. | | | | | | | | | | | | | | | | |
| 2.a. Is the wastewater discharged as a batch discharge (new facilities must estimate)?  Yes  No | | | | | | | | | | | | | | | | |
| 2.b. Number of batch discharges per day: | | | | | | 2.d. Time(s) of batch discharges: | | | | | | | | | | |
| 2.c. Average gallons per batch: | | | | | | 2.e. Days of week of batch discharges: | | | | | | | | | | |
| 2.f. Total daily flow discharged:       gallons/day | | | | | | | | | | | | | | | | |
| 3. **For Categorical Industrial Users Only.** Provide the wastewater discharge flows for each of your categorical processes. Include the reference number from the schematic flow diagram that corresponds to each process. New facilities should provide estimates for each discharge. If your discharge is not categorical please continue to question no. 4 below. | | | | | | | | | | | | | | | | |
| **Categorically Regulated Process** | | | | **Average Flow (gpd)** | | | | | **Maximum Flow (gpd)** | | | | **Type of Discharge (batch/continuous)** | | | |
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| **Non-Categorically Regulated Process** | | | | **Average Flow (gpd)** | | | | | **Maximum Flow (gpd)** | | | | **Type of Discharge (batch/continuous)** | | | |
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| 4. If the wastewater treatment or equipment listed below is used or will be used at your facility, check the applicable box with an “X” and provide a brief description. | | |
| **X** | **Treatment Devices or Processes** | **Description** |
|  | Air flotation |  |
|  | Centrifuge |  |
|  | Chemical precipitation |  |
|  | Chlorination |  |
|  | Cyclone |  |
|  | Filtration |  |
|  | Flow equalization |  |
|  | Oil & grease separation |  |
|  | Grease trap |  |
|  | Grinding filter |  |
|  | Grit removal |  |
|  | Neutralization, pH correction |  |
|  | Ozonation |  |
|  | Reverse osmosis |  |
|  | Screen |  |
|  | Sedimentation |  |
|  | Septic tank |  |
|  | Solvent separation |  |
|  | Spill protection |  |
|  | Sump |  |
|  | Biological treatment |  |
|  | Rainwater diversion or storage |  |
|  | Other chemical treatment |  |
|  | Other chemical treatment |  |
|  | Other physical treatment |  |
|  | Other (specify): |  |
| 5. Describe any changes in wastewater treatment or disposal methods planned or under construction for the wastewater discharge to the POTW or sanitary sewer. Please include estimated completion dates. | | |

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| **SECTION G. RECEIVING POTW INFORMATION** | | | | |
| Name of POTW Receiving Wastewater: | | | | |
| POTW Permit No.: | | | | |
| POTW City Manager Name: | | | | |
| City Contact E-mail Address: | | Phone: | | |
| Mailing Address: | | | | |
| City: | County: | | State: | Zip: |

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| 1. Check the applicable box with an “X” beside the types of wastewater treatment operations at the receiving POTW below. | | | | | |
| **X** | **Primary Treatment** | **X** | **Secondary Treatment** | **X** | **Tertiary Treatment** |
|  | Aerated Pond |  | Aerated Pond |  | Aerated Pond |
|  | Anaerobic Pond |  | Anaerobic Pond |  | Anaerobic Pond |
|  | Activated Sludge |  | Activated Sludge |  | Activated Sludge |
|  | Trickling Filter |  | Trickling Filter |  | Trickling Filter |
|  | Rotating Biological Contactor (RBC) |  | Rotating Biological Contactor (RBC) |  | Rotating Biological Contactor (RBC) |
|  | Storage Pond |  | Storage Pond |  | Storage Pond |
|  | Dissolved Air Floatation |  | Dissolved Air Floatation |  | Dissolved Air Floatation |
|  | Other: |  | Other: |  | Other: |
|  | Other: |  | Other: |  | Other: |

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| **SECTION H. FACILITY OPERATIONAL CHARACTERISTICS** | | |
| 1. Is the discharge (check the appropriate box):  Seasonal or  Continuous? | | |
| 1.a. If seasonal, describe: | | |
| 2. Does the facility shut down for vacation, maintenance, or other reasons?  Yes  No | | |
| 2.a. If yes, describe: | | |
| 3. **For Categorical Industrial Users subject to total toxic organic (TTO) requirements**. Please answer question 3 below1. | | |
| 3.a. Does (or will) this facility use any of the toxic organics listed under the TTO standard of the applicable Federal categorical pretreatment standards published by EPA?  Yes  No | | |
| 3.b. Has a Baseline Monitoring Report been submitted to EPD which contains TTO information?  Yes  No | | |
| 3.c. Has a Toxic Organics Management Plan (TOMP) been developed and retained on site?  Yes  No | | |
| 4. Please check the appropriate boxes below regarding current and future metering and equipment: | | |
| 4.a. Existing2: | Flow Metering installed?  Yes  No | Sampling Equipment installed? Yes  No |
| 4.b. Planned2: | Flow Metering Planned?  Yes  No | Sampling Equipment Planned?  Yes  No |
| 5. Are any process changes or expansions planned during the next three years that could potentially alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.  Yes  No | | |
| 5.a. If yes, briefly describe these changes and their potential effects on the wastewater volume and characteristics. | | |

1 Only facilities that are subject to the requirements in 40 CFR Parts 413, 433, 464, 465, 467, 468, and 469 have requirements for TTO.

2 Please indicate the location of the equipment on the schematic flow diagram attached to application.

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| **SECTION I. SPILL PREVENTION** | | | | |
| 1. Do you have chemical storage containers, bins, or ponds to capture spills at your facility?   Yes  No | | | | |
| 1.a. If yes, please provide a description of their location, contents, size, type, frequency and the method of cleaning and maintaining. Also, indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. If applicable, indicate if buried metal containers have cathodic protection. | | | | |
| 1. Do you have floor drains in your manufacturing or chemical storage area(s)?  Yes  No | | | | |
| 2.a. If yes, where do they discharge to? | | | | |
| 1. If you have chemical storage containers, bins, or ponds in your manufacturing area, could an accidental spill cause a discharge to the areas listed below? Check the applicable box with an “X”. | | | | |
|  | An on-site 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. | | | |
| 1. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the POTW sanitary sewer?  Yes  No  N/A | | | | |
| **SECTION J. NON-DISCHARGED WASTES** | | | | |
| 1. Is any liquid waste or sludge generated and not disposed of in the sanitary sewer system?  Yes  No  If yes, please complete the table below and attach additional sheets if necessary. If no, proceed to Section L. | | | | |
| **Waste Generated** | | **Quantity**  **(per year)** | **Disposal Method** | **Treatment Facility**  **On-site/Off-site** |
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| 2. If any of the wastes identified in question No. 1 above are sent to an off-site centralized waste treatment facility, identify the facility's name and location below. | |
| Facility Name: | |
| Address: | |
| Phone No.: | County: |
| 3. If an outside company (e.g. third party hauler) removes any of the waste, described in No. 1 above, state the name(s) and address(s) of all waste haulers: | |
| 3.a. Company Name: | |
| Address: | |
| Phone No.: | County: |
| 3.b. Company Name: | |
| Address: | |
| Phone No.: | County: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION K. CHARACTERISTICS OF DISCHARGE** | | | | |
| 1. Please indicate whether the effluent discharge analysis was based on one of the following.   Projection  Actual wastewater  Wastewater from similar type discharge | | | | |
| 2. **All applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.  *Please include the required data in the table below and DO NOT attach the laboratory reports* | | | | |
| **Pollutant** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number**  **of**  **Analyses** | **EPA Test Method** |
| Biochemical Oxygen Demand5-day (BOD5) |  |  |  |  |
| Chemical Oxygen Demand (COD) |  |  |  |  |
| Oil and Grease, Total |  |  |  |  |
| Total Suspended Solids (TSS) |  |  |  |  |
| Ammonia (as Nitrogen) |  |  |  |  |
| Phosphorus, Total |  |  |  |  |
| Total Kjeldahl Nitrogen (TKN) |  |  |  |  |
| pH (s.u.) (Minimum/Maximum) |  |  |  |  |

| **All applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.  3.a. **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.  3.b. **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section G in the application instructions for specific industrial category.    *Please include the required data in the table below and DO NOT attach the laboratory reports* | | | | | |
| --- | --- | --- | --- | --- | --- |
| **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number**  **of**  **Analyses** | **EPA Test Method** |
| **Toxic Metals, Cyanides, & Phenols** | | | | | |
| Antimony, Total |  |  |  |  |  |
| Arsenic, Total |  |  |  |  |  |
| Beryllium, Total |  |  |  |  |  |
| Copper, Total |  |  |  |  |  |
| Cadmium, Total |  |  |  |  |  |
| Chromium, Total |  |  |  |  |  |
| Cyanide, Total |  |  |  |  |  |
| Cyanide, Amenable |  |  |  |  |  |
| Chromium, Hexavalent |  |  |  |  |  |
| Lead, Total |  |  |  |  |  |
| Mercury, Total |  |  |  |  |  |
| Nickel, Total |  |  |  |  |  |
| Phenols, Total |  |  |  |  |  |
| Thallium, Total |  |  |  |  |  |
| Selenium, Total |  |  |  |  |  |
| Silver, Total |  |  |  |  |  |
| Zinc, Total |  |  |  |  |  |
| **Volatiles** | | | | | |
| Acrolein |  |  |  |  |  |
| Acrylonitrile |  |  |  |  |  |
| Benzene |  |  |  |  |  |
| Bromoform |  |  |  |  |  |
| Carbon Tetrachloride |  |  |  |  |  |
| Chlorobenezene |  |  |  |  |  |
| Chlorodibromomethane |  |  |  |  |  |
| Chloroethane |  |  |  |  |  |
| 2-Chloroethylvinyl Ether |  |  |  |  |  |
| Chloroform |  |  |  |  |  |
| Dichlorobromomethane |  |  |  |  |  |
| 1, 1-Dichloroethane |  |  |  |  |  |
| 1, 2-Dichloroethane |  |  |  |  |  |
| 1, 1-Dichloroethylene |  |  |  |  |  |
| 1, 2-Dichloropropane |  |  |  |  |  |
| 1, 3-Dichloroproplyene |  |  |  |  |  |
| Ethylbenzene |  |  |  |  |  |
| Methylbromide |  |  |  |  |  |
| Methylchloride |  |  |  |  |  |
| Methylene Chloride |  |  |  |  |  |
| 1,1,2,2- Tetrachloroethane |  |  |  |  |  |
| Tetrachloroethylene |  |  |  |  |  |
| Toluene |  |  |  |  |  |
| 1,2-Trans-Dichloroethylene |  |  |  |  |  |
| 1,1,1-Trichloroethane |  |  |  |  |  |
| 1,1,2-Trichloroethane |  |  |  |  |  |
| Trichloroethylene |  |  |  |  |  |
| Vinyl Chloride |  |  |  |  |  |
| **Acid Compounds** | | | | | |
| 2-Chlorophenol |  |  |  |  |  |
| 2,4-Dichlorophenol |  |  |  |  |  |
| 2,4-Dimethylphenol |  |  |  |  |  |
| 4,6-Dinitro-O-Cresol |  |  |  |  |  |
| 2,4-Dinitrophenol |  |  |  |  |  |
| 2-Nitrophenol |  |  |  |  |  |
| 4-Nitrophenol |  |  |  |  |  |
| P-Chloro-M-Cresol |  |  |  |  |  |
| Pentachlorophenol |  |  |  |  |  |
| Phenol |  |  |  |  |  |
| 2,4,6-Trichlorophenol |  |  |  |  |  |
| **Base/Neutral Compounds** | | | | | |
| Acenaphthene |  |  |  |  |  |
| Acenaphthylene |  |  |  |  |  |
| Anthracene |  |  |  |  |  |
| Benzidine |  |  |  |  |  |
| Benzo(a)anthracene |  |  |  |  |  |
| Benzo(a)pyrene |  |  |  |  |  |
| 3,4-Benzo-fluoranthene |  |  |  |  |  |
| Benzo(ghi)perylene |  |  |  |  |  |
| Benzo(k)fluoranthene |  |  |  |  |  |
| Bis(2-Chloroethoxy) Methane |  |  |  |  |  |
| Bis(2-Chloroethly) Ether |  |  |  |  |  |
| Bis(2-Chloroisopropyl) Ether |  |  |  |  |  |
| Bis(2-Ethylhexyl) Phthalate |  |  |  |  |  |
| 4-Bromophenylphenyl Ether |  |  |  |  |  |
| Butylbenzyl Phthalate |  |  |  |  |  |
| 2-Chloronaphthalene |  |  |  |  |  |
| 4-Chlorophenylphenyl Ether |  |  |  |  |  |
| Chrysene |  |  |  |  |  |
| Dibenzo(a,H) anthracene |  |  |  |  |  |
| 1,2-Dichlorobenzene |  |  |  |  |  |
| 1,3-Dichlorobenezene |  |  |  |  |  |
| 1,4-Dichlorobenezene |  |  |  |  |  |
| 3,3-Dichlorobenzidine |  |  |  |  |  |
| Diethy phthalate |  |  |  |  |  |
| Dimethly phthalate |  |  |  |  |  |
| Di-n-butyl phthalate |  |  |  |  |  |
| 2,4-Dinitrotoluene |  |  |  |  |  |
| 2,6-Dinitrotoluene |  |  |  |  |  |
| Di-n-octyl phthalate |  |  |  |  |  |
| 1,2-Diphenylhydrazine (as Azobenzene) |  |  |  |  |  |
| Fluoranthene |  |  |  |  |  |
| Fluorene |  |  |  |  |  |
| Hexachlorobenzene |  |  |  |  |  |
| Hexachlorobutadiene |  |  |  |  |  |
| Hexachlorocyclopentadiene |  |  |  |  |  |
| Hexachloroethane |  |  |  |  |  |
| Indeno(1,2,3-cd) Pyrene |  |  |  |  |  |
| Isophorone |  |  |  |  |  |
| Naphthalene |  |  |  |  |  |
| Nitrobenzene |  |  |  |  |  |
| N-nitroso dimethylamine |  |  |  |  |  |
| N-Nitrosodi-n-Propylamine |  |  |  |  |  |
| N-Nitrosodiphenylamine |  |  |  |  |  |
| Phenanthrene |  |  |  |  |  |
| Pyrene |  |  |  |  |  |
| 1,24-Trichlorobenzene |  |  |  |  |  |
| **Pesticides** | | | | | |
| Aldrin |  |  |  |  |  |
| Alpha-BHC |  |  |  |  |  |
| Beta-BHC |  |  |  |  |  |
| Gamma-BHC |  |  |  |  |  |
| Delta-BHC |  |  |  |  |  |
| Chlordane |  |  |  |  |  |
| 4,4-DDT |  |  |  |  |  |
| 4,4-DDE |  |  |  |  |  |
| 4,4-DDD |  |  |  |  |  |
| Dieldrin |  |  |  |  |  |
| Alpha-Endosulfan |  |  |  |  |  |
| Beta-Endosulfan |  |  |  |  |  |
| Endosulfan Sulfade |  |  |  |  |  |
| Endrin |  |  |  |  |  |
| Endrin Aldehyde |  |  |  |  |  |
| Heptachlor |  |  |  |  |  |
| Heptachlor Epoxide |  |  |  |  |  |
| PCB-1242 |  |  |  |  |  |
| PCB-1254 |  |  |  |  |  |
| PCB-1221 |  |  |  |  |  |
| PCB-1232 |  |  |  |  |  |
| PCB-1248 |  |  |  |  |  |
| PCB-1260 |  |  |  |  |  |
| PCB-1016 |  |  |  |  |  |
| Toxaphene |  |  |  |  |  |
| **Other Substances** | | | | | |
| Bromide |  |  |  |  |  |
| Color |  |  |  |  |  |
| Fecal Coliform |  |  |  |  |  |
| Fluoride |  |  |  |  |  |
| Nitrogen, Total Organic |  |  |  |  |  |
| Radioactivity |  |  |  |  |  |
| Alpha, Total |  |  |  |  |  |
| Beta, Total |  |  |  |  |  |
| Radium, Total |  |  |  |  |  |
| Radium, 226 Total |  |  |  |  |  |
| Sulfate |  |  |  |  |  |
| Sulfide |  |  |  |  |  |
| Sulfite |  |  |  |  |  |
| Surfactants |  |  |  |  |  |
| Aluminum, Total |  |  |  |  |  |
| Barium, Total |  |  |  |  |  |
| Boron, Total |  |  |  |  |  |
| Cobalt, Total |  |  |  |  |  |
| Iron, Total |  |  |  |  |  |
| Magnesium, Total |  |  |  |  |  |
| Molybdenum, Total |  |  |  |  |  |
| Manganese, Total |  |  |  |  |  |
| Tin, Total |  |  |  |  |  |

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| **SECTION L. - AUTHORIZED SIGNATURES** |

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.

|  |  |
| --- | --- |
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| Phone No.: | E-Mail Address: |
| Signature: | Date: |