City of Coeur d'Alene

Wastewater Service Permit Application

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(Updated 01/23/04)

WASTEWATER SERVICE PERMIT APPLICATION FORM

Note: Please read all attached instructions (instructions are located in the back of this application) prior to completing this application.

SECTION A - GENERAL INFORMATION

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.
   _____

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 #: _____

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

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 wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories*

___ Aluminum Forming
___ Asbestos Manufacturing
___ Battery Manufacturing
___ Can Making
___ Carbon Black
___ Coal Mining
___ Coil Coating
___ Copper Forming
___ Electric and Electronic Components Manufacturing
___ Electroplating
___ Feedlots
___ Fertilizer Manufacturing
___ Foundries (Metal Molding and Casting)
___ Glass Manufacturing
___ Grain Mills
___ Inorganic Chemicals
___ Iron and Steel
___ Leather Tanning and Finishing
___ Metal Finishing
___ Nonferrous Metals Forming
___ Nonferrous Metals Manufacturing
___ Organic Chemicals Manufacturing
___ Paint and Ink Formulating
___ Paving and Roofing Manufacturing

___ Pesticides Manufacturing
___ Petroleum Refining
___ Pharmaceutical
___ Plastic and Synthetic Materials Manufacturing
___ Plastics Processing Manufacturing
___ Porcelain Enamel
___ Pulp, Paper, and Fiberboard Manufacturing
___ Rubber
___ Soap and Detergent Manufacturing
___ Steam Electric
___ Sugar Processing
___ Textile Mills
___ Timber Products

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

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

_____
_____
_____
_____
_____

3. Indicate applicable Standard Industrial Classification (SIC) for all processes. (If more than one applies, list in descending order of importance.):

_____
_____
_____
_____
_____

4. PRODUCT VOLUME:

PRODUCT (Brand name) (levels with others)	PAST CALENDAR YEAR (Daily Units)		ESTIMATE THIS CALENDAR YEAR(Daily Units)	
(and no u.l)	**Average**	**Maximum**	**Average**	**Maximum**

SECTION C - WATER 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)

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 wash down	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A-J	_____	_____

SECTION D - SEWER INFORMATION

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

2. 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.)

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

SECTION E - WASTEWATER DISCHARGE INFORMATION

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.

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

a. Hours/Day Discharges (e.g., 8 hours/day):

MON ___ TUE ___ WED ___ THU ___ FRI ___ SAT ___ SUN ___

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

MON ___ TUE ___ WED ___THU ___ FRE ___ 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:
(New facilities may estimate.)

a. Number of batch discharges _____ per day.

b. Average 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. 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. This drawing must be certified by a state Registered Professional Engineer.

   Facilities that checked activities in question 1 of Section B are considered Categorical Industrial users and should skip to question 6.

5. For Non-categorical users Only: 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)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. 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)
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____
___	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

   Provide the following (TTO) information.

   a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of 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 plant (TOMP) been developed? ___ Yes ___ No

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

Current:	Flow Metering	___ Yes	___ No	___ N/A
	Sampling Equipment	___ Yes	___ No	___ N/A
Planned:	Flow Metering	___ Yes	___ No	___ N/A
	Sampling Equipment	___ Yes	___ No	___ N/A

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

_____
_____
_____
_____

9. 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 question 10)

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

_____
_____
_____
_____

11. Are any materials or water reclamation systems in use or planned? ___ Yes ___ No, (Skip question 12)

12. 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.)

_____
_____
_____

SECTION F - CHARACTERISTIC 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 Name	Level Used	Daily Value		of Analyses		of	Units	
		Conc.	Mass	Conc.	Mass	Analyses	Conc.	Mass
1,1,1-Trichloroethane								
1,1,2,2-Tetrachloroethane								
1,1,2-Trichloroethane								
1,1-Dichloroethane								
1,1-Dichloroethylene								
1,2,4-Trichlorobenzene								
1,2-Dichlorobenzene								
1,2-Dichloroethane								
1,2-Dichloropropane								
1,2-Diphenylhydrazine								
1,2-Trans-Dichloroethylene								
1,3-Dichlorobenzene								
1,3-Dichloropropene								
1,4-Dichlorobenzene								
2,3,7,8-TCDD Dioxin								
2,4,6-Trichlorophenol								
2,4-Dichlorophenol								
2,4-Dimethylphenol								
2,4-Dinitrophenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
2-Chloroethylvinyl Ether								
2-Chloronaphthalene								
2-Chlorophenol								
2-Methyl-4,6-Dinitrophenol								
2-Nitrophenol								
3,3'-Dichlorobenzidine								
3-Methyl-4-Chlorophenol								
4,4'-DDD								
4,4'-DDE								
4,4'-DDT								
4-Bromophenyl Phenyl Ether								

4-Chlorophenyl Phenyl Ether								
4-Nitrophenol								
Acenaphthene								
Acenaphthylene								
Acrolein								
Acrylonitrile								
Aldrin								
Anthracene								
Antimony								
Arsenic								
Asbestos								
Benzene								
Benzidine								
BenzoaAnthracene								
BenzoaPyrene								
BenzobFluoranthene								
BenzoghiPerylene								
BenzokFluoranthene								
Beryllium								
Bis2-ChloroethoxyMethane								
Bis2-ChloroethylEther								
Bis2-ChloroisopropylEther								
Bis2-EthylhexylPhthalateX								
Bromoform								
Butylbenzyl PhthalateW								
Cadmium								
Carbon Tetrachloride								
Chlordane								
Chlorobenzene								
Chlorodibromomethane								
Chloroethane								
Chloroform								
Chromium III								
Chromium VI								
Chrysene								
Copper								
Cyanide								
Di-n-Butyl PhthalateW								
Di-n-Octyl Phthalate								
Dibenzoa,hAnthracene								

Dichlorobromomethane								
Dieldrin								
Diethyl PhthalateW								
Dimethyl PhthalateW								
Endosulfan Sulfate								
Endrin								
Endrin Aldehyde								
Ethylbenzene								
Fluoranthene								
Fluorene								
Heptachlor								
Heptachlor Epoxide								
Hexachlorobenzene								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Hexachloroethane								
Ideno1,2,3-cdPyrene								
Isophorone								
Lead								
Mercury								
Methyl Bromide								
Methyl Chloride								
Methylene Chloride								
N-Nitrosodi-n-Propylamine								
N-Nitrosodimethylamine								
N-Nitrosodiphenylamine								
Naphthalene								
Nickel								
Nitrobenzene								
Pentachlorophenol								
Phenanthrene								
Phenol								
Polychlorinated Biphenyls PCBs:								
Pyrene								
Selenium								
Silver								
Tetrachloroethylene								
Thallium								
Toluene								
Toxaphene								

Trichloroethylene								
Vinyl Chloride								
Zinc								
alpha-BHC								
alpha-Endosulfan								
beta-BHC								
beta-Endosulfan								
delta-BHC								
gamma-BHC (Lindane								

SECTION G - 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 (3) 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
___ 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
___ 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.

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.

_____
_____
_____

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 H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days		MON	TUE	WED	THU	FRI	SAT	SUN
Shifts per work day:								
Employees/shift	1st							
	2nd							
	3rd							
Shift start and end times	1st							
	2nd							
	3rd							

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.:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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:

   JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

   COMMENTS:

_____

_____

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

   ___ Yes, indicate reasons and period when shutdown occurs:
   _____

   ___ No

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

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

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

Chemical	Quantity

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. This drawing must be certified by a State Registered Professional Engineer. 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

1. Do you have chemical storage containers, bins, or ponds 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 buried metal containers have cathodic protection.

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

   ___ Yes
   If Yes; Where do they discharge to? _____
   _____

   ___ No

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

   ___ 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

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, 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 and remedial measures taken to prevent their re-occurrence.

_____
_____
_____
_____
_____
_____

6. 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. This drawing must be certified by a State Registered Professional Engineer.

   A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and <u>not</u> disposed of in the sanitary sewer system?

___ Yes, please describe below
___ No, skip the remainder of Section J.

Waste Generated	Quantity Per Year	Disposal Method	Check if Disposal is off site

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

_____
_____
_____

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

_____
_____
_____
_____

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

___ Yes If Yes, please list the permit(s):_____
_____

____ No

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

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

_____ _____ _____

Signature Date Telephone

INSTRUCTION TO FILL OUT WASTEWATER DISCHARGE PERMIT APPLICATION

All questions must be answer. DO NOT LEAVE BLANKS. 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 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 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) (ii)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

(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).

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.

3. For all processes found on the premises, indicate the Standard Industrial Classification (SIC) Code Number, as found in the most recent Edition of Standard Industrial Classification 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, DC., 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. 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.

SECTION C - INSTRUCTIONS (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 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.

SECTION E - INSTRUCTIONS (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 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.

5. Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility. Categorical users should skip to question.

6. 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 dilution wastestream. Dilution wastestreams include sanitary wastewater, boiler blowdown, non-contact cooling water or blowdown, stormwater streams, demineralizer 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).)

7. 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.)

SECTION H - INSTRUCTIONS (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 shutdowns 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 used or 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 manufacturer's safety data sheets for all chemicals 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 substituted. 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 I - INSTRUCTIONS (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 reach the

sewer. Also explain what measures have been taken to prevent a re-occurrence 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. On-site 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 instruction for question 4 in Section A, for a definition of an authorized representative.