



INDUSTRIAL USER PERMIT APPLICATION

Section A – General Information

1.	Type of permit application:	
	<input type="checkbox"/> New	
	Anticipated date that discharge will begin:	
	<input type="checkbox"/> Renewal	
	Permit Number:	Permit Expiration Date:
	<input type="checkbox"/> Revision (For revisions, only complete the sections pertaining to the requested changes.)	
	Permit Number:	Permit Expiration Date:
Reason for revision:		
2.	Company Business Name:	
	Business Mailing Address:	
3.	Owner/Chief Executive Officer:	
	Name:	
	Title:	
	Address:	Phone:
		Email:
4.	Facility Name:	
	Facility Physical Address:	
	Municipality:	County:
5.	Designated signatory authority of the facility:	
	Name:	
	Title:	
	Address:	Phone:
		Email:
6.	Designated on-site facility contact:	
	Name:	
	Title:	
	Address:	Phone:
		Email:

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 that category or business activity. Check all that apply.	
<input type="checkbox"/> Airport Deicing	<input type="checkbox"/> Leather Tanning and Finishing
<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Meat and Poultry Products
<input type="checkbox"/> Asbestos Manufacturing	<input type="checkbox"/> Metal Finishing
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Metal Molding and Casting (Foundries)
<input type="checkbox"/> Canned and Preserved Fruit and Vegetable Processing	<input type="checkbox"/> Metal Products and Machinery
<input type="checkbox"/> Canned and Preserved Seafood Processing	<input type="checkbox"/> Mineral Mining and Processing
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Nonferrous Metals Forming
<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Nonferrous Metals Manufacturing
<input type="checkbox"/> Centralized Waste Treatment	<input type="checkbox"/> Oil and Gas Extraction
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Ore Mining and Dressing
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Organic Chemicals, Plastics, and Synthetic Fibers
<input type="checkbox"/> Concentrated Animal Feeding Operation and Feedlots	<input type="checkbox"/> Paint Formulating
<input type="checkbox"/> Concentrated Aquatic Animal Production	<input type="checkbox"/> Paving and Roofing Manufacturing
<input type="checkbox"/> Construction and Development	<input type="checkbox"/> Pesticide Chemicals
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Dairy Product Processing or Manufacturing	<input type="checkbox"/> Pharmaceutical Manufacturing
<input type="checkbox"/> Dental Office	<input type="checkbox"/> Phosphate Manufacturing
<input type="checkbox"/> Electrical and Electronic Components Manufacturing	<input type="checkbox"/> Photographic Processing
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Plastics Molding and Forming
<input type="checkbox"/> Explosives Manufacturing	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing
<input type="checkbox"/> Ferroalloy Manufacturing	<input type="checkbox"/> Rubber Manufacturing
<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Soap and Detergent Manufacturing
<input type="checkbox"/> Grain Mills	<input type="checkbox"/> Steam Electric Power Generating
<input type="checkbox"/> Gum and Wood Chemicals Manufacturing	<input type="checkbox"/> Sugar Processing
<input type="checkbox"/> Hospital	<input type="checkbox"/> Textile Mills
<input type="checkbox"/> Ink Formulating	<input type="checkbox"/> Timber Products
<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Transportation Equipment Cleaning
<input type="checkbox"/> Iron and Steel Manufacturing	<input type="checkbox"/> Waste Combustors
<input type="checkbox"/> Landfill	

2. Provide a brief description of all operations at this facility. Attach additional sheets if necessary.

3. List the applicable North American Industry Classification System (NAICS) code for all processes:

NAICS Code	NAICS Description

4. For each product, list the average and maximum production rate in daily units for the past calendar year and estimate it for the current calendar year.

Product	Production Rate for Past Calendar Year (Units Per Day)		Production Rate for Current Calendar Year (Units Per Day)	
	Average	Maximum	Average	Maximum

5. For production-based categorical IUs only, list the facility's long-term average categorical production rate for the past 5 years:

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Section C – Water Supply

1. Water Source:		
<input type="checkbox"/> Municipal Water Utility	Specify:	
Name as listed on water bill:		
Address:		
Water service account number:		
<input type="checkbox"/> Private Well		
<input type="checkbox"/> Surface Water		
<input type="checkbox"/> Other	Specify:	
2. Provide the following information for all water usage at the facility:		
Type of Water Use	Average Water Usage (gpd)	Estimated or Measured
Sanitary		
Non-contact cooling water		
Boiler feeding		
Process		
Equipment/facility washdown		
Contact cooling water		
Air pollution control		
Irrigation and lawn watering		
Contained in product		
Other	Specify:	
Total:		

Section D – Sewer Information

1. For an existing facility:		
Is the building presently connected to the public sanitary sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list sanitary sewer account number:		
If no, have you applied for a sanitary sewer connection? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For a new facility:		
Will you be occupying an existing vacant building (such as in an industrial park)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If a new building will be constructed, have you applied for a building permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Will you be connected to the public sanitary sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. List the location, diameter, and average flow of each discharge pipe that connects to the sanitary sewer system.		
Location of Sewer Connection	Diameter of Pipe (inches)	Average Flow (gpd)

Section E – Wastewater Discharge Information

1.	Attach a schematic flow diagram. For each major activity in which wastewater is (or will be) generated, show the flow of materials, products, water, and wastewater from the start of the activity to its completion, including all unit processes. Number each major activity and unit process having wastewater discharges to the sanitary sewer system. Use these reference numbers in the tables below and in the building layout in Section H.						
2.	Provide the following information for all wastewater generated at the facility:						
	Ref. No.	Type of Wastewater	Average Wastewater Generated (gpd)	Maximum Wastewater Generated (gpd)	Estimated or Measured	Type of Discharge	Discharges To
		Sanitary					
		Non-contact cooling water					
		Boiler blowdown					
		Process wastewater	Use table below.				
		Equipment/facility washdown					
		Contact cooling water					
		Air pollution control					
		Stormwater runoff					
		Other Specify:					
3.	Provide the following information for process wastewater generated by each unit process:						
	Ref. No.	Unit Process Description	Average Wastewater Generated (gpd)	Maximum Wastewater Generated (gpd)	Estimated or Measured	Type of Discharge	Discharges To
4.	Provide the following information on the discharge of wastewater to the sanitary sewer system:						
	Average daily flow rate (gpd):						
	Maximum daily flow rate (gpd):						
	Peak hourly flow rate (gpd):						
	Hours per day of wastewater discharge to sanitary sewer system: (e.g. 8)						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Time of wastewater discharge to sanitary sewer system: (e.g. 9 am – 5 pm)						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun

5.	If batch discharges to the sanitary sewer system occur (or will occur), provide the following information:						
	Number of batch discharges per time period (specify per day, week, month, etc.):						
	Average volume per batch discharge (gal):						
	Flow rate (gpm):						
	Percent of total discharge:						
	Time of batch discharges: (e.g. 2 pm – 3 pm)						
	Mon	Tue	Wed	Thu	Fri	Sat	Sun
6.	Do you have (or plan to have) continuous wastewater flow metering equipment at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, please indicate the present or future location of the continuous wastewater flow metering equipment on the schematic flow diagram and describe the equipment below:						
7.	Do you have (or plan to have) automatic sampling equipment at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, please indicate the present or future location of the automatic sampling equipment on the schematic flow diagram and describe the equipment below:						
8.	Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, briefly describe these changes and their effects on the wastewater volume and characteristics:						
9.	Are any recycling or reclamation systems in use or planned? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, briefly describe the recovery process, substance recovered, percent recovered, and the concentration in the spent solution:						
10.	As allowed at 40 CFR 403.6(c)(5), when the limits in a categorical Pretreatment Standard are expressed only in terms of pollutant concentration, an Industrial User may request that the Control Authority convert the limits to equivalent mass limits. Do you anticipate that you will make this request? <input type="checkbox"/> Yes <input type="checkbox"/> No						
11.	As allowed at 40 CFR 403.6(c)(6), an Industrial User subject to the mass limits of categorical Pretreatment Standards in 40 CFR Parts 414, 419, and/or 455 may request that the Control Authority convert the mass limits to equivalent concentration limits. Do you anticipate that you will make this request? <input type="checkbox"/> Yes <input type="checkbox"/> No						

Section F – Characteristics of Discharge

All parameters with an asterisk (*) are required to be sampled by all industrial users. Industrial users subject to categorical pretreatment standards are also required to sample all pollutants that are regulated specific to each process. The Control Authority may also require certain industrial users to sample additional specified pollutants.

Use the table below to report the analytical results. On a separate sheet, indicate the sample collection location, sample collection date and time, sample type (grab, 8-hr composite, 24-hr composite), and the method of flow measurement during sample collection. Attach a copy of the analytical results sheets from the laboratory that performed the analysis.

For all pollutants not required to be sampled, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known to not be present (O) by placing the appropriate letter in the column for average concentration.

New facilities that have not commenced discharge should indicate what pollutants in the proposed waste stream are expected to be present (P), may be present (S), or will not be present (O) by placing the appropriate letter in the column for average concentration.

Parameter	Concentration			Mass			# of Analyses	Detection Level
	Average	Daily Max	Units	Average	Daily Max	Units		
*Flow								
Group 1 Pollutants								
*BOD ₅								
*CBOD ₅								
Fecal Coliform								
*Total Suspended Solids								
*Chlorine								
*pH								
*Temperature								
*Dissolved Oxygen								
*Total Phosphorus								
*Ammonia Nitrogen								
*Total Kjeldahl Nitrogen								
*Nitrite as N								
*Nitrate as N								
Total Dissolved Solids								
Chloride								
*Bromide								
Sulfate								
*Oil and Grease								
Total Hardness (CaCO ₃)								
Group 2 Pollutants								
*Aluminum, Total								
Antimony, Total								
*Arsenic, Total								
Barium, Total								
Beryllium, Total								

Parameter	Concentration			Mass			# of Analyses	Detection Level
	Average	Daily Max	Units	Average	Daily Max	Units		
Boron, Total								
*Cadmium, Total								
*Chromium, Total								
*Chromium, Hexavalent								
*Cobalt, Total								
*Copper, Total								
*Cyanide, Free								
*Cyanide, Total								
*Iron, Total								
*Iron, Dissolved								
*Lead, Total								
*Manganese, Total								
*Mercury, Total								
Molybdenum, Total								
*Nickel, Total								
*Phenols, Total								
*Selenium, Total								
*Silver, Total								
Thallium, Total								
*Zinc, Total								
Group 3 Pollutants								
Acrolein								
Acrylonitrile								
Benzene								
Bromoform								
Carbon Tetrachloride								
Chlorobenzene								
Chlorodibromomethane								
Chloroethane								
2-Chloroethylvinyl Ether								
Chloroform								
Dichlorobromomethane								
1,1-Dichloroethane								
1,2-Dichloroethane								
1,1-Dichloroethylene								
1,2-Dichloropropane								
1,3-Dichloropropylene								
1,4-Dioxane								
Ethylbenzene								

Parameter	Concentration			Mass			# of Analyses	Detection Level
	Average	Daily Max	Units	Average	Daily Max	Units		
Methyl Bromide								
Methyl Chloride								
Methylene Chloride								
1,1,2,2-Tetrachloroethane								
Tetrachloroethylene								
Toluene								
1,2-Trans-Dichloroethylene								
1,1,1-Trichloroethane								
1,1,2-Trichloroethane								
Trichloroethylene								
Vinyl Chloride								
Group 4 Pollutants								
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								
Group 5 Pollutants								
Acenaphthalene								
Acenaphthylene								
Anthracene								
Benzidine								
Benzo(a)Anthracene								
Benzo(a)Pyrene								
3,4-Benzofluoranthene								
Benzo(ghi)Perylene								
Benzo(k)Fluoranthene								
Bis(2-Chloroethoxy)Methane								
Bis(2-Chloroethyl)Ether								
Bis(2-Chloroisopropyl)Ether								
*Bis(2-Ethylhexyl)Phthalate								
4-Bromophenyl Phenyl Ether								
Butyl Benzyl Phthalate								

Parameter	Concentration			Mass			# of Analyses	Detection Level
	Average	Daily Max	Units	Average	Daily Max	Units		
2-Chloronaphthalene								
4-Chlorophenyl Phenyl Ether								
Chrysene								
Dibenzo(a,h)Anthracene								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3'-Dichlorobenzidine								
Diethyl Phthalate								
Dimethyl Phthalate								
Di-N-Butyl Phthalate								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
Di-n-Octyl Phthalate								
1,2-Diphenylhydrazine								
Fluoranthene								
Fluorene								
Hexachlorobenzene								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Hexachloroethane								
Indeno(1,2,3-cd)Pyrene								
Isophorone								
Naphthalene								
Nitrobenzene								
N-Nitroso-di-methylamine								
N-Nitroso-di-n-propylamine								
N-Nitroso-di-n-phenylamine								
Phenanthrene								
Pyrene								
1,2,4-Trichlorobenzene								
Group 6 Pollutants								
Aldrin								
Alpha BHC								
Beta BHC								
Gamma BHC								
Delta BHC								
Chlordane								
4,4'-DDT								

Parameter	Concentration			Mass			# of Analyses	Detection Level
	Average	Daily Max	Units	Average	Daily Max	Units		
4,4'-DDE								
4,4'-DDD								
Dieldrin								
Alpha-Endosulfan								
Beta-Endosulfan								
Endosulfan Sulfate								
Endrin								
Endrin Aldehyde								
Heptachlor								
Heptachlor Epoxide								
Toxaphene								
Group 7 Pollutants								
Gross Alpha								
Beta, Total								
Radium 226/228, Total								
Strontium, Total								
Uranium, Total								
Other Pollutants								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
TCDD								
Asbestos								
Alkalinity								
Color								
Fluoride								
Magnesium								
TOC								
Organic N								
Orthophosphate P								
Sodium								
Specific Conductivity								
Sulfide								
Sulfite								

Section G – Treatment

1.	Is any form of wastewater treatment (see list below) used at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, place a check beside the treatment devices or processes that are used (or will be used) for treating wastewater or sludge at this facility. Check all that apply.	
	<input type="checkbox"/> Air floatation	<input type="checkbox"/> Ozonation
	<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Reverse osmosis
	<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Screen
	<input type="checkbox"/> Chlorination	<input type="checkbox"/> Sedimentation
	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Septic tank
	<input type="checkbox"/> Filtration	<input type="checkbox"/> Solvent separation
	<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Spill protection
	<input type="checkbox"/> Grease or oil separation	<input type="checkbox"/> Sump
	<input type="checkbox"/> Grease trap	<input type="checkbox"/> Rainwater diversion or storage
	<input type="checkbox"/> Grinding filter	<input type="checkbox"/> Biological treatment Specify:
	<input type="checkbox"/> Grit removal	<input type="checkbox"/> Other chemical treatment Specify:
	<input type="checkbox"/> Ion exchange	<input type="checkbox"/> Other physical treatment Specify:
	<input type="checkbox"/> Neutralization, pH correction	<input type="checkbox"/> Other Specify:
2.	Attach a process flow diagram for each treatment system checked above. Include process equipment, by-products, by-product volumes, and by-product disposal methods. Also include a description of the pollutant loadings, flow rates, design capacity, physical size, and operating procedures.	
3.	Do you have a manual on the correct operation of your treatment equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Do you have a written maintenance schedule for your treatment equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Do you have a treatment operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, provide the following information:	
	Name:	Phone:
	Title:	Hours:
6.	Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, 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.	Is process wastewater mixed with non-process wastewater prior to the sampling point? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, describe:	

Section H – Facility Operational Characteristics

1. Provide the following shift information:								
		Mon	Tue	Wed	Thu	Fri	Sat	Sun
Shifts per work day								
Employees per shift	1 st							
	2 nd							
	3 rd							
Shift start and end times	1 st							
	2 nd							
	3 rd							
2. Indicate whether the business activity is:								
<input type="checkbox"/> Continuous throughout the year								
<input type="checkbox"/> Seasonal Check months of year when business occurs: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D								
3. Indicate whether the facility discharge is:								
<input type="checkbox"/> Continuous throughout the year								
<input type="checkbox"/> Seasonal Check months of year when discharge occurs: <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D								
4. Does operation shut down for vacation, maintenance, or other reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, indicate reasons and period when shutdown occurs:								
5. List types and amounts (mass or volume per day) of raw materials used or planned for use:								
Raw Material					Amount			
6. List types and quantities (mass or volume per day) of chemicals used or planned for use:								
Chemical					Quantity			
7. Attach a map of the facility layout. Draw to scale the location of each building on the premises and indicate map orientation. Label the location of all numbered unit processes (from schematic flow diagram), liquid storage areas, storm drains, storm sewer lines, floor drains, sanitary sewer lines, flow meters, sampling locations, and points of connection to the public sanitary sewer. Number each point of connection to the public sanitary sewer.								

Section I – Spill Prevention

1.	Do you have liquid storage containers (tanks, drums, totes, bins, ponds, etc.) at your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, attach a separate sheet providing a description of their location, contents, size, and type. Indicate the frequency and method of cleaning. Indicate if buried metal containers have cathodic protection.	
2.	Do you have floor drains in your manufacturing area or in areas where liquids are stored? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where are they tied in to?	
3.	Indicate whether an accidental spill at your facility could lead to a discharge to any of the following. Check all that apply.	
	<input type="checkbox"/> On-site disposal system	<input type="checkbox"/> Ground (outside)
	<input type="checkbox"/> Public sanitary sewer system	<input type="checkbox"/> Floor (inside)
	<input type="checkbox"/> Storm drain	<input type="checkbox"/> Other – Specify:
4.	Do you have a spill prevention plan to prevent spills of liquids from entering the Control Authority’s collection system?	
	<input type="checkbox"/> Yes	If yes, please enclose a copy with the application.
	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A (No potential for spill to discharge to public sanitary sewer)	
5.	Please describe any previous spill events and remedial measures taken to prevent their reoccurrence.	

Section J – Best Management Practices

1.	Attach a separate sheet describing the types of best management practices (BMPs) you employ to prevent pollutants from entering the facility’s wastestream or from reaching a discharge point.	
	BMPs are management and operational procedures such as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw materials storage.	
2.	Do you have the potential for a slug discharge to the sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass-through, or in any other way violate the POTW’s regulations, local limits, or permit conditions [40 CFR 403.8(f)(2)(v)].	
	Describe the type of potential slug discharge, including quality and content.	
	Describe current mechanisms for prevention of slug discharges.	

Section K – Non-Discharged Wastes

1.	<p>Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, skip the remainder of Section K.</p> <p>If yes, complete the table below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%; text-align: center;">Waste Generated</th> <th style="width: 30%; text-align: center;">Quantity (per year)</th> <th style="width: 35%; text-align: center;">Disposal Method</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Waste Generated	Quantity (per year)	Disposal Method																																	
Waste Generated	Quantity (per year)	Disposal Method																																			
2.	<p>If any of your wastes are sent to an off-site centralized waste treatment facility, identify the facility and the wastes that it receives.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																																				
3.	<p>If an outside firm removes any of the wastes, list the name, address, and permit number of all waste haulers:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%; text-align: center;">Name</th> <th style="width: 35%; text-align: center;">Address</th> <th style="width: 30%; text-align: center;">Permit Number (if applicable)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Address	Permit Number (if applicable)																																	
Name	Address	Permit Number (if applicable)																																			
4.	<p>Have you been issued any federal, state, or local environmental permits? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the permits:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																																				
5.	<p>Describe where and how waste liquids and sludges are stored prior to disposal.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>																																				

Section L – Compliance Certification

Are all applicable federal, state, or local pretreatment standards and requirements being met on a consistent basis?

Yes

No

Not yet discharging

If no, attach a separate sheet describing the additional operations and maintenance procedures, treatment technologies, and/or practices that are being considered to bring the facility into compliance. The attachment should include a schedule for bringing the facility into compliance. The compliance schedule should specify the milestone activities planned along with reasonable completion dates for each one. 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.

Section M – Authorized Signature

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 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:

Phone:

Title:

Email:

Signature:

Date: