



# CENTRAL WEBER SEWER IMPROVEMENT DISTRICT

## PERMIT APPLICATION FORM

### SECTION A – GERNERAL INFORMATION

1. **Facility Name:** \_\_\_\_\_

2. **Operator Name:** \_\_\_\_\_

a. Is the operator identified in 2, 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.

\_\_\_\_\_

3. **Facility Address:**

Street: \_\_\_\_\_

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

4. **Business Mailing Address:**

Street or PO Box: \_\_\_\_\_

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

5. **Designated Signatory Authority of the Facility:**

[Attach similar information for each authorized representative]

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

6. **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\***

- |   |   |
|---|---|
| <input type="checkbox"/> Aluminum Forming<br><input type="checkbox"/> Asbestos Manufacturing<br><input type="checkbox"/> Battery Manufacturing<br><input type="checkbox"/> Can Making<br><input type="checkbox"/> Carbon Black<br><input type="checkbox"/> Coal Mining<br><input type="checkbox"/> Coil Coating<br><input type="checkbox"/> Copper Forming<br><input type="checkbox"/> Electric and Electronic Components Manufacturing<br><input type="checkbox"/> Electroplating<br><input type="checkbox"/> Feedlots<br><input type="checkbox"/> Fertilizer Manufacturing<br><input type="checkbox"/> Foundries (Metal Molding and Casting)<br><input type="checkbox"/> Glass Manufacturing<br><input type="checkbox"/> Grain Mills<br><input type="checkbox"/> Inorganic Chemicals<br><input type="checkbox"/> Iron and Steel<br><input type="checkbox"/> Leather Tanning and Finishing<br><input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Nonferrous Metals Forming<br><input type="checkbox"/> Nonferrous Metals Manufacturing<br><input type="checkbox"/> Organic Chemicals Manufacturing<br><input type="checkbox"/> Paint and Ink Formulating<br><input type="checkbox"/> Paving and Roofing Manufacturing<br><input type="checkbox"/> Pesticides Manufacturing<br><input type="checkbox"/> Petroleum Refining<br><input type="checkbox"/> Pharmaceutical<br><input type="checkbox"/> Plastic and Synthetic Materials Manufacturing<br><input type="checkbox"/> Plastics Processing Manufacturing<br><input type="checkbox"/> Porcelain Enamel<br><input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Soap and Detergent Manufacturing<br><input type="checkbox"/> Steam Electric<br><input type="checkbox"/> Sugar Processing<br><input type="checkbox"/> Textile Mills<br><input type="checkbox"/> Timber Products |
|---|---|

- Categorical pretreatment standards, a facility with processes inclusive in these business areas may be covered by Environmental Protection Agency’s (EPA). These facilities are termed “Categorical users”.

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

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**SECTION C – WATER SUPPLY**

1. What percentage do you estimate is or will be discharged directly to the:

- \_\_\_\_\_ %City/County Storm Drain
- \_\_\_\_\_ %District Sanitary Sewer System
- \_\_\_\_\_ %Stream, Creek or River
- \_\_\_\_\_ %Other, (Identify) \_\_\_\_\_

2. List average water usage on premises (New facilities may estimate):

	<u>TYPE USAGE</u>	<u>AVERAGE WATER (GPD) MEASURED (M)</u>	<u>AVERAGE WATER (GPD) ESTIMATED (E)</u>
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).

<u>SEWER SIZE</u>	<u>DESCRIPTIVE LOCATION</u>	<u>AVERAGE OF SEWER CONNECTION FLOW (GPD)</u>

## 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 the question is "yes", complete the remainder of the application.

No -if the answer to this question is "no", skip to section H.

2. Provide the following information on wastewater flow rate. (New facilities may estimate)
- a. Hours/day discharged (e.g., 8 hours/day) or hours of discharge (e.g., 9 a.m. to 5 p.m.):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

- b. Peak hourly Flow rate (GPD) \_\_\_\_\_
- c. Maximum daily flow rate (GPD) \_\_\_\_\_
- d. 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 waste streams. Include the average daily volume and maximum daily volume of each waste stream (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 F.

## SCHEMATIC FLOW DIAGRAM

**SCHEMATIC FLOW DIAGRAM**

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).

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>

**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).

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>

<u>No.</u>	<u>Unregulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>

<u>No.</u>	<u>Average Dilution Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>

7. For Categorical Users subject to Total Toxic Organic (TTO) requirements:
- 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
  - Has a baseline monitoring report (BMR) been submitted which contains TTO information?
    - Yes
    - No
8. 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 9)



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

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

Yes \_\_\_\_\_  
 No \_\_\_\_\_

### SECTION F – TREATMENT

1. Is any wastewater treatment (see question 3) practiced at this facility?

Yes  
 No

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

Yes, describe: \_\_\_\_\_  
 No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

<input type="checkbox"/> Air Flotation	<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, type: _____	<input type="checkbox"/> Sump
<input type="checkbox"/> Grease trap	<input type="checkbox"/> Biological Treatment, type: _____
<input type="checkbox"/> Grinding Filter	<input type="checkbox"/> Rainwater Diversion or Storage
<input type="checkbox"/> Grit Removal	<input type="checkbox"/> Other Chemical Treatment, type: _____
<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Other Physical Treatment, type: _____
<input type="checkbox"/> Neutralization, pH Correction	<input type="checkbox"/> Other, type: _____

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):

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

7. 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.

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

**BUILDING LAYOUT**

8. Do you have a treatment operator?  Yes  No

(If Yes),

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Par Time: \_\_\_\_\_ (specify hours)

9. Do you have a manual on the correct operation of your treatment equipment?

Yes

No

10. Do you have a written maintenance schedule for your treatment equipment?

Yes

No

### SECTION G – FACILITY OPERATIONAL CHARACTERISTICS

#### 1. Shift Information

Work Days:  Mon  Tue  Wed  Thru  Fri  Sat  Sun

<b># Shifts per work day</b>							
<b>Employee's per shift:</b>							
<b>1<sup>st</sup></b>							
<b>2<sup>nd</sup></b>							
<b>3<sup>rd</sup></b>							
<b>Shift start and end times:</b>							
<b>1<sup>st</sup></b>							
<b>2<sup>nd</sup></b>							
<b>3<sup>rd</sup></b>							

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal – check the months of the year during which the business activity occurs:

Jan  Feb  Mar  Apr  May  June  July  Aug  Sep  Oct  Nov  Dec

Comments:

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3. Indicate whether the facility discharge is:

Continuous through the year, or

Seasonal – check the months of the year during which the facility discharge occurs:

Jan  Feb  Mar  Apr  May  June  July  Aug  Sep  Oct  Nov  Dec

Comments:

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## SECTION H – 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.

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

Yes

No

If yes, where do they discharge to?

\_\_\_\_\_

Discharge to Storm Drain System

\_\_\_\_\_

Discharge to Sanitary Sewer System

\_\_\_\_\_

Contained on Property

\_\_\_\_\_

Hauled away, if so, specify hauler and ultimate disposal site

\_\_\_\_\_

Other (explain)

\_\_\_\_\_

\_\_\_\_\_

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply)
- An onsite 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 reoccurrence.
- \_\_\_\_\_
- \_\_\_\_\_

**SECTION I – NON-DISCHARGED WASTES**

1. Are any waste liquids or sludge(s) generated and not disposed of in the sanitary sewer system?
- Yes, please describe below
  - No, skip the remainder of Section I

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.
- \_\_\_\_\_
- \_\_\_\_\_

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

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

<b><u>Name:</u></b>	<b><u>Name:</u></b>
<b><u>Address:</u></b>	<b><u>Address:</u></b>
<b><u>Permit No. (if applicable):</u></b>	<b><u>Permit No. (if applicable):</u></b>

5. Have you been issued any Federal, State, or Local environmental permits?

Yes, list the permit(s) below     No

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### SECTION J – AUTHORIZED SIGNATURES

1. Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis?

Yes     No     not yet discharging

2. IF NO:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

**Milestone Activity**

**Completion Date**

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## **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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**Name(s)**

**Title**

**Phone**

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**Signature**

**Date**