



BROWNSVILLE
PUBLIC UTILITIES BOARD

Information provided in this application will be used for issuance of a Wastewater Discharge Permit, required by the City of Brownsville Pretreatment Ordinance. Information on processing and compliance with standards is required to satisfy Federal General Pretreatment Regulations 40 CFR 403.12 including submittal of Baseline Monitoring Reports.

BPUB USE ONLY

- ☐ No Permit Required
- ☐ Interim Permit
- ☐ SIU Permit
- ☐ Industrial User
- ☐ Categorical User
- ☐ Special User
- ☐ BMP's
- ☐ New User
- ☐ Permit Modification
- ☐ Permit Renewal

PERMIT APPLICATION FORM

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.

c. Date the Facility commenced discharge to POTW _____

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 Metal Forming
- ☐ Nonferrous Metal Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Plastic and Synthetic Materials Manufacturing
- ☐ Plastic Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper, and Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing

SECTION B - BUSINESS ACTIVITY CONT.

- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products
- ☐ Dairy Products Processing Point Source Category
- ☐ Grain Mills Point Source Category
- ☐ Canned And Preserved Fruits and Vegetables Processing Point Source Category
- ☐ Canned and Preserved Seafood Processing Point Source Category
- ☐ Sugar Processing Point Source Category
- ☐ Textile Mills Point Source Category
- ☐ Cement Manufacturing Point Source Category
- ☐ Feedlots Point Source Category
- ☐ Electroplating Point Source Category
- ☐ Organic Chemical, Plastics, and Synthetic Fibers
- ☐ Inorganic Chemical Manufacturing Point Source Category
- ☐ Soap and Detergent Manufacturing Point Source Category
- ☐ Fertilizer Manufacturing Point Source Category
- ☐ Petroleum Refining Point Source Category
- ☐ Iron and Steel Manufacturing Point Source Category
- ☐ Nonferrous Metals Manufacturing Point Source Category
- ☐ Phosphate Manufacturing Point Source Category
- ☐ Steam Electric Power Generating Point Source Category
- ☐ Ferroalloy Manufacturing Point Source Category
- ☐ Leather Tanning and Finishing Point Source Category
- ☐ Glass Manufacturing Point Source Category
- ☐ Asbestos Manufacturing Point Source Category
- ☐ Rubber Manufacturing Point Source Category
- ☐ Timber Products Processing Point Source Category
- ☐ Pulp, Paper, and Paperboard Point Source Category
- ☐ The Builders' Paper and Board Mills Point Source Category
- ☐ Meat Products Point Source Category
- ☐ Metal Finishing Point Source Category
- ☐ Coal Mining Point Source Category BPT, BAT, BCT Limitations and New Source Performance stand
- ☐ Oil and Gas Extraction Point Source Category
- ☐ Mineral Mining and Processing Point Source Category
- ☐ Pharmaceutical Manufacturing Point Source Category
- ☐ Ore Mining and Dressing Point Source Category
- ☐ Effluent Limitations Guidelines for Existing Sources and Standards of Performance and Pretr
- ☐ Paint Formulating Point Source Category
- ☐ Ink Formulating Pint Source Category
- ☐ Gum and Wood Chemical Manufacturing Point Source Category
- ☐ Pesticide Chemicals
- ☐ Explosives Manufacturing Point Source Category
- ☐ Carbon Black Manufacturing Point Source Category
- ☐ Photographic Point Source Category
- ☐ Hospital Point Source Category
- ☐ Battery Manufacturing Point Source Category
- ☐ Plastics Molding and Forming Point Source Category
- ☐ Metal Molding and Casting Point Source Category
- ☐ Coil Coating Point Source Category
- ☐ Porcelain Enameling Point Source Category
- ☐ Aluminum Forming Point Source Category
- ☐ Copper Forming Point Source Category
- ☐ Electrical And Electronic Components Point Source Category
- ☐ Nonferrous Metals Forming and Metal Powders Point Source Category

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

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

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.

4. PRODUCT VOLUME:

PRODUCT	PAST CALENDAR YEAR Amounts per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts per Day (Daily Units)	
	Average	Maximum	Average	Maximum
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

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	_____	_____

5. Are process and non-process wastestreams being combined? ☐ Yes ☐ No

a. If yes, are they being combined (i) prior to discharge? ☐ Yes ☐ No
(ii) prior to the sampling point? ☐ Yes ☐ No

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 of Sewer Connection or Discharge Point</u>	<u>Average 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 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 Discharged (e.g., 8 hours/day):

M ____ T ____ W ____ TH ____ F ____ SAT ____ SUN ____

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

M ____ T ____ W ____ TH ____ F ____ SAT ____ SUN ____

- c. Peak hourly flow rate (GPD)

- d. Maximum daily flow rate (GPD)

- e. Annual daily average (GPD)

3. If batch discharge occurs or will occur, indicate:
(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 process uses 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 data this must be indicated. Number each unit process having wastewater discharges to the BPUB sewer system. Include numbers when showing this unit process in the building layout on 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). If applicable the information will be used for the combine wastestream formula calculation.

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 User 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 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 plan (TOMP) been developed?

☐ Yes, (Please attach a copy)
☐ No

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

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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 process 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 system 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 - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (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.

For CIUs:

Provide date (if applicable) of Baseline Monitoring Report (BMR). _____

Provide date (if applicable) of New Sources 90-day report. _____

Pollutants	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
			Conc.	Mass		Conc.	Mass
Acenaphthene							
Acrolein							
Acrylonitrile							
Benzene							
Benzidine							
Carbon tetrachloride							
Chlorobenzene							
1,2,4,- Trichlorobenzene							
Hexachlorobenzene							
1,2,- Dichloroethane							
1,1,1 - Trichloroethane							
Hexachloroethane							
1,1 - Dichloroethane							
1,1,2-Trichloroethane							
1,1,2,2-Tetrachloroethane							
Chloroethane							
Bis (2-Chloroethyl) ether							
17 Bis (Chloro methyl) ether							
2-Chloroethyl vinyl ether							
2-Chloronaphthalene							
2,4,6-Trichlorophenol							
Parachlorometa cresol							
Chloroform							
2-Chlorophenol							
1,2-Dichlorobenzene							
1,3-Dichlorobenzene							
1,4-Dichlorobenzene							
3,3-Dichlorobenzidine							
1,1-Dichloroethylene							
1,2-Trans-dichloroethylene							
2,4-Dichloropheno							
1,2-Dichloropropane							

Pollutants	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
			Conc.	Mass		Conc.	Mass
1,2-Dichloropropylene							
1,3-Dichloropropylene							
2,4-Dimethylphenol							
2,4-Dinitrotoluene							
2,6-Dinitrotoluene							
1,2-Diphenylhydrazine							
Ethylbenzene							
Fluoranthene							
4-Chlorophenyl phenyl ether							
4-Bromophenyl phenyl ether							
Bis (2-chlorisopropyl) ether							
Bis (2-chloroethoxy) methane							
Methylene chloride							
Methyl chloride							
Methyl bromide							
Bromoform							
Dichlorobromomethane							
Chlorodibromomethane							
Hexachlorobutadiene							
Hexachlorocyclopentadiene							
Isophorone							
Naphthalene							
Nitrobenzene							
Nitrophenol							
2-Nitrophenol							
4-Nitrophenol							
2,4-Dinitrophenol							
4,6-Dinitro-o-cresol							
N-nitrosodimethylamine							
N-nitrosodiphenylamine							
N-nitrosodi-n-propylamine							
Pentachlorophenol							

Pollutants	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses	Units	
			Conc.	Mass		Conc.	Mass
Phenol							
Bis (2-ethylhexyl) phthalate							
Butyl benzyl phthalate							
Di-n-butyl phthalate							
Di-n-octyl phthalate							
Diethyl phthalate							
Dimethyl phthalate							
Benzo (a) anthracene							
Benzo (a) Pyrene							
3,4-benzofluoranthene							
Benzo (k) fluoranthene							
Chrysene							
Acenaphthylene							
Anthracene							
Benzo (ghi) perylene							
Fluorene							
Phenanthrene							
Dibenzo (a,h) anthracene							
Indeno (1,2,3-cd) pyrene							
Pyrene							
Tetrachloroethylene							
Toluene							
Trichloroethylene							
Vynil chloride							
Aldrin							
Dieldrin							
Chlordane							
4,4'-DDT							
4,4'-DDE							
4,4'-DDD							
Alpha-endosulfan							
Beta-endosulfan							

Pollutants	Detection Level Used	Maximum Daily Value	Average of Analyses		Number of Analyses		Units	
			Conc.	Mass	Conc.	Mass	Conc.	Mass
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD ₅								
COD								
Chloride								
Chlorine								
Flouride								
Hardness								
Magnesium								
NH ₃ -N								
Oil and Grease								

Pollutants	Level Used	Detection Daily Value		Maximum of Analyses		Average of Analyses	Number Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrate N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO ₄)								
Sulfide (S)								
Sulfide (SO ₃)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

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 a existing wastewater treatment) planned for this facility within the next three years?

☐ Yes, describe: _____

☐ No

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

☐ Air flotation

☐ Centrifuge

☐ Chemical precipitation

☐ Chlorination

☐ Cyclone

☐ 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-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	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
Empl's per 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:

J F M A M J J A S O N D

COMMENTS: _____

J F M A M J J A S O N D

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:

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 use 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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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. 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 ☐ No If yes: Where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could and 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 J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above is classified as hazardous waste according to 40 CFR Part 261. Also describe storage areas.
3. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.
4. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.
5. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. _____ b. _____

Permit No.
 (if Applicable): _____

Permit No.
 (if applicable); _____

6. Have you been issued any Federal, State, or local environmental permits?

☐ Yes
☐ No

If yes, please list the permit(s): _____

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 ☐ No 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

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	Phone