

TOWN OF PLATTSBURGH
WASTEWATER DISCHARGE PERMIT
APPLICATION FORM

Note: Please read all attached instructions 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.Q. 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 #: _____

- 6. Application is for a _____ new or _____ renewal permit [check one]

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 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 (Brandname) (levels with others (and no u.l))	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>
	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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]

<u>Type</u>	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 washdown	_____	_____
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 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 (CPD) _____

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 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 H. This drawing must be certified by a State Registered Professional Engineer.
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Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

- 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 "LOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

- 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.	Process Description	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 (TTD) 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 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 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 - 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 (0), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, axon 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 waste streams by placing a P (expected to be present), S (maybe present), or 0 (will not be present) under the average reported values.

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	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, 2, 2- Tetrachloroethane								
Chlrtoethane								
Bls (2-chloroethyl) ether								
17 Bls (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								
1, 2-Dichloropropylene								
1, 3-Dichloropropylene								

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-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.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
Employees 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: _____

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:

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

COMMENTS: _____

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

Yes, indicate reasons and period when shutdown occurs:

No

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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

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 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 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.

<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.

4. 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): _____

5. Have you been issued and Federal, State or local environmental permits?

- Yes
- No

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

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