

**CITY OF CONCORD  
DEPARTMENT OF GENERAL SERVICES  
WASTEWATER TREATMENT FACILITY**

**INDUSTRIAL USER PERMIT APPLICATION**

**SECTION A – GENERAL INFORMATION**

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

a. Operators Name: \_\_\_\_\_

b. Is the Operator identified in 1a. the owner of the facility?

( ) Yes ( ) No

If no, provide the name and address of the owner.

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

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

2. Facility Address:

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

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

3. Business Mailing Address:

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

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

4. Designated Signatory Authority of the facility:

(Attach similar information for each authorized representative):

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

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

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

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

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

5. Designated Facility Contact:

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

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

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

## 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
- Coil Coating
- Copper Forming
- Dairy Products Processor
- Electric and Electronic Components Manufacturing
- Electroplating
- Etching (Ferrous and Non-ferrous Materials)
- Feedlots
- Fertilizer manufacturing
- Foundries (Metal Molding and Casting)
- Funeral Home
- Glass Manufacturing
- Grain Mills
- Hospital
- Inorganic and/or Organic Chemicals
- Iron and Steel
- Laundry
- Metal Finishing
- Non-ferrous Metals forming and/or Manufacturing
- Paint and/or Ink Formulating
- Paving and Roofing Manufacturing
- Pesticide Manufacturing
- Pharmaceutical Manufacturing
- Photographic Processing
- 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 the processes included in these business areas may be covered by Environmental Protection Agency's (EPA) "Categorical Pretreatment Standards.

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

<u>Product</u> (Brand Name)	<u>Past Calendar Year</u> (Amounts Per Day) (Daily Units) average maximum	<u>Estimate This Year</u> (Amounts Per Day) (Daily Units) average maximum
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### SECTION C – WATER SUPPLY

1. Water Sources: (Check all that apply)

- Private well
- Surface water
- Municipal (Specify City):
- Other (Specify):

2. Water billed to:

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water Service Account Number:

4. List average water usage:

Type Ave. Consumption Estimate or Actual (gallons per day) (E) (A)

- 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 & Equipment Washdown
- i. Irrigation & Lawns
- j. Other:

TOTALS:

## SECTION D – SEWER INFORMATION

1. a. Existing Business:  
Is the facility presently connected to the public sewer?  
( ) Yes: Sewer Account Number:  
( ) No:  
  
Have you applied for a sanitary sewer connection? ( ) Yes ( ) No
- b. New Business:  
  
Will the business be occupying an existing vacant building? ( ) Yes ( ) No  
Have you applied for a building permit for a new facility? ( ) Yes ( ) No  
Will the facility be connected to the public sewer system? ( ) Yes ( ) No
2. List size, location, and average flow of each facility sewer connection to the public sewer (outfall). Sewer size, Location, Average Flow (gallons per day)

## SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other sanitary to the public sewer?  
( ) Yes If yes, complete the remainder of this form.  
( ) No If no, skip to SECTION I.
2. If continuous discharge, provide the following information (or estimate).
  - a. Total Hours/Day of discharge:  
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 Flowrate:
  - d. Maximum Daily Flowrate:
  - e. Average Daily Flowrate:
3. If batch discharge, provide the following information (or estimate).
  - a. Days of discharge:  
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. Number of Discharges Per Day:
  - d. Average Gallons Per Discharge:
  - e. Discharge Flowrate:
  - f. Percent of Total Facility Discharge:

4. Schematic Flow Diagram:
- For each activity in which process wastewater is or will be generated, provide a diagram of the flow of the material, products, waster and wastewater from the start of the activity to completion. Show all unit processes. Indicate use of estimation regarding flow information.
  - Indicate which processes use water and which generate wastestreams.
  - Number each unit process generating wastewater discharged to the public sewer. Use these numbers in subsequent sections of this form.
5. Provide the wastewater discharge flows for each process (or proposed process). Include the reference number from the process schematic that corresponds to each process.
- No. Process Description, Av. Flow, Max Flow, and Type of Discharge

If the business contains "Categorical" Processes, please complete the following:

No. Regulated Process - Ave. Flow, Max Flow, Type of Discharge  
(continuous, batch, none)

No. Unregulated Process - Ave. Flow, Max Flow, Type of Discharge  
(continuous, batch, none)

No. Dilution - Ave Flow, Max Flow, Type of Discharge  
(continuous, batch, none)

6. Provide the following Total Toxic Organics (TTO) information:
- Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the Categorical Pretreatment Standards published by the EPA?  Yes  No
  - Has a "Baseline Monitoring Report" (BMR) been submitted which contains TTO information?  Yes  No
  - Has a "Toxic Organic Management Plan" (TOMP) been developed? If so, please include a copy.  Yes  No
7. Does the facility have (or will it have) automatic sampling or wastewater flow metering equipment?
- Current: Sampling  Yes  No  
Metering  Yes  No  
Future: Sampling  Yes  No  
Metering  Yes  No
- If so, please indicate location(s) of this equipment on the Schematic Diagram requested in paragraph 4 of this section, and describe the equipment below:
8. Are any process changes or expansions planned during the next two years that could alter wastewater volumes or characteristics? Consider processes that may affect the discharge.  Yes  No
- If yes, briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional sheets as needed):

9. Are any materials or water reclamation systems in use or planned?  
 Yes  No  
If yes, 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 as needed):

## **SECTION F – CHARACTERISTICS OF DISCHARGE**

1. All current Significant Industrial Users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided as attachments to this section to report the analytical results. **DO NOT LEAVE BLANKS.**
2. For all other (non-regulated) 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 the sample location and type of analysis used (methods must conform to 40 CFR Part 136, if they do not, indicate what method was used).
3. New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in wastewater by placing a P (expected to be present), S (may be present), or O (will not be present) under the “Average Reported Values”.

**SEE ATTACHMENTS 1-A THROUGH 1-E.**

## **SECTION G – WASTEWATER 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 existing wastewater treatment) planned for this for this facility within the next three years?  
 Yes  No  
If yes, please describe:
3. Wastewater treatment devices or processes used or proposed to be used for treating wastewater or sludge (check all that apply):
  - Air Flotation
  - Centrifuge
  - Chemical precipitation
  - Cyclone
  - Filtration
  - Flow Equalization
  - Grease or Oil Separation (Type)
  - Grease Trap
  - Grinding
  - Grit Removal

- Ion Exchange
  - Neutralization, pH correction
  - Ozonation
  - Reverse Osmosis
  - Screening
  - Sedimentation
  - Septic Tank
  - Solvent Separation
  - Spill Protection
  - Sump
  - Biological (type: )
  - Rainwater diversion or collection
  - Other Chemical Treatment (type: )
  - Other Physical Treatment (type: )
  - Other (type: )
4. Describe the pollutant loadings, flowrates, design capacity, physical size, and operating procedure of each treatment device or process checked above (attach additional sheets as needed):
  
  5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and byproduct volumes, and design /operation conditions.
  
  6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the public sewer. Please include estimated completion dates:
  
  7. Does the facility have a wastewater treatment operator?  Yes  No  
 If yes: Operator Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Full Time (specify hours): \_\_\_\_\_  
 Part Time (specify hours): \_\_\_\_\_
  
  8. Please include a copy of the "Standard Operating Procedures" for the wastewater treatment equipment, if applicable.
  
  9. Does a written maintenance schedule for the wastewater treatment equipment exist?  Yes  No

## SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information:  
Work Days: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
M T W TH F SAT SUN  
Shifts per Day :  
Employees per shift:  
Shift: 1:  
Shift: 2:  
Shift: 3:  
  
Start and end times for each shift: 1: 2: 3:
2. Indicate whether business is :  
( ) Continuous through the year  
( ) Seasonal (if seasonal, circle the months of the year during which the business operates)  
J F M A M J J A S O N D  
Comments:
3. Indicate whether the facility discharge is:  
( ) Continuous through the year  
( ) Seasonal (If seasonal, circle the months of the year during which discharge occurs)  
J F M A M J J A S O N D  
Comments:
4. Does the facility shut down for scheduled work stoppages? ( ) Yes ( ) No  
If yes, indicate the reasons and period of shut down:
5. List types and amounts of raw materials used or planned to be used:  
Type: Amount:
6. List type and amount of chemicals used or planned to be used (include copies of appropriate Material Safety Data Sheets):  
Type: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\_  
\_\_\_\_\_
7. Building Layout Diagram:
  - a. Provide a scale drawing identifying location of each building on premises.
  - b. Show all water meters, storm drains, numbered unit processes, and each connection to public sewers. Number each existing or proposed sewer connection.
  - c. A blueprint showing the above information may be substituted in lieu of a drawing.

## **SECTION I – SPILL PREVENTION**

1. Does the facility have chemical storage containers, bins, or ponds?  
 Yes  No
  - a. If yes, please provide a description of their location, contents, size, type, and frequency and method of cleaning. Include proximity of these units to sewer or storm drains. Indicate if buried metal containers have cathodic protection.
  - b. If yes, could an accidental spill lead to discharge to (check all that apply):  
 an on-site disposal system  
 public sewer system (e.g. through a floor drain)  
 storm drain  
 to the ground  
 other (specify):  
 N/A- no possible discharge to any of the above routes
2. Does the facility have floor drains in the manufacturing and/or chemical storage areas?  Yes  No
  - a. If yes, where do the drains discharge?
3. Does the facility have an “Accidental Spill Prevention Plan” in affect?  
 Yes  No  
If yes, please submit a copy with this Application.
4. Is there a history of spill events associated with this facility?  
 Yes  No  
If yes, please explain:

## **SECTION J – NON-DISCHARGED WASTES**

1. Are any liquid wastes or sludges generated, or anticipated, at this facility which are not disposed of via the public sewer?  Yes  No  
If yes, please complete remainder of this section.  
If no, please skip remainder of this section.  
Waste Quantity Disposal Method On Site (Y) (N)
2. Should any liquid waste or sludge be disposed of off-site, please provide appropriate supporting documentation (i.e. bills of laden, manifests etc.).
3. Should any liquid waste or sludge be disposed of off-site, please provide the name, address, and Permit Number of the waste hauler.
4. Has this facility been issued, or will it be issued, any Federal, State or Local environmental permits?  Yes  No  
If yes, please list:

## **SECTION K – COMPLIANCE CERTIFICATION**

1. Is this facility in compliance with all Federal, State or Local Pretreatment Standards? ( ) Yes ( ) No

If no, please explain:

If no, please explain measures being taken to bring facility into compliance:

If no, please provide a schedule for bringing the facility into compliance. Include major events planned along with completion dates. Note that should the Control Authority issue a permit to the Applicant, it may establish a schedule for compliance different from the one submitted by the facility (attach additional sheets as needed):

### **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 fines and imprisonment for knowing violations.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_