CITY OF ENNIS, TEXAS WASTEWATER DISCHARGE PERMIT APPLICATION

Note: Please read all attached instructions prior to completing this application

SECTION A - GENERAL INFORMATION

1. Fa	cility Name:		
a.	Operator Name:		
b.	is operator identified ir	1.a., the owner of the facility	? Yes [] No []
		address of the operator and s perator's scope of responsibili	submit a copy of the contract and/or other ty for the facility
2. Fa	cility Address:		
Sti	reet:		
Cit	ty	State	Zip
3. Bu	siness Mailing Address:		
Str	reet or PO Box :		
Cit	ty	State	Zip
	esignated signatory autho sentative)	rity of the facility: (Attach simil	ar information for each authorized
Na	ame:		
Tit	le:		
Ad	dress:		
Cit	ty	State	Zip
Ph	one		
5. De	esignated facility contact:		
Na	ime:		
Tit	le:		
Ph	ione		

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

- Dairy products processing
- Grain mills
- □ Canned and preserved fruits and vegetables processing
- □ Canned and preserved seafood processing
- □ Sugar processing Textile mills
- Cement manufacturing Feedlots
- □ Electroplating
- Organic chemicals, plastics, and synthetic fibers
- □ Inorganic chemicals manufacturing
- Soap and detergent manufaduring
- Fertilizer manufacturing
- Petroleum Manufacturing
- Iron and steel manufacturing
- □ Nonferrous metals manufacturing
- Phosphate manufacturing
- □ Steam electric power generating
- □ Ferroalloy manufacturing
- □ Leather tanning and finishing
- Glass manufacturing
- Asbestos manufacturing
- □ Rubber manufacturing
- □ Timber products processing
- □ The pulp, paper, and paperboard
- □ The builders' paper and board mills
- Meat Products
- Metal finishing
- □ Coal mining and processing
- Oil and gas extraction
- □ Mineral mining and processing
- Pharmaceutical manufacturing
- Ore mining and dressing
- Paving and roofing materials (tars and asphalt)
- Paint formulating
- Ink formulating
- Gum and wood chemicals manufacturing
- Pesticide chemicals
- □ Explosives manufacturing
- □ Carbon black manufacturing
- Photographic
- Hospital
- □ Battery Manufacturing
- Plastics molding and forming
- Metal molding and casting
- Coil coating
- Porcelain enameling
- □ Aluminum forming

- □ Copper forming
- □ Electrical and electronic components
- Nonferrous metals forming and metal powders
- Transportation Equipment Cleaning
- Centralized Waste Treatment

A facility with processes inclusive in these business areas may be covered by the 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:

4. Product Volume:

Product (Brand Name) (levels with others) (and	Past Calendar Year Amounts Per Day (Daily Units)		Estimated This Calendar Year Amounts per Day (Daily Units)	
no u.1)	Average	Maximum	Average	Maximum

SECTION C – WATER SUPPLY

1.	Water Sources: (Check as many as applicable)					
		Private Well				
		Surface Well				
		Municipal Water Utility (Specify City)				
		Other (Specify)				
2.	Na	me on water bill:				
	Str	eet:				
		yStateZip				

- 3. Water service account number _____
- 4. List average water usage on premises: (New facilities may estimate)

	Average Water Usage (GPD)	Indicate Estimated (EI) 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		

SECTION D – SEWER INFORMATION

- 1a. 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
- 1b. 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, description, 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)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPO)

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/Dav	Discharge	(e.a.,	8 hours/day):
u .	riouro, bay	Bioonargo	(e.g.,	

-			gi, e ne ai e, aa j j	•			
	Mon	Tue	Wed	Thurs	Fri	Sat	Sun

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

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

c. Peak hourly flow rate (GPM)

- d. Maximum daily flow rate (GPM)_____
- e. Annual daily average (GPM)
- f. Date to commence discharge?
- 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_____GPM.
 - c. Time of batch discharges ______at ______(days of week) (hours of day)
 - d. Flow rate _____ GPM
 - 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 <u>now of materials</u>, <u>products</u>, <u>water</u>, <u>and wastewater</u> from the start of the activity to its completion, showing all units in the processes. Indicate which processes use water and which generate waste streams. Include the average daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this <u>must</u> be indicated. <u>Number each unit process</u> having wastewater discharges to the community sewer. This drawing must be certified by a State Registered Professional Engineer. Attach drawing to the end of this document.

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.)

Process Description	Average Flow (GPM)	Maximum Flow (GPM)	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; CWF is for Combined Waste stream Formula.)

Regulated Process	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

Unregulated Process	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

CWF	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

7.	For Categorical Us	ers Subiect Total	Toxic Organic (TT	O) Requirements:

Provide the following (TTO) information.

8.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standards of the applicable categorical pretreatment standards published by the EPA?

	standards of the applicable batego	four protroutment standards published by the Er At
	[] Yes [] No	
b.	Has a baseline monitoring report in information? When?	(BMR} been submitted which contains TTO
	[] Yes [] No	Date:
c.	Has a 90-day report been complete	d? If so, when?
	[] Yes [] No	Date:
d.	. Has a toxic organics management p [] Yes [] No	lan (TOMP) been developed?
e.	. Have any BMPs been developed for	the Facility?
	[] Yes [] No	If so Please Attach for Review.
f.	Has the facility developed any Pollut	ion Prevention Alternatives?
	[] Yes [] No	If so Please Attach for Review.
	o you have, or plan to have, automatic s quipment at this facility?	ampling equipment or continuous wastewater flow metering

Current:	Flow Metering	[]Yes	[] No	[] N/A
	Sampling Equipment	[]Yes	[] No	[] N/A
Planned:	Flower 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

[] N	10	(skip	question	12)
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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.)

13. Does your Facility have the potential to release slug discharges? [] Yes [] No

If yes have you submitted a Slug Discharge Control Plan to the City for review? [] Yes [] No

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 (non-regulated) 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, 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 waste streams by placing a P (expected to be present), S (may be present). or O (will not be present) under the average reported values.

Pollutant	Detection Level Value	n Maximum Daily Value Average of Analysis		EPA Method Used	Units			
	•	Cone.	Mass	Cone	Mass		Cone	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4-trichlorobenzene								
Hexachlorobenzene								
1,2-dichloroethane								
1,1,1-Trichloreothane								
Hexachloroethane								
1,1-dichloroethane								
1,1,2-trichloroethane								
1,1,2,2-tetrachloroethane								
Chloroethane								
Bis(2-Chloroethyl) ether								
2-chloroethyl vinyl ether (mixed)								
2-chloronapthalene								
2,4, 6-trichlorophenol								
Parachlorometa cresol								
Chloroform (trichloromethane)								
2-chlorophenol								
1,2-dichlorobenzene								
1,3-dichlorobenzene								
1,4-dichlorobenzene								
3,3-dichlorobenzidine								
1,1-Dichloroethylene								
1,2-trans-dichloroethylene								
2,4-dichlorophenol								
1,2-dichloropropane								
1,2-dichloropropylene								
(1,3-dichloropropene)								
Butyl benzyl pthalate								

	Detection	Maxim		EPA			Detecti	Maximu
Pollutant	Level	um	Average	Method	Units	Pollutant	on	m Daily
	Value	Daily	of	Used			Level	Value
		Value	Analysis				Value	
	Cone.	Mass	Cone	Mass		Cone	Mass	
Di-N-Butyl Pthalate								
Di-n-octyl phthalate								
Diethyl Phthalate								
Dimethyl phthalate								
1,2-benzanthracene (benzo(a) anthacene)								
Benzo(a)pyrene (3,4-benzo- pyrene)								
3,4-benzofluoranthene								
(benzo(b) fluoranthene)								
11,12-benzofluoranthene								
(benzo(b)fluoranthene)								
Chrysene								
Acenaphthylene								
Anthracene								
1,12-benzoperylene								
(benzo(ghi)perylene)								
Fluorene								
Phenanthrene								
1,2,5,6-dibenzanthracene								
(Dibenzo(a,h)anthracene)								
Indeno(1,2,3-cd) pyrene (2,3-o-								
pheynylene pyrene)								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride (chloroethylene)								

Pollutant	Detection Level Value		ım Daily lue		age of Ilysis	EPA Method Used	Uni	Units	
	value	Cone.	Mass	Cone	Mass	Useu	Cone	Mass	
2,4-dimethylphenol	Γ	Conc.	101035	Conc	101033		Oone	101035	
2,4-dinitrotoluene									
2,6-dinitrotoluene									
1,2-diphenylhydrazine									
Ethylbenzene									
Fluoranthene									
4-chlorophenyl phenyl ether									
4-bromophenyl phenyl ether									
Bis(2-chloroisopropyl) ether			-						
Bis(2-chloroethoxy) methane									
Methylene chloride (dichloromethane)									
Methyl chloride									

(dichloromethane)				
Methyl bromide				
(bromomethane)				
Bromoform				
(tribromomethane)				
Dichlorobromomethane				
Chlorodibromomethane				
Hexachlorobutadiene				
Hexachloromyclopentadiene				
Isophorone				
Naphthalene				
Nitrobenzene				
2-nitrophenol				
4-nitrophenol				
2,4-dinitrophenol				
4,6-dinitro-o-cresol				
N-nitrosodimethylamine				
N-nitrosodiphenylamine				
N-nitrosodi-n-propylamin				
Pentachlorophenol				
Phenol				
Bis(2-ethylhexyl) phthalate				

Detection Maximum Daily EPA								
Pollutant	Level		lue	Average of		Method	Units	
	Value			Ana	alysis	Used		
		Cone.	Mass	Cone	Mass		Cone	Mass
Aldrin								
Dieldrin								
Chlordane (technical mixture								
and metabolites)								
4,4-DDT								
4,4-DDE (p,p-DDX)								
4,4'-DDD (p,p-TDE)								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide (BHC-								
hexachlorocyclohexane)								
Alpha-BHC								
Beta-BHC								
Gamma-BHC (lindane)								
Delta-BHC (PCB-								
polychlorinated biphenyls)								
PCB-1242 (Arochlor 1242)								
PCB-1254 (Arochlor 1254)								
PCB-1221 (Arochlor 1221)								
PCB-1232 (Arochlor 1232)								

PCB-1260 (Arochlor 1260) Image: Constraint of the second seco					
PCB-1016 (Arochlor 1016) Image: Constraint of the second seco	PCB-1248 (Arochlor 1248)				
Toxaphene Image: Constraint of the sector of t					
2,3,7,8-tetrachloro-dibenzo-p- dioxin(TCDD) 2,3,7,8-tetrachloro-dibenzo-p- dioxin(TCDD) 2 2 Asbestos 2 2 2 Asbestos 2 2 2 Acidity 2 2 2 Akalinity 2 2 2 Bacteria 2 2 2 BOD5 2 2 2 COD 2 2 2 Chloride 2 2 2 Chloride 2 2 2 Fluoride 2 2 2 Hardness 2 2 2 Magnesium 2 2 2 NH3-N 2 2 2 Oil & Grease 2 2 2 TOC 2 2 2 2 Nitrate N 2 2 2 2 Nitrate N 2 2 2 2 Organic N 2 2 <t< td=""><td>PCB-1016 (Arochlor 1016)</td><td></td><td></td><td></td><td></td></t<>	PCB-1016 (Arochlor 1016)				
dioxin(TCDD) Image: stress stres	Toxaphene				
dioxin(TCDD) Image: stress stres					
dioxin(TCDD) Image: stress stres	2,3,7,8-tetrachloro-dibenzo-p-				
Acidity Image: state in the state in	dioxin(TCDD)				
Alkalinity Image: Constraint of the sector of the sect	Asbestos				
Bacteria Image: Constraint of the second secon	Acidity				
BOD5 Image: Colored system Image: Color	Alkalinity				
COD Image: Constraint of the state of the s	Bacteria				
Chloride Image: Chlorine Image:	BOD5				
Chlorine Image: Chlorine </td <td>COD</td> <td></td> <td></td> <td></td> <td></td>	COD				
Fluoride Image of the second seco	Chloride				
Hardness Image State	Chlorine				
Magnesium Image	Fluoride				
NH3-N Image: Constraint of the system of	Hardness				
Oil & Grease Image: Constraint of the second se	Magnesium				
TSSImage: style s	NH3-N				
TOCImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemKieldahl nitrogenImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemNitrite NImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemNitrite NImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemOrthophosphate PImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemPhosphorousImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSodiumImage: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate {SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate {SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate [SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate [SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate [SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate [SO4)Image: Constraint of the systemImage: Constraint of the systemImage: Constraint of the systemSulfate [SO4)Image: Constraint of the systemImage: Constraint of the	Oil & Grease				
Kieldahl nitrogenImage: Constraint of the systemImage: Constraint of the systemNitrate NImage: Constraint of the systemImage: Constraint of the systemNitrite NImage: Constraint of the systemImage: Constraint of the systemOrganic NImage: Constraint of the systemImage: Constraint of the systemOrthophosphate PImage: Constraint of the systemImage: Constraint of the systemPhosphorousImage: Constraint of the systemImage: Constraint of the systemSodiumImage: Constraint of the systemImage: Constraint of the systemSulfate {SO4)Image: Constraint of the systemImage: Constraint of the systemSulfate [S)Image: Constraint of the systemImage: Constraint of the system	TSS				
Nitrate NImage: scale of the sca	ТОС				
Nitrate NImage: scale of the sca	Kieldahl nitrogen				
Organic N Image: Marcon Sector Amplitude Image: Marcon Amplitude	Nitrate N				
Orthophosphate P Image: Constraint of the system Image: Constrated Image: Constraint of the system	Nitrite N				
Phosphorous Image: Conductivity Specific Conductivity Image: Conductivity Sulfate {SO4) Image: Conductivity Sulfate [S) Image: Conductivity	Organic N				
Sodium Image: Conductivity I	Orthophosphate P				
Specific Conductivity Image: Conductivity <td>Phosphorous</td> <td></td> <td></td> <td></td> <td></td>	Phosphorous				
Sulfate {SO4)	Sodium				
Sulfide [S)	Specific Conductivity				
	Sulfate (SO4)				
Sulfite (SO3)	Sulfide [S)				
	Sulfite (SO3)				

	Detection	Maximu	um Daily			EPA		
Pollutant	Level	Va	alue		age of	Method	Uni	ts
	Value			Ana	alysis	Used		
		Cone.	Mass	Cone	Mass		Cone	Mass
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide, Total								
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 change 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 apply).
 - □ 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. (Attach additional sheets as needed.)

5.	Attach a process flow diagram for each existing treatment system. Include process equipment,
	byproducts, byproduct disposal method, waste and byproduct 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.

Do you have a treatment o	perator? [] Yes [] No	
(if Yes,) 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

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work Days							

Shifts per Work day:

Employees Per Shift	1 st	
	2 nd	
	3 rd	

Shift start and end times:

	Start	End
1 st		
2 nd		
3 rd		

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:

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

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:

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

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 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

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. <u>Number each sewer</u> and show existing and proposed sampling locations. This drawing <u>must be certified by a State Registered Professional Engineer</u>.

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 areas? [] Yes [] No

If yes, where do they discharge to? _

- 3. If you have chemical storage containers, bins, or ponds in the manufacturing area, could an accidental spill lead to a discharge to: (Check all that are applicable)
 - □ an onsite disposal system
 - □ public sanitary sewer system (e.g. through a floor drain)
 - □ storm drain
 - to ground
 - others specify
 - not applicable, no possible discharge to any of the above mentioned routes
- 4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals, hazardous waste, or slug discharges from entering the Control Authority's collection system?
 - □ 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 waste.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON DISCHARGED WASTES

1. Are waste liquids or sludge 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 are disposed of at an off-site treatment facility and which are disposed of on-site.

Waste Generated	Quantity (per year)	Disposal Method

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

Waste Generated	Quantity (per year)	Disposal Method

4. If any of your wastes are stored on-site, identify the waste and facility.

Waste Generated	Quantity (per year)	Disposal Method

- 5. If an outside firm removes any of the above checked wastes, state the name(s) and Address(s) of all waste haulers: b. _____ Permit No. _____
 - a.

Permit No. ________(if applicable)

(if applicable)

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

[]Yes [] No

If yes, please list the permit(s) issued and their expiration dates:

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 [] Not yet discharging

2. <u>If No</u>:

- 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