



INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION



NOTE: Complete all questions using attached instructions.
Mark N/A if the question does not apply. Use additional sheets if necessary

SECTION A - IDENTIFICATION

1. Name of Industrial User applying for Permit: _____

2. Secretary of State Charter/Registration Number of applicant: _____

3. Mailing Address: _____

4. Address of permitted discharge(s) (if different from mailing address):

5. Facility phone #: (_____) _____ Fax #: (_____) _____

6. Designated Signatory Authority(ies) of the Industrial User: _____

7. Designated recipient for correspondence: _____

8. Contact Person regarding wastewater discharges: _____
Title: _____ Phone: (_____) _____
E-Mail: _____

9. Date operations commenced at this facility: _____

SECTION B - BUSINESS ACTIVITY and OPERATIONAL CHARACTERISTICS

1. SHIFT INFORMATION:

Work Days/Year _____ Business Hours _____

Seasonal Shutdown _____

<u>Shifts</u>	<u>Employees</u>	<u>Start Time</u>	<u>Duration</u>	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
1 st Shift	_____	_____	_____	<input type="checkbox"/>						
2 nd Shift	_____	_____	_____	<input type="checkbox"/>						
3 rd Shift	_____	_____	_____	<input type="checkbox"/>						

Comments: _____

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

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

_____	_____
_____	_____
_____	_____
_____	_____

4. PRODUCT VOLUME:

<u>(BRAND NAME)</u>	PAST CALENDAR YEAR AMOUNTS PER DAY (INCLUDE UNITS)		ESTIMATE THIS CALENDAR YEAR AMOUNTS PER DAY (INCLUDE UNITS)	
	<u>AVERAGE</u>	<u>MAXIMUM</u>	<u>AVERAGE</u>	<u>MAXIMUM</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 and planned for use (attach list if needed):

7. List any waste liquids or sludges generated that are not discharged to the sanitary sewer system (attach list if needed)

<u>WASTE GENERATED</u>	<u>QUANTITY (PER YEAR)</u>	<u>DISPOSAL METHOD</u>	<u>WASTE HAULER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Facility layout - Draw to proportionate scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, storm sewers, numbered unit processes (see Section D-items 5 & 6), public and private sewers, clean outs, floor drains and manholes.

The facility layout drawings should be submitted on 11" by 17" or smaller sheets. Alternatively, larger size (drawn to scale) blueprints or drawings may be accompanied by copies reduced to 11"by 17" (scale proportionate).

9. A facility with processes that are listed below may be regulated by the Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. These facilities are termed "Categorical Users". Place an X beside all applicable categories of business activity (regardless of whether they generate wastewater).

INDUSTRIAL CATEGORIES

- | | |
|--|--|
| <input type="checkbox"/> 40 CFR 413 - Electroplating | <input type="checkbox"/> 40 CFR 442 - Transportation Equipment Cleaning |
| <input type="checkbox"/> 40 CFR 414 - Organic Chemicals, Plastics and Synthetic Fibers Manufacturing | <input type="checkbox"/> 40 CFR 443 - Paving and Roofing Manufacturing |
| <input type="checkbox"/> 40 CFR 415 - Inorganic Chemicals | <input type="checkbox"/> 40 CFR 444 - Waste Combustors |
| <input type="checkbox"/> 40 CFR 418 - Fertilizer Manufacturing | <input type="checkbox"/> 40 CFR 446 - Paint Formulating |
| <input type="checkbox"/> 40 CFR 419 - Petroleum Refining | <input type="checkbox"/> 40 CFR 447 - Ink Formulating |
| <input type="checkbox"/> 40 CFR 420 - Iron and Steel | <input type="checkbox"/> 40 CFR 455 - Pesticides Chemicals |
| <input type="checkbox"/> 40 CFR 421 - Nonferrous Metals Manufacturing | <input type="checkbox"/> 40 CFR 458 - Carbon Black |
| <input type="checkbox"/> 40 CFR 423 - Steam Electric Power Generating | <input type="checkbox"/> 40 CFR 461 - Battery Manufacturing |
| <input type="checkbox"/> 40 CFR 425 - Leather Tanning and Finishing | <input type="checkbox"/> 40 CFR 464 - Metal Molding and Casting |
| <input type="checkbox"/> 40 CFR 426 - Glass Manufacturing | <input type="checkbox"/> 40 CFR 465 - Coil Coating |
| <input type="checkbox"/> 40 CFR 428 - Rubber Manufacturing | <input type="checkbox"/> 40 CFR 466 - Porcelain Enamel |
| <input type="checkbox"/> 40 CFR 429 - Timber Products | <input type="checkbox"/> 40 CFR 467 - Aluminum Forming |
| <input type="checkbox"/> 40 CFR 430 - Pulp, Paper, and Fiberboard Manufacturing | <input type="checkbox"/> 40 CFR 468 - Copper Forming |
| <input type="checkbox"/> 40 CFR 433 - Metal Finishing | <input type="checkbox"/> 40 CFR 469 - Electric and Electronics Component Manufacturing |
| <input type="checkbox"/> 40 CFR 437 - Centralized Waste Treatment | <input type="checkbox"/> 40 CFR 471 - Nonferrous Metals Forming |
| <input type="checkbox"/> 40 CFR 439 - Pharmaceutical | <input type="checkbox"/> Other, describe _____ |
| | _____ |
| | _____ |

10. Is the facility subject to any subpart of the National Emission Standards for Hazardous Air Pollutants (NESHAP) found in the Code of Federal Regulations Title 40, Parts 61 and 63?
 Yes No

If yes, does the facility's compliance with the NESHAP involve discharge to the Columbus sewer system? Yes No

SECTION C - WATER and SEWER SERVICE

1. WATER SOURCES: (mark all that are applicable) For water sources other than municipal water, provide information on average volume (gpd - estimated or measured) and type of usage.

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

2. NAME ON THE WATER/SEWER BILL:

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

3. WATER/SEWER SERVICE ACCOUNT NUMBER: _____
 CITY OF COLUMBUS PRETREATMENT ACCOUNT NUMBER: _____

4. List average water usage on premises (new facilities may estimate) and describe discharge method (sanitary, combined and/or storm sewer, stream, ground, not discharged, or unknown).

<u>TYPE</u>	<u>Average Water Use (gpd)</u>	<u>Estimate (E) or Measured (M)</u>	<u>Discharge Method</u>
Contact Cooling Water	_____	_____	_____
Non-Contact Cooling Water	_____	_____	_____
Boiler feed	_____	_____	_____
Process	_____	_____	_____
Sanitary	_____	_____	_____
Air Pollution Control	_____	_____	_____
Contained in Product	_____	_____	_____
Plant & Equip. Wash-down	_____	_____	_____
Irrigation & Lawn Watering	_____	_____	_____
Other	_____	_____	_____
Totals	_____	_____	_____

SECTION D - SEWER INFORMATION

- 1. a. Is the building presently connected to the public sanitary sewer system?
 Yes No
- b. Does (or will) this facility discharge any wastewater other than sanitary (domestic) wastewater to the City sewer?
 Yes No
- c. Do you have floor drains in your manufacturing or chemical storage area(s)?
 Yes No

2. List size, descriptive location, and flow of each facility sewer that connects to the City's sewer system. (attach additional sheet, if needed).

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (gpd)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Indicate what water/sewer service account is associated with each sewer discharge location.

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Provide the hours of discharge (e.g., 9 a.m. to 5 p.m.) for any process related wastewater discharges. (New facilities may estimate).

<u>Day of Operation</u>	<u>Hours of Discharge</u>	<u>Day of Operation</u>	<u>Hours of Discharge</u>
Sunday	_____	Monday	_____
Tuesday	_____	Wednesday	_____
Thursday	_____	Friday	_____
Saturday	_____		

SECTION E - TREATMENT

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

- | | |
|---|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization, pH Correction |
| <input type="checkbox"/> Biological Treatment | <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"/> Solvent Separation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Other Chemical Treatment, type: _____ |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Other Physical Treatment, type: _____ |
| <input type="checkbox"/> Grease or Oil Separation | <input type="checkbox"/> Other, type: _____ |
| <input type="checkbox"/> Grease Trap | _____ |
| <input type="checkbox"/> Grinding Filter | |
| <input type="checkbox"/> Grit Removal | |
| <input type="checkbox"/> Ion Exchange | |

SECTION F - AUTHORIZED SIGNATURES

AUTHORIZED REPRESENTATIVE'S 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 personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) 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 or imprisonment for known violations.

NAME: _____ TITLE: _____

SIGNATURE DATE PHONE

Please note that this statement must be signed by the duly authorized representative of the Industrial User in accordance with Columbus City Code Chapter 1145.04 and its subparts (A) - (C) and 40 CFR 403.12, if applicable.