

Permit No. _____
Application No. _____

Date: _____

**MFN REGIONAL WASTEWATER DISTRICT
IPP PROGRAM
INDUSTRIAL DISCHARGE PERMIT APPLICATION
CERTIFICATION STATEMENT**

The information contained herein applies to: () Existing Discharge () New Discharge

SECTION A: GENERAL INFORMATION

1. Company Name: _____
Parent Company Name (if applicable): _____
2. Company Address: _____
Mailing Address: _____
3. Telephone Number: _____
4. Person(s) to contact concerning the information provided herein:
Name _____ Name _____
Title _____ Title _____
Phone _____ Phone _____
5. Do you have any environmental permits for this facility? yes _____ no _____
If yes, please attach a list and copies of the permits to this application.

SECTION B: PRODUCT OR SERVICE INFORMATION

1. Briefly describe the manufacturing or service activity at this location, and list SIC #'s:

2. Principal Product or Services: _____

3. Raw Materials and Products Used: _____

4.

Individual Process Description	Industrial Category 40 CFR	Average Production (units/time)
_____	_____	_____
_____	_____	_____

SECTION C PLANT OPERATIONAL INFORMATION

1. Shift Information:
- a. number of shifts per work day _____
 - b. number of work days per week _____
 - c. average number of employees per shift

1st	_____
2nd	_____
3rd	_____

2. List municipal water usage (in hundred cubic feet) for the last two billing periods:
- a. 6 month period from _____ to _____ _____ hundred cubic feet
date date
 - b. 6 month period from _____ to _____ _____ hundred cubic feet
date date

Note: Water billings are usually in hundreds of cubic feet.

- c. volume from other sources (wells, etc.) _____ gallons per day
3. List water consumption within the facility (please specify units/day):
- a. Process (production, cleaning, etc.) _____
 - b. Non-Process (cooling, boiler feed, etc.) _____
 - c. Sanitary (toilets, washrooms, etc.) _____
4. List average volume of discharge to:
- a. municipal sewer system _____ gal/day
 - b. storm drain _____ gal/day
 - c. septic system _____ gal/day
 - d. other _____ gal/day Explain: _____

5. Plant wastewater discharge type (please check applicable type):
- () Batch Wastewater Discharge
- a. number of discharges per (day, week, month) _____
- b. average volume per discharge (specify units) _____
- () Continuous Wastewater Discharge
- a. Average flow rate _____ gal/day
- b. maximum flow rate _____ gal/day
6. Provide schematic diagram showing wastewater discharges to the sewerage system.

SECTION D: WASTEWATER CHARACTERIZATION

1. Has any laboratory analyzed the wastewater which the facility discharges to the municipal sewer system?
- () No () Yes

If yes, please provide the name, address and telephone number of the laboratory below and attach to this form a copy of the laboratory findings:

If yes, was this a grab or composite sample? () grab () composite over ____ hrs.

2. Please provide any information available to complete the following two tables.

<u>Parameter</u>	<u>Average Daily</u>	<u>Maximum for any day</u>
Wastewater Discharge to Sewer	gal/day	gal/day
pH	SU	SU
Temperature	°F	°F
Biochemical Oxygen Demand (BOD ₅)	mg/l	mg/l
Chemical Oxygen Demand	mg/l	mg/l
Oil & Grease	mg/l	mg/l
Suspended Solids	mg/l	mg/l

Parameter	Average Daily Concentration (mg/l)	Maximum Concentration for Any One Day (mg/l)
<u>Metals:</u> Aluminum	mg/l	mg/l
Antimony	mg/l	mg/l
Arsenic	mg/l	mg/l
Beryllium	mg/l	mg/l
Boron	mg/l	mg/l
Cadmium	mg/l	mg/l
Chromium, Total	mg/l	mg/l
Cyanide, Total	mg/l	mg/l
Copper	mg/l	mg/l
Lead	mg/l	mg/l
Mercury	mg/l	mg/l
Molybdenum	mg/l	mg/l
Nickel	mg/l	mg/l
Selenium	mg/l	mg/l
Silver	mg/l	mg/l
Thallium	mg/l	mg/l
Zinc	mg/l	mg/l
<u>Other:</u>		
Ammonia-Nitrogen	mg/l	mg/l
Cyanide	mg/l	mg/l
Phenol	mg/l	mg/l
Total Phosphorous	mg/l	mg/l
Volatile Organic Compounds (please specify)		
_____	mg/l	mg/l
_____	mg/l	mg/l
_____	mg/l	mg/l

3. Detail of Wastewater Flows: (gallons/day)

Industrial Category 40 CFR	Process Use		Cooling Water		Sanitary		Total
	max.	avg.	max.	avg.	max.	avg.	
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

4. Detail of Nature and Concentration of Pollutants:

Note: Please attach additional sheets if needed.

Industrial Category	_____	_____	_____	_____	_____
40 CFR	_____	_____	_____	_____	_____
Pollutant	_____	_____	_____	_____	_____
Maximum in any One Day (mg/l)	_____	_____	_____	_____	_____
Average (mg/l)	_____	_____	_____	_____	_____
Industrial Category	_____	_____	_____	_____	_____
40 CFR	_____	_____	_____	_____	_____
Pollutant	_____	_____	_____	_____	_____
Maximum in any One Day (mg/l)	_____	_____	_____	_____	_____
Average (mg/l)	_____	_____	_____	_____	_____

Comments: _____

SECTION E: PRETREATMENT

1. Is wastewater pretreatment currently provided? Pretreatment includes simple devices such as grease traps as well as more complex processes such as heavy metals removal.

() No () Yes (please complete the following)

Is pretreatment a batch or a continuous operation? _____

If batch, describe the frequency, volume and duration of the discharge: _____

2. Describe in general the wastewater pretreatment process, including the maximum design volume which can be treated, and include schematic drawings of the facility:

3. Are any changes in the pretreatment system anticipated within the next two years?

() No () Yes (please describe the changes)

4. List any by-products of the system (sludge, skimmings, etc.) and the method of disposal:

5. If the by-products are disposed of by contractor(s) please list name(s), address(es), and telephone number(s):

6. Certified Statement:

Pretreatment standards for this facility are/are not being met on a consistent basis. Additional operation and maintenance (O&M) required to insure compliance is as follows: _____

Additional pretreatment required to meet the standards is as follows: _____

7. Schedule of Compliance:

Complete only if additional efforts are necessary to complete the progress.

<u>Compliance Milestones</u>	<u>Scheduled Commencement Date</u>	<u>Scheduled Completion Date</u>
1. Selection of Engineer	_____	_____
2. Operation and/or Maintenance Modifications	_____	_____
3. Engineering Investigation of Plant Conditions (Industrial Process)	_____	_____
4. Selection of Monitoring Equipment, Treatment Process & Design Criteria (Treatability Studies)	_____	_____
5. Detailed Design of Treatment System (Plans & Specifications)	_____	_____
6. Preparation of Operation and Maintenance Manual	_____	_____
7. Selection of Contract Contractor	_____	_____
8. Start of Construction	_____	_____
9. Pretreatment System Start-Up	_____	_____

8. I have personally examined and am familiar with the information submitted in this document. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein. I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines or imprisonment.

Signature of Authorized Representative

Date

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided herein, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures as specified in 40 CFR Part 2.