



# GRACE CREEK WWTP INDUSTRIAL WASTE AND GROUNDWATER DISCHARGE PERMIT APPLICATION FORM

**NOTE: This application must be filled out completely and accurately. 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?
    - i. Yes [ ] No [ ]
    - ii. 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: \_\_\_\_\_

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

4. Designated signatory authority of the facility:  
[Attach similar information for each authorized representative]

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

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

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

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

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

5. Designated facility contact:

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Email: \_\_\_\_\_

**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, leachate or hazardous wastes), circle the category of business activity (check all that apply).

Categorical Industries

INDUSTRY	CFR	INDUSTRY	CFR
Dairy Products Processing	405	Mineral Mining and Processing	436
Grain Mills	406	Centralized Waste Treatment	437
Canned and Preserved Fruits and Vegetables	407	Metal Products and Machinery *	438
Canned and Preserved Seafood Processing	408	Pharmaceutical Manufacturing	439
Sugar Processing	409	Ore Mining and Dressing	440
Textile Mills	410	Transportation Equipment Cleaning	442
Cement Manufacturing	411	Paving and Roofing Materials	443
Concentrated Animal Feeding Operation	412	Waste Combusters	444
Electroplating	413	Landfills	445
Organic Chemicals, Plastics, and Synthetic Fibers*	414	Paint Formulating	446
Inorganic Chemicals	415	Ink Formulating	447
Soap and Detergent Manufacturing	417	Airport Deicing *	449
Fertilizer Manufacturing	418	Construction and Development *	450
Petroleum Refining	419	Concentrated Aquatic Animal Production *	451
Iron and Steel Manufacturing	420	Gum and Wood Chemicals Manufacturing	454
Nonferrous Metals Manufacturing	421	Pesticide Chemicals	455
Phosphate Manufacturing	422	Explosives Manufacturing	457
Steam Electric Power Generating*	423	Carbon Black Manufacturing	458
Ferroalloy Manufacturing	424	Photographic	459
Leather Tanning and Finishing	425	Hospital	460
Glass Manufacturing	426	Battery Manufacturing	461
Asbestos Manufacturing	427	Plastics Molding and Forming	463
Rubber Manufacturing	428	Metal Molding and Casting	464
Timber Products Processing	429	Coil Coating	465
Pulp, Paper, and Paperboard	430	Porcelain Enameling	466

INDUSTRY	CFR	INDUSTRY	CFR
Meat and Poultry Products	432	Aluminum Forming	467
Metal Finishing	433	Copper Forming	468
Coal Mining	434	Electrical and Electronic Components	469
Oil and Gas Extraction	435	Nonferrous Metals Forming and Metal Powders	471

\*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):

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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. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_

4. Product Volume:

PRODUCT (Brand-name)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum
	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**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: \_\_\_\_\_

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

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

3. Water service account number(s): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Date commenced discharge: \_\_\_\_\_

4. List average water usage on premises (New facilities may estimate).

TYPE	Average Water Usage (G.P.D.)	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. Evaporation	_____	_____
k. Other	_____	_____
<b>TOTAL (a – k)</b>	<b>=====</b>	<b>=====</b>
	_____	_____

**SECTION D - SEWER INFORMATION**

1. Check all that apply

a. For an existing business:

i. Is the building/facility 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

c. Within ninety (90) days following the date for final compliance with applicable Pretreatment Standards or Requirements or, in the case of a New Source, following commencement of the introduction of wastewater into the POTW, any User subject to Pretreatment Standards and Requirements shall submit to the Industrial Pretreatment Division a report indicating the nature and concentration of all pollutants in the discharge from the regulated process which are limited by Pretreatment Standards and Requirements and the average and maximum daily flow for these process units in the User facility which are limited by such Pretreatment Standards or Requirements. The report shall state whether the applicable Pretreatment Standards or Requirements are being met

on a consistent basis and, if not, what additional operations and maintenance and/or pretreatment is necessary to bring the User into compliance with the applicable Pretreatment Standards or Requirements. This statement shall be signed by an authorized representative of the Industrial User, and certified by a registered professional engineer.

When is or when will be the date you commence (d) discharge to the City's sewer system?

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2. List size, descriptive location, and flow of each facility sewer that 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 (G.P.D.)

**SECTION E – WASTEWATER OR GROUNDWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any wastewater or groundwater other than from restrooms to the City sewer?
- Yes      If the answer to this question is “yes”, select discharge type below and complete the remainder of the application.
- Wastewater  
 Groundwater
- No      If the answer to this question is “no”, skip to Section J.

2. Provide the following information on wastewater/groundwater flow rate. (New facilities may estimate.)

a. Hours/Day discharged (e.g., 8 hours/day):

M		T		W		T		F		Sat		Sun	
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b. Operation hours of discharge (e.g., 9 a.m. to 5 p.m.):

M		T		W		T		F		Sat		Sun	
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c. Peak hourly flow rate (G.P.D.): \_\_\_\_\_

d. Maximum daily flow rate (G.P.D.): \_\_\_\_\_

e. Annual daily average (G.P.D.): \_\_\_\_\_

f. Estimate of monthly discharge (gallons)

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

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 in GPD \_\_\_\_\_

c. Time of batch discharges \_\_\_\_\_ (days of week) at \_\_\_\_\_ (hours per day)

d. Flow rate \_\_\_\_\_ (gallons per minute)

e. Percent of total discharge \_\_\_\_\_

Additional comments:

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4. Schematic Flow diagram - For each major activity in which wastewater or groundwater 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.** See Flow Schematic Example in Permit Application Instructions. If this is for permit renewal, please send copies of original documents along with your permit renewal. Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

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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].

No.	Regulated Description	Average Flow (G.P.D.)	Maximum Flow (G.P.D.)	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).

No.	Regulated Process	Average Flow (G.P.D.)	Maximum Flow (G.P.D.)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process	Average Flow (G.P.D.)	Maximum Flow (G.P.D.)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilution	Average Flow (G.P.D.)	Maximum Flow (G.P.D.)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

a. Provide the following (TTO) information.

i. 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

ii. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

iii. 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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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)

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10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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11. Are any material recovery systems 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.)

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**SECTION F - CHARACTERISTICS OF DISCHARGE**

1. All current and new industrial users are required to submit monitoring data of their effluent including priority pollutants listed in 40 CFR Part 122, Appendix D, Tables II, III, Conventional Pollutants and Additional Toxic Pollutants. These parameters are found on the document titled Industry User Testing Requirements. Table V – Toxic Pollutants and Hazardous Substances and parameters labeled with an asterisk (\*) in the section Additional Toxic Pollutants Required should be tested if industry suspects or expects these pollutants to be present. In Characteristics of Discharge Sample Results document, please check off which parameters, on Table V – Toxic Pollutants and Hazardous Substances and on Additional Toxic Pollutants Required that are labeled with an asterisk (\*), are “Present” or “Not Present” and provide this information certified. Sample location and method of analysis should be included. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used. Please call Industrial Pretreatment Division at 903-291-5234 if you have any questions.
2. **New dischargers** should include a list of pollutants that will be present or are suspected to be present in proposed waste streams.

## SECTION G - TREATMENT

1. Is any form of wastewater/groundwater treatment (see list below) practiced at this facility?

- Yes
- No

2. Is any form of wastewater/groundwater treatment planned for this facility or changes to an existing wastewater/sludge treatment 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. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked.

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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, disposal methods planned or under construction for the wastewater/sludge discharge to the sanitary sewer. Please include estimated completion dates.

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7. Do you have a treatment operator?  Yes  No

(If Yes,)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Full Time: \_\_\_\_\_  
Part Time: \_\_\_\_\_

8. Do you have a contract with a State approved lab?  Yes  No

(If Yes,)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

9. Do you have a manual on the correct operation of your treatment equipment?

Yes  No

10. Do you have a written maintenance schedule for your treatment equipment?

Yes  No

## SECTION H - FACILITY OPERATION CHARACTERISTICS

### 1. Shift Information

Shifts per work day:	Work Days	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun
	1st		_____	_____	_____	_____	_____	_____
Empl's per shift:	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:

Jan    Feb    Mar    Apr    May    June    July    Aug    Sept    Oct    Nov    Dec

COMMENTS:

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### 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    Sept    Oct    Nov    Dec

COMMENTS:

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

Yes, indicate reasons and period when shut down occurs:

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No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

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6. List types and quantity of chemicals used or planned for use (attach a list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
<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 blue print or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.



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.

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2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes  No

If yes: To which location do they discharge? \_\_\_\_\_

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental discharge lead to a discharge to: (check all that apply).

- an onsite disposal system
- public sanitary sewer system (i.e., through a floor drain)
- storm drain
- 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 and/or a slug discharge control plan to control 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 recurrence.

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## SECTION L - NON-DISCHARGED WASTES

1. Are any waste that is liquid, sludge or leachate generated and **not** disposed of in the sanitary sewer system?

- Yes, please describe below and indicate if hauled to another facility  
 No, skip the remainder of Section L.

Waste Generated	Quantity (per year)	Disposal Method/Hauled To

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 (i.e. Grace Creek WWTP), 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.<br><br>_____<br>_____<br>_____<br>_____<br>Permit No. (If applicable) | b.<br><br>_____<br>_____<br>_____<br>_____<br>Permit No. (If applicable) |
|--|--|

5. Estimate of monthly hauled waste (gallons)

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

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Additional comments:

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

- Yes
- No

If yes, please list the permits (s):

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**SECTION M - 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. **If not:**

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technologies or practices 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

Completion Date

<hr/> <hr/>	<hr/> <hr/>
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Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direct 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.

\_\_\_\_\_  
Printed Name(s)

\_\_\_\_\_  
Printed Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone