



## City of Dayton – Division of Wastewater Treatment

### Application for

### INDUSTRIAL WASTEWATER DISCHARGE PERMIT

(for *either* New Permit *or* Renewal Permit)

If *New* Permit, included Section for Baseline Monitoring Report submittal  
of analytical data *must* be completed.

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Facilities that discharge wastewater with certain characteristics to the City of Dayton's Wastewater Facilities are required to obtain an **Industrial Wastewater Discharge Permit (IWDP)**. This requirement is mandated by Title 40 of the Code of Federal Regulations, Part 403; the Ohio Administrative Code, Chapter 3745-3; and the City of Dayton Sewer Use Ordinance 29641-98.

This permit application is intended to provide the information necessary for the City to write and issue an IWDP (either new or renewal) to your facility. All facilities **discharging, or intending to discharge, regulated wastewater** to the City of Dayton's Wastewater Facilities must be in possession of a valid IWDP issued by the City of Dayton.

*For newly regulated facilities:*

A facility must be in possession of a valid IWDP issued by the City of Dayton **prior to the discharge of regulated wastewater** into the sanitary sewer system. In order to allow adequate time for the City to review this application and to write and issue a permit, this IWDP application must be completed fully and submitted at least **90 days prior to the desired date of initial discharge** of regulated wastewater to the City of Dayton's Wastewater Facilities. If equipment to treat wastewater prior to discharge is required, then a "Permit to Install" must also be obtained from the Ohio EPA prior to discharge.

*For already permitted facilities:*

Your facility's **Industrial Wastewater Discharge Permit** expires within 5 years of its issue date. In order to allow adequate time for the City to review this application and to write and issue a *renewal* permit, this IWDP application must be completed fully (except for the Baseline Monitoring Section) and submitted at least **90 days before the expiration date** of the current permit.

Please answer completely all questions that are applicable. Falsification of information on this form may be grounds for denial or termination of sewer service. Please attach additional sheets if necessary to completely answer any section of the application, and note (in the appropriate Section of the last page) the number of attached pages.

The City's Industrial Pretreatment Program staff is willing to assist you with understanding applicable regulations, with completing this application form, and with obtaining your IWDP. Contact an Industrial Pretreatment Coordinator, at **937-333-1501**, if you have questions or need help.

**Note to signing official:** *In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 14; information and data provided in this application which identifies the nature and frequency of discharge shall be available to the Public without restriction. Requests for **confidential** treatment of other information must be asserted at the time of submittal.*

The completed and signed Industrial Wastewater Discharge Permit Application should be mailed to the following address:

**City of Dayton  
Division of Wastewater Treatment  
Industrial Pretreatment Program  
2800 Guthrie Road  
Dayton, Ohio 45418**

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**City of Dayton – Division of Wastewater Treatment**  
**Application for**  
**INDUSTRIAL WASTEWATER DISCHARGE PERMIT**

*(for either New Permit or Renewal Permit)*

If *New Permit*, included Section for Baseline Monitoring Report submittal  
of analytical data *must* be completed.

Please Type or Print

**1. GENERAL INFORMATION**

<b>(THIS BLOCKED-OUT SPACE FOR CITY OF DAYTON USE ONLY)</b>	
<b>Facility Name:</b>	
Facility Address:	
<b>Facility Owner:</b>	
Owner's Address:	
<b>Primary Contact:</b>	
Title or Position:	
Phone Number:	Fax Number:
e-mail Address:	
Mailing Address:	
<b>Secondary Contact:</b>	
Title or Position:	
Phone Number:	Fax Number:
e-mail Address:	
Mailing Address:	
<b>Authorized Representative:</b>	
Title or Position:	
Phone Number:	Fax Number:
e-mail Address:	
Mailing Address:	

## 2. FACILITY INFORMATION

### A. Staffing/Hours Of Operation

Normal work schedules:

Day of the Week	First Shift				Second Shift				Third Shift			
	Start Time	End Time	# People	How Often*	Start Time	End Time	# People	How Often*	Start Time	End Time	# People	How Often*
Monday												
Tuesday												
Wednesday												
Thursday												
Friday												
Saturday												
Sunday												

\*How often is the shift worked? A = Always, 1 = 1/month, 2 = 2/month, 3 = 3/month, O = Occasionally, S = Seldom, N = Never

**Comments:**

### B. Details of Facility Operations:

Applicable Standard Industrial Classification (SIC) code(s):	
Description of principal products or services:	
Description of facility operation(s):	
Description of anticipated future industrial expansion:	
Description of all facility processes generating wastewater. [Includes sources of wastewater such as air pollution control devices (wet scrubbers), condensers, chillers, boiler blowdown, heating & cooling systems, water treatment devices, softeners, etc. Includes any processes considered categorical under federal pretreatment regulations, even if the process does not have a wastewater discharge.]	

**Comments:**

**(THIS BLOCKED-OUT SPACE/PAGE FOR CITY USE ONLY)**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

### 3. WATER USAGE INFORMATION

#### A. Municipal Water Supply Usage:

Average:		gallons per day (gpd),		days per week
Maximum:		gpd		
Period evaluated:	From:		To:	
Is usage seasonal?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:		
Water meter(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?		
Description, location, what is measured by each meter:				

**Comments:**

#### B. Private Well Water Usage:

Average:		gallons per day (gpd),		days per week
Maximum:		gpd		
Period evaluated:	From:		To:	
Is usage seasonal?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Explain:		
Water meter(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?		
Description, location, what is measured by each meter:				

**Comments:**

#### 4. WASTEWATER DISCHARGE INFORMATION

##### A. General Sanitary Sewer Information:

*Number of Connections to the City Sanitary Sewer System:* \_\_\_\_\_

- **First Connection:** Is there an appropriate sampling location on this connection?  Yes  No

Description, size and location of sanitary sewer connection:				
Total discharge to sanitary sewer (average):			gpd,	days per week
Total discharge to sanitary sewer (maximum):			gpd	
Period evaluated:	From:		To:	
Sewer meter(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?		
Meter description(s), meter location(s), what flows are measured by each meter:				

**Comments:**

- **Second Connection:** Is there an appropriate sampling location on this connection?  Yes  No

Description, size and location of sanitary sewer connection:				
Total discharge to sanitary sewer (average):			gpd,	days per week
Total discharge to sanitary sewer (maximum):			gpd	
Period evaluated:	From:		To:	
Sewer meter(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?		
Meter description(s), meter location(s), what flows are measured by each meter:				

**Comments:**

- **Third Connection:** Is there an appropriate sampling location on this connection?  Yes  No

Description, size and location of sanitary sewer connection:				
Total discharge to sanitary sewer (average):			gpd,	days per week
Total discharge to sanitary sewer (maximum):			gpd	
Period evaluated:	From:		To:	
Sewer meter(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	How many?		
Meter description(s), meter location(s), what flows are measured by each meter:				

Comments:

- B. Domestic wastewater discharged to the sanitary sewer?  NO  YES

Description:				
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third	
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?	
When does discharge occur?				
Average flow:		gpd,	days per week	<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
Maximum flow:		gpd	<input type="checkbox"/> Measured <input type="checkbox"/> Estimated	

Comments:

**C. Process Wastewater Discharged?**

NO

YES

*if yes, complete a separate block for each categorical (see 40 CFR 405-471) or non-categorical process:*

Process #1 Description:					
Categorical?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Category:		
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

Process #2 Description:					
Categorical?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Category:		
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

Process #3 Description:					
Categorical?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Category:		
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

Process #4 Description:					
Categorical?	<input type="checkbox"/> No	<input type="checkbox"/> Yes:	Category:		
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**D. Non-Contact Cooling Water Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream <input type="checkbox"/> downstream <input type="checkbox"/> separate lateral, from the sample location?				
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**E. Non-Contact Cooling Water Discharged to the Storm Sewer?**  NO  YES

Description:					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		
Does facility have an NPDES Permit?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	Permit Number:		

**Comments:**

**F. Contact Cooling Water Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream <input type="checkbox"/> downstream <input type="checkbox"/> separate lateral, from the sample location?				
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**G. Boiler Blowdown Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream <input type="checkbox"/> downstream <input type="checkbox"/> separate lateral, from the sample location?				
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**H. Deionizer or Water Treatment Backwash Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**I. Stormwater/Surface (Roof, Foundation, Parking Lot) Run-off Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
Average flow:	gpd,	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**J. Groundwater/Remediation Water Discharged to the Sanitary Sewer?**  NO  YES

Description:					
Discharged to which sewer connection?	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Third		
Is discharge point:	<input type="checkbox"/> upstream	<input type="checkbox"/> downstream	<input type="checkbox"/> separate lateral, from the sample location?		
When does discharge occur?					
Average flow:	gpd,	days per week	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated	
Maximum flow:	gpd	<input type="checkbox"/> Measured	<input type="checkbox"/> Estimated		

**Comments:**

**5. PRETREATMENT:**

**A. Is there a process to pretreat wastewater?**  NO  YES  
(i.e.: pH adjustment, metals removal, oils removal, filtration, ion exchange, reverse osmosis)

• **If “YES” does the facility have a Permit to Install from the Ohio EPA?**  NO  YES

• **If “YES” to A, does the facility have a Continuous (flow through) process?**  NO  YES

Description of the continuous pretreatment process(s), and which wastewaters are treated by it:
Days and Hours of wastewater discharge from the pretreatment process:
Attach a <b>schematic drawing</b> of the continuous pretreatment process.

**Comments:**

• **If “YES” to A, does the facility have a Batch Pretreatment process?**  NO  YES

Description of the batch pretreatment process, and which wastewaters are treated by it:
Days, Times, Duration, and Average volume of wastewater batch pretreatment discharge:
Attach a <b>schematic drawing</b> of the batch pretreatment process.

**Comments:**

**6. PRODUCTION DATA (For facilities with production based limits – see 40 CFR 405-471)**

**NOTE:** This section is ONLY for those facilities having *production-based* wastewater discharge limits, including, but not limited to, those facilities performing metal molding, casting, or forming; and those manufacturing iron, steel, pesticides, organic chemicals, plastics, synthetic fibers, and batteries. Copy the following tables as needed, and **complete a separate table for each different categorical process** performed at the facility having production-based limits.

<b>#1</b>	<b>Description of process for which production-based limits apply:</b>				
For each of the years specified below, provide the <b>daily average weight</b> of product undergoing the above process. Base the daily average on the actual number of days worked in a year. <b>Include all product processed</b> , including product that may have been scrapped or re-processed (if a part was processed twice, it should be counted twice).					
<b>YEAR</b>	<b>Weight of Product</b>	<b>Pounds</b>	<b>Kilograms</b>	<b>Measured</b>	<b>Estimated</b>
Four years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This year (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next year (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In four years (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain any <b>significant changes</b> in a the daily averages for any specific year:					

**Comments:**

<b>#2</b>	<b>Description of process for which production-based limits apply:</b>				
For each of the years specified below, provide the <b>daily average weight</b> of product undergoing the above process. Base the daily average on the actual number of days worked in a year. <b>Include all product processed</b> , including product that may have been scrapped or re-processed (if a part was processed twice, it should be counted twice).					
<b>YEAR</b>	<b>Weight of Product</b>	<b>Pounds</b>	<b>Kilograms</b>	<b>Measured</b>	<b>Estimated</b>
Four years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Three years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two years ago		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last year		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This year (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next year (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In four years (projected)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain any <b>significant changes</b> in a the daily averages for any specific year					

**Comments:**

**7. DISCHARGE QUALITY / BASELINE MONITORING DATA**

**NOTE:** This section is **ONLY** for those facilities applying for a **NEW** (not a renewal) **Industrial Wastewater Discharge Permit**. Copy the following tables as needed, and **complete a separate table for each different categorical process** performed at the facility.

As instructed below, complete the tables that follow to provide information on the anticipated nature and concentration of regulated pollutants in the discharge from each regulated process, and from the overall discharge to the City sanitary sewer. Copy the tables and **complete a separate set of tables for each process**, and also for the **overall discharge**, unless the overall discharge is **identical** to the process discharge. The data must be representative of daily operations.

**NOTE THE FOLLOWING:**

**Part One** must be completed by **all permit applicants**.

**Part Two** must be completed by **all applicants that are an existing source** (currently have a process discharge at the facility being permitted) and by **applicants that operate a similar process at a different facility**, which could be sampled to indicate the discharge quality of the facility being permitted.

**Part Three** must be completed by **all permit applicants**.

**PART ONE: Average and Maximum Concentration of Pollutants from Each Process and/or the Overall Facility Discharge**

The data in this table is for the:		<input type="checkbox"/> Overall Facility Discharge	<input type="checkbox"/> A Single Process in the facility		
If for a single process, Describe the process:					
PARAMETER	Average Daily Concentration (mg/L)	Maximum Daily Concentration (mg/L)	Indicate if values are Actual <sup>1</sup> , Calculated <sup>2</sup> or Estimated <sup>3</sup>		
Cadmium, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Chromium, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Chromium, hexavalent			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Copper, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Lead, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Nickel, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Zinc, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Silver, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Mercury, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Molybdenum, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Cyanide, total			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Cyanide, amenable			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
Total Toxic Organics			<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.
pH	(S.U.)	(S.U.)	<input type="checkbox"/> Actual	<input type="checkbox"/> Calc.	<input type="checkbox"/> Est.

- Notes: 1. Actual = Actual sampling data from the facility being permitted, or a similar facility  
 2. Calculated = Calculated based on engineering/chemical data and treatment performance criteria  
 3. Estimated = Estimated based on engineering/chemical data and treatment performance criteria

**PART TWO: Baseline Sampling and Analysis Data**

Sampling and analysis conducted for Section #2 must be performed in accordance with the techniques prescribed in 40 CFR part 136 and amendments thereto. Attach a copy of the laboratory report(s).

**Source of Data:** indicate whether the information on the following tables is obtained from:

- (A) Actual analytical data from the facility being permitted  
 (B) Actual analytical data from a facility with similar processes and treatment

**Person(s) taking samples:** \_\_\_\_\_

**Name of laboratory:** \_\_\_\_\_

**PART TWO: (continued) Baseline Sampling and Analysis Data**

COMPOSITE SAMPLE	Date sample started		Time sample started		Date sample ended		Time sample ended	
			<input type="checkbox"/> AM <input type="checkbox"/> PM				<input type="checkbox"/> AM <input type="checkbox"/> PM	
Type of Composite	taken every		minutes over		hour period	<input type="checkbox"/> Automatic sampler		<input type="checkbox"/> Manual grabs (at least 4
Process Sampled:								
Sampling Location								
Production rate during sample period:			<input type="checkbox"/> off-Lbs. <input type="checkbox"/> off-Kilogram		<input type="checkbox"/> Measured		<input type="checkbox"/> Estimated	
Flow through sample location during sample period:			gallons		<input type="checkbox"/> Measured		<input type="checkbox"/> Estimated	
SAMPLE RESULTS	Method Code <sup>2</sup>	Detection Limit (mg/L)	Sample Result (mg/L)		PARAMETER	Method Code <sup>2</sup>	Detection Limit (mg/L)	Sample Result (mg/L)
Cadmium, total					Nickel, total			
Chromium, total					Zinc, total			
Chromium, Hexavalent					Silver, total			
Copper, total					Mercury, total			
Lead, total					Molybdenum,			
Total Toxic Organics** – Base-Neutral-Acid: (required if there is a categorical TTO limit)					Only consider individual results greater than 0.01 mg/L			

GRAB SAMPLE <sup>1</sup>	Analytical Method Code: <sup>2</sup>				Production Rate <sup>1</sup>	Sample Result	Regulatory Limit
PH	Date Sampled	Time Sampled	AM	PM	Flow (gallons)	<input type="checkbox"/> off-Lbs. <input type="checkbox"/> off-Kilograms	(S.U.)
Grab #1			<input type="checkbox"/>	<input type="checkbox"/>			Within the pH Range of 6.0 to 12.0 Standard Units
Grab #2			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #3			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #4			<input type="checkbox"/>	<input type="checkbox"/>			
Process Sampled:							
Sampling Location							

GRAB SAMPLE <sup>1</sup>	Analytical Method Code: <sup>2</sup>				Production Rate <sup>1</sup>	Sample Results	Average of Sample Result
Cyanide, total	Date Sampled	Time Sampled	AM	PM	Flow (gallons)	<input type="checkbox"/> off-Lbs. <input type="checkbox"/> off-Kilograms	(mg/L)
Grab #1			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #2			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #3			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #4			<input type="checkbox"/>	<input type="checkbox"/>			
Process Sampled:							
Sampling Location							

TTO's (Only required if there is a categorical TTO limit for the process)					Only consider individual results greater than 0.01 mg/L		
GRAB SAMPLE <sup>1</sup>	Analytical Method Code: <sup>2</sup>				Production Rate <sup>1</sup>	Sample Result	Average of Sample Result
TTO Volatiles	Date Sampled	Time Sampled	AM	PM	Flow (gallons)	<input type="checkbox"/> off-Lbs. <input type="checkbox"/> off-Kilograms	(mg/L)
Grab #1			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #2			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #3			<input type="checkbox"/>	<input type="checkbox"/>			
Grab #4			<input type="checkbox"/>	<input type="checkbox"/>			
Process Sampled:							
Sampling Location							

- Notes: 1. Production information is only required if there is a categorical production-based limit for the process.  
2. Provide the analytical method code as listed in 40 CFR 136 (should be available from the analytical laboratory).

**PART THREE Compliance with applicable discharge limits and regulations**

Does this facility have an existing discharge?  NO  YES

If yes, are Pretreatment standards being met on a consistent basis?  NO  YES

If pretreatment standards are not being met on a consistent basis, state below whether additional operation and maintenance of existing pretreatment or additional pretreatment or both is required to meet the categorical pretreatment standards and requirements.

Description of Operation and Maintenance measures and/or additional Pretreatment to be provided:

If additional operation and maintenance of existing pretreatment or additional pretreatment or both is required to meet the categorical pretreatment standards and requirements, **provide the shortest schedule** by which this facility will provide these to bring the discharge into consistent compliance.  
(add or delete rows as needed)

COMPLIANCE SCHEDULE		
	Milestone Description	Completion Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	Achieve Consistent Compliance	

## 8. TOXIC ORGANICS

On the following list, indicate – by checking the appropriate box(s) – whether the facility:

(A) uses any of the listed toxic organics anywhere on the premises

(B) discharges any of the listed toxic organics to the sanitary sewer

(A)	(B)	COMPOUND (synonyms)
<input type="checkbox"/>	<input type="checkbox"/>	acenaphthene (1,8-dihydroacenaphthalene; ethylenenaphthalene)
<input type="checkbox"/>	<input type="checkbox"/>	acrolein (2-propenal; acrylaldehyde; allyl aldehyde; acraldehyde)
<input type="checkbox"/>	<input type="checkbox"/>	acrylonitrile (propenenitrile; vinyl cyanide)
<input type="checkbox"/>	<input type="checkbox"/>	benzene
<input type="checkbox"/>	<input type="checkbox"/>	benzidine (benzidine base; p-diaminodiphenyl)
<input type="checkbox"/>	<input type="checkbox"/>	carbon tetrachloride (tetrachloromethane; perchloromethane)
<input type="checkbox"/>	<input type="checkbox"/>	chlorobenzene (monochlorobenzene; phenyl chloride)
<input type="checkbox"/>	<input type="checkbox"/>	1,2,4-trichlorobenzene
<input type="checkbox"/>	<input type="checkbox"/>	hexachlorobenzene (perchlorobenzene)
<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichloroethane (ethylene dichloride; dichloroethane; ethylene chloride; Dutch oil)
<input type="checkbox"/>	<input type="checkbox"/>	1,1,1-trichloroethane (methyl chloroform)
<input type="checkbox"/>	<input type="checkbox"/>	hexachloroethane (perchloroethane; carbon trichloride; carbon hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	1,1-dichloroethane (ethylidene chloride)
<input type="checkbox"/>	<input type="checkbox"/>	1,1,2-trichloroethane (vinyl trichloride; beta-trichloroethane)
<input type="checkbox"/>	<input type="checkbox"/>	1,1,2,2-tetrachloroethane
<input type="checkbox"/>	<input type="checkbox"/>	chloroethane (ethyl chloride)
<input type="checkbox"/>	<input type="checkbox"/>	bis (2-chloroethyl) ether (2-chloroethyl vinyl ether; 2-chloroethoxy ethane)
<input type="checkbox"/>	<input type="checkbox"/>	2,6-dinitrotoluene (DNT)
<input type="checkbox"/>	<input type="checkbox"/>	1,2-diphenylhydrazine
<input type="checkbox"/>	<input type="checkbox"/>	ethylbenzene (phenylethane)
<input type="checkbox"/>	<input type="checkbox"/>	fluoranthene (idryl)
<input type="checkbox"/>	<input type="checkbox"/>	4-chlorophenyl phenyl ether
<input type="checkbox"/>	<input type="checkbox"/>	4-bromophenyl phenyl ether
<input type="checkbox"/>	<input type="checkbox"/>	bis (2-chloroisopropyl) ether
<input type="checkbox"/>	<input type="checkbox"/>	bis (2-chloroethoxy) methane
<input type="checkbox"/>	<input type="checkbox"/>	methylene chloride (dichloromethane; methylene dichloride)
<input type="checkbox"/>	<input type="checkbox"/>	methyl chloride (chloromethane; monochloromethane)
<input type="checkbox"/>	<input type="checkbox"/>	methyl bromide (bromomethane)
<input type="checkbox"/>	<input type="checkbox"/>	bromoform (tribromomethane; methyl tribromide)
<input type="checkbox"/>	<input type="checkbox"/>	dichlorobromomethane
<input type="checkbox"/>	<input type="checkbox"/>	chlorodibromomethane
<input type="checkbox"/>	<input type="checkbox"/>	hexachlorobutadiene
<input type="checkbox"/>	<input type="checkbox"/>	hexachlorocyclopentadiene (perchlorocyclopentadiene)
<input type="checkbox"/>	<input type="checkbox"/>	isophorone (3,5,5-trimethyl-2-cyclohexen-1-one)
<input type="checkbox"/>	<input type="checkbox"/>	naphthalene (tar camphor)
<input type="checkbox"/>	<input type="checkbox"/>	nitrobenzene (oil of mirbane)
<input type="checkbox"/>	<input type="checkbox"/>	2-nitrophenol
<input type="checkbox"/>	<input type="checkbox"/>	4-nitrophenol
<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrophenol
<input type="checkbox"/>	<input type="checkbox"/>	4,6-dinitro-o-cresol (dinitro-o-cresol; 4,6-dinitro-2-methylphenol)
<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodimethylamine (dimethylnitrosamine; DMNA; DMN)
<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodiphenylamine (diphenylnitrosamine; nitrous diphenylamide)
<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodi-n-propylamine
<input type="checkbox"/>	<input type="checkbox"/>	pentachlorophenol (PCP)
<input type="checkbox"/>	<input type="checkbox"/>	phenol (carbolic acid; phenylic acid; benzophenol; hydroxybenzene; the cresols; xylenols; resorcinol; naphthols)
<input type="checkbox"/>	<input type="checkbox"/>	bis (2-ethylhexyl) phthalate (di-sec-octyl phthalate; dioctyl phthalate; DOP)
<input type="checkbox"/>	<input type="checkbox"/>	butyl benzyl phthalate (BBP)
<input type="checkbox"/>	<input type="checkbox"/>	di-n-butyl phthalate
<input type="checkbox"/>	<input type="checkbox"/>	di-n-octyl phthalate
<input type="checkbox"/>	<input type="checkbox"/>	diethyl phthalate (ethyl phthalate; DEP)
<input type="checkbox"/>	<input type="checkbox"/>	dimethyl phthalate
<input type="checkbox"/>	<input type="checkbox"/>	1,2-benzanthracene (benzo (a) anthracene)
<input type="checkbox"/>	<input type="checkbox"/>	benzo (a) pyrene (3,4-benzopyrene)
<input type="checkbox"/>	<input type="checkbox"/>	3,4-benzofluoranthene (benzo (b) fluoranthene)
<input type="checkbox"/>	<input type="checkbox"/>	11,12- benzofluoranthene (benzo (k) fluoranthene)

## 8. TOXIC ORGANICS (continued)

(A)	(B)	COMPOUND (synonyms)
<input type="checkbox"/>	<input type="checkbox"/>	chrysene (1,2-benzphenanthrene)
<input type="checkbox"/>	<input type="checkbox"/>	acenaphthylene
<input type="checkbox"/>	<input type="checkbox"/>	2-chloroethyl vinyl ether (mixed) (2-chloroethoxy ethane)
<input type="checkbox"/>	<input type="checkbox"/>	2-chloronaphthalene (chlorinated naphthalene)
<input type="checkbox"/>	<input type="checkbox"/>	2,4,6-trichlorophenol (2,4,6-T)
<input type="checkbox"/>	<input type="checkbox"/>	parachlorometa cresol
<input type="checkbox"/>	<input type="checkbox"/>	chloroform (trichloromethane)
<input type="checkbox"/>	<input type="checkbox"/>	2-chlorophenol
<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichlorobenzene (o-dichlorobenzene)
<input type="checkbox"/>	<input type="checkbox"/>	1,3-dichlorobenzene (m-dichlorobenzene)
<input type="checkbox"/>	<input type="checkbox"/>	1,4-dichlorobenzene (p-dichlorobenzene; PDB)
<input type="checkbox"/>	<input type="checkbox"/>	3,3-dichlorobenzidine
<input type="checkbox"/>	<input type="checkbox"/>	1,1-dichloroethylene
<input type="checkbox"/>	<input type="checkbox"/>	1,2-trans-dichloroethylene (dichloroethylene; 1,2-dichloroethylene; acetylene dichloride; dichloracetylene)
<input type="checkbox"/>	<input type="checkbox"/>	2,4-dichlorophenol
<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichloropropane (propylene dichloride; propylene chloride)
<input type="checkbox"/>	<input type="checkbox"/>	1,3-dichloropropylene (1,3-dichloropropene)
<input type="checkbox"/>	<input type="checkbox"/>	2,4-dimethylphenol (xylenol; dimethylphenol; hydroxydimethylbenzene; dimethylhydroxybenzene)
<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrotoluene (DNT)
<input type="checkbox"/>	<input type="checkbox"/>	anthracene
<input type="checkbox"/>	<input type="checkbox"/>	1,12-benzoperylene (benzo (ghi) perylene)
<input type="checkbox"/>	<input type="checkbox"/>	fluorene (alpha diphenylenemethane)
<input type="checkbox"/>	<input type="checkbox"/>	phenanthrene
<input type="checkbox"/>	<input type="checkbox"/>	1,2,5,6-dibenzanthracene (dibenzo (a, h) anthracene)
<input type="checkbox"/>	<input type="checkbox"/>	indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)
<input type="checkbox"/>	<input type="checkbox"/>	pyrene
<input type="checkbox"/>	<input type="checkbox"/>	tetrachloroethylene (perchloroethylene)
<input type="checkbox"/>	<input type="checkbox"/>	toluene (methylbenzene; phenylmethane)
<input type="checkbox"/>	<input type="checkbox"/>	trichloroethylene (tri)
<input type="checkbox"/>	<input type="checkbox"/>	vinyl chloride (chloroethylene; chloroethene; VC)
<input type="checkbox"/>	<input type="checkbox"/>	aldrin (HHDN)
<input type="checkbox"/>	<input type="checkbox"/>	dieldrin (HEOD)
<input type="checkbox"/>	<input type="checkbox"/>	chlordane (technical mixture and metabolites; 1,2,4,5,6,7,8,8-octachloro-4,7-methano-3a, 4,7,7a-tetrahydroindane)
<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDT (dichlorodiphenyltrichloroethane; dicophane; chlorophenothane; 1,1,1-trichloro-2, 2-bis(chlorophenyl)ethane)
<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDE (dichlorodiphenyldichloroethylene; p,p-DDX)
<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDD (dichlorodiphenyldichloroethane; p,p-TDE)
<input type="checkbox"/>	<input type="checkbox"/>	alpha-endosulfan
<input type="checkbox"/>	<input type="checkbox"/>	beta-endosulfan
<input type="checkbox"/>	<input type="checkbox"/>	endosulfan sulfate
<input type="checkbox"/>	<input type="checkbox"/>	endrin (1,2,3,4,10,10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-1,4-endo, endo-5, 8-dimethanonaphthalene)
<input type="checkbox"/>	<input type="checkbox"/>	endrin aldehyde
<input type="checkbox"/>	<input type="checkbox"/>	heptachlor
<input type="checkbox"/>	<input type="checkbox"/>	heptachlor epoxide (BHC-hexachlorocyclohexane; HCCH; HCH; TBH; benzene hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	alpha-BHC (benzene hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	beta-BHC (benzene hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	gamma-BHC (benzene hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	delta-BHC (benzene hexachloride)
<input type="checkbox"/>	<input type="checkbox"/>	(PCB-polychlorinated biphenyls)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1242 (Arochlor 1242)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1254 (Arochlor 1254)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1221 (Arochlor 1221)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1232 (Arochlor 1232)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1248 (Arochlor 1248)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1260 (Arochlor 1260)
<input type="checkbox"/>	<input type="checkbox"/>	PCB-1016 (Arochlor 1016)
<input type="checkbox"/>	<input type="checkbox"/>	toxaphene (generic name for technical chlorinated camphene)
<input type="checkbox"/>	<input type="checkbox"/>	2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD, dioxin)

Comments:

**9. COMPLIANCE MEASURES: What measures are used in addition to (or instead of) pretreatment to assure that the facility's wastewater discharge complies with applicable limits?**

(i.e.: pollution prevention, countercurrent rinses, evaporation, off-site treatment, zero-discharge, etc.)

Comments:

**10. RADIOACTIVE MATERIALS:**

Does this facility use radioactive materials?

NO

YES

If "Yes" - describe below:

Comments:

**11. WASTE HAULED FOR DISPOSAL**

**A. Liquid Wastes**

Type of Waste	Hauling Frequency	Annual Volume Hauled

**Comments:**

**B. Solid Wastes / Sludges**

Type of Waste	Hauling Frequency	Annual Volume Hauled

**Comments:**

**C. Does this facility have a Resource Conservation and Recovery Act (RCRA) ID number?**

NO     YES - What is the number?

**Comments:**

**12. OTHER ENVIRONMENTAL PERMITS**

List all other environmental permits that have been issued for this facility:

Type of Permit	Permit Number

Comments:

### 13. DOCUMENTS TO BE SUBMITTED:

The following information must be included with this application:

- a. Submit **building/plumbing plans** that show
  - all equipment and process units that use water and/or produce wastewater
  - all plumbing for the facility and related equipment, including water meters, sewer meters, sewer connections, fixtures, pumps, valves, regulating devices, and all drains
- b. Submit a **water flow diagram** that shows water and wastewater flow rates into and out of all equipment and process units. This diagram should demonstrate a **water balance** whereby all water used and all wastewater discharged is accounted for.
- c. Submit the **flow study** or **flow data** that was used to provide the flow values submitted in this permit.
- d. If there is categorical process wastewater mixed with dilute or non-categorical wastewater prior to the sampling point for the facility, submit information as necessary to complete **Combined Wastestream Formula** calculations to derive adjusted discharge limits at the sample point.

Comments:

### 14. ATTACHMENTS

Attachments to complete answers to any sections of this renewal application – # of pages: \_\_\_\_\_

Pretreatment Process Schematic attached?  NO  YES

Other (specify):

Comments:

### 15. CERTIFICATION

“I certify that all information provided in this document and all attachments are to the best of my knowledge and belief, true, accurate, and complete.”

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Representative)