Wastewater Discharge Permit Application

For YCUA Use Only	**Inspector:**_____
Company Name: _____	**Jurisdiction:**_____
Date Received: _____	Amount Paid: $_____ Receipt #_____ Permit #:_____

In accordance with the Municipal Code, no Significant Industrial User (SIU) shall connect, discharge, cause, allow, or permit any discharge, into the Sanitary Sewer System except in accordance with a Wastewater Discharge Permit issued by the Director. The Ypsilanti Community Utilities Authority determines a SIU to be a non-domestic user that meets one or more of the following criteria:

- ❑ All industrial users subject to Categorical Pretreatment Standards under 40 CFR Part 403.6 and 40 CFR Chapter 1 Subchapter N.
- ❑ Any other industrial user that discharges an average of 25,000 gallons per day or more of process wastewater to the YCUA Wastewater Treatment Plant (excluding sanitary, non-contact cooling, and boiler blowdown water).
- ❑ Contributes a process wastestream (excluding sanitary, non-contact cooling, and boiler blowdown water) that makes up five percent or more of the average dry weather hydraulic or organic capacity of the YCUA Wastewater Treatment Plant.
- ❑ Designated as a SIU by the YCUA Industrial Pretreatment Program Administrators on the basis that the industrial user has a reasonable potential to adversely affect the YCUA Wastewater Treatment Plant operation or for violating any pretreatment standard or requirement (in accordance with 40 CFR 403.8(f)(6)).

An electronic version of this application is available at www.ycua.org.

A completed permit application is required to be submitted to the Ypsilanti Community Utilities Authority (YCUA) by all Significant Industrial Users. Upon receipt of a completed application, the YCUA will invoice the applicant a permit processing fee. The permit processing fee must be paid prior to a discharge permit being issued. Please be advised that the YCUA may take up to 90 days to process and issue a discharge permit.

The completed permit application shall be mailed to the following:

Attn: Industrial Pretreatment Supervisor
Ypsilanti Community Utilities Authority
2777 State Road
Ypsilanti, MI 48198-9112.

Please contact the YCUA Compliance Department at (734) 484-4600 ext. 123 with any questions regarding the application.

A. COMPANY INFORMATION

Company Name: _____ Web site: _____

Doing Business As (dba) (if different from above): _____

Business/Mailing Address: _____ ZIP: _____

Discharge Address: _____ ZIP: _____

Telephone (Main): _____ Fax Number: _____

Date Current Operation began: _____ Date Pretreatment Operation began: _____

Assessor's Parcel Number (APN): _____

Total Land Area: _____ sq. ft.

Size of Facility (Please estimate sizes of areas that comprise the facility):

Date construction of the facility began: _____

Manufacturing / Assembly Area: _____ sq ft

Wastewater Treatment Area: _____ sq ft

Total Floor Area: _____ sq ft

SIGNATORY REQUIRMENTS

All applications, reports, or information submitted to the Ypsilanti Community Utilities Authority must contain the following certification statement and be signed as required in Sections a, b, c, or d below:
"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."

a. By a responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or; the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second quarter 1990 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.
c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agents.
d. By a duly authorized representative of the individual designated in paragraph a, b, or c of this section if:
   (i) the authorization is made in writing by the individual described in paragraph a, b, or c;
   (ii) the authorization specifies wither an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
   (iii) The written authorization is submitted to YCUA.
e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for the environmental matters for the company, a new authorization satisfying the requirements of paragraph d of this section must be submitted to YCUA prior to or together with an reports to be signed by an authorized representative.

Designated Signatory Authority (a representative meeting the criteria as described in paragraph a, b, or c of this section)

1) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

Additional Signatory Authority

1) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

Authorization of additional signatory authority made by:

Name: _____ Title: _____

Date: _____ Signature: _____

Designated Facility Contact

1) Name: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

2) Alternate Contact on site: _____ Title: _____

Email: _____ Phone: _____ Cell: _____

NATURE OF BUSINESS

Description of business activity, products, or services: _____

Description of fabrication or manufacturing processes:_____

_____

_____

_____

_____

_____

_____

List applicable Standard Industrial Classification or North American Industry Classification System Code(s):

1. _____
2. _____
3. _____
4. _____

PERSONNEL SCHEDULE

Number of employees: _____

Schedule of Operation: _____

Hours/day: _____ Days/week: _____

Shifts/day: _____ Months/Year: _____

B. WATER USAGE AND DISCHARGE

Data over the past year should be used for all available flows. Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that are not flow metered. The Average influent total should be within 10% of the total of Discharge, Evaporation, and Non-Discharging Flows. Differences of more than 10% must be explained.

INFLUENT FLOWS

(Identify all sources of water to your facility. Attach water bills for last year.)

Water Account Number or Well Number	Primary Use	Flow in Gallons per Day (GPD) Ave.	Max.
Trucked influent (DI or other)			

Total Influent Flow: _____

DISCHARGE FLOWS

(Average Wastewater Discharged to the Sanitary Sewer in GPD for last year)

Describe all process wastewater generating activities below (attach additional sheets if necessary). Indicate whether each discharge is continuous during operation or if it is collected and discharged on a batch basis. Process wastewater is generated by any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, by-product, or waste product.

	Ave.	Max.
Process #1 Description:		
Process #2 Description:		
Process #3 Description:		
Process #4 Description:		
Process #5 Description:		
Process #6 Description:		
Process #7 Description:		
Process #8 Description:		
Process #9 Description:		
Process #10 Description:		
Total Process Wastewater Flow (GPD)		
Sanitary Usage (Use 15 gallons per day per employee unless metered)		
Cooling Tower Blowdown		
Boiler Blowdown		
Reverse Osmosis Reject Water		
Laundry Facility		
Restaurant/Kitchen/Cafeteria		
Recreational Facilities (e.g. swimming pools, water rides, etc.)		
Other		

	Ave.	Max
Total Non-Process Wastewater Flow (GPD)		
Total Discharge to the Sanitary Sewer (Process + Non-Process)		

EVAPORATIVE LOSS

#1		
#2		
#3		
Total Evaporative Loss (GPD)		

NON-DISCHARGING WATER USES

Irrigation/Landscaping		
Trucked or Hauled Off-site		
Other		

C. WASTEWATER CHARACTERISTICS

(From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment.) **Please check all that apply.**

____	Flammable	____	Particles Larger Than 3/4"
____	Toxic Substances	____	Suspended Solids
____	Acidic, pH < 5.0	____	High Biological Oxygen Demand (BOD)
____	Caustic, pH > 11.0	____	Ammonia
____	Heavy Metals	____	Grease/Oil/Fats
____	Solvents	____	Temperature > 150 degrees F
____	Solid or Viscous Matter	____	Other (specify)
____	Petroleum Products	____	_____

Description of materials/products that may come in contact with wastewater: _____

D. SURCHARGE PROGRAM

Applicants interested in being charged for compatible pollutants (Biochemical Oxygen Demand, Chemical Oxygen Demand, Total Suspended Solids, Total Phosphorus, and Ammonia-Nitrogen) may petition the YCUA Director for enrollment in the surcharge program. If approved, the permit will be adjusted to incorporate a surcharge threshold and upper limit for the requested pollutants. **Applicants who already have a surcharge agreement with the YCUA do not need to submit another petition.**

The applicant's self-monitoring data will be used for surcharging calculations. When analytical results are above the surcharge threshold, the difference will be multiplied by the reported daily flow and converted to pounds. The current surcharge rate will then be multiplied by the number of pounds that exceeded the surcharge threshold. The applicant will be surcharged the calculated amount each day of reported wastewater discharge until the next analytical result is reported. The time between sampling dates will determine the surcharge period. The surcharge for applicants located in the Townships of Plymouth, Northville, and Canton will be multiplied by the percentage of flow that is being sent to the YCUA Wastewater Treatment Plant by the Western Townships Utilities Authority (WTUA).

Below is a table for the surcharge program's available pollutants, their surcharge threshold, upper limit, and surcharge rate:

Parameter	Surcharge Threshold (mg/l)	Upper Limit (mg/l)	Surcharge Rate ($/lb)
Biochemical Oxygen Demand (BOD)	300	1000	0.0797
Chemical Oxygen Demand (COD)	600	2000	0.0797
Total Suspended Solids (TSS)	350	2500	0.0797
Ammonia Nitrogen (NH3)	30	700	0.3353
Phosphorus (PO4)	15	75	2.2709

E. ENVIRONMENTAL CONTROL PERMITS

List all other environmental control permits issued to this facility.

Name of Permit	***Permit No.***
EPA – Generator I.D. Number	
County of Washtenaw/Wayne – Environmental Health Permit	
State of Michigan – Hazardous Waste Generator Permit	
MDEQ Air Quality Division – Permit to Operate	
MDEQ NPDES permit	
Local Hazardous Materials Storage Permit (Fire Dept.)	
Radioactive Materials License	
Biohazard Waste Generation Registration	
Other:	

F. SLUG DISCHARGE MANAGEMENT PLAN

All applicants are required to develop and submit a current Slug Discharge Management Plan to the YCUA unless notified otherwise. The Slug Discharge Management Plan may part of an integrated plan provided it contains all the minimum requirements of 40 CFR 403.8(f)(2)(v) A-D. The submitted plan shall include the YCUA and the Michigan Department of Environmental Quality's (MDEQ) Pollution Emergency Alerting System (PEAS) in the notification process. If a Slug Discharge Management Plan is not required, the YCUA may mandate implementation of accidental discharge procedures in an alternate plan.

The Slug Discharge Management Plan can be developed in either of two ways:

1. Develop a Slug Discharge Management Plan Control Plan that contains at minimum all the requirements of 40 CFR 403.8 (f) (2) (v) A-D

2. Develop an integrated plan that includes at minimum all the requirements of a Slug Discharge Management Plan set forth in 40 CFR 403.8 (f) (2) (v) A-D.

The YCUA additionally requires that Significant Industrial Users notify the YCUA immediately if any changes occur at your facility that affect the Slug Discharge Management Plan or spill/slug potential.

If your facility already has a Slug Discharge Management Plan of file with YCUA, it is required that your facility indicate one of the following:

☐ The current plan on file with the YCUA has been reviewed and requires no changes. Please indicate the revision date identified on your current plan: _____

☐ The current plan on file with the YCUA has been reviewed and requires a revision. The plan is expected to be revised by: _____

☐ The current plan on file with the YCUA has been revised and is enclosed with this application.

If your facility does not have a Slug Discharge Management Plan or an integrated plan meeting the minimum requirements of 40 CFR 403.8 (f) (2) (v) A-D, one will be required to be submitted to the YCUA within 90 days of receiving an industrial user permit unless notified otherwise. The YCUA requires completion of the following section for applicants not submitting a plan meeting the requirements described above:

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

Do you maintain a spill log? Yes: _____ No: _____
Please be advised notification of the POTW in the event of a spill, bypass or an upset is required by law. Your facility shall contact YCUA at 734-484-4600 in the event of a spill, bypass, or upset.

Describe your facility's Employee Training Program for Chemical Handling:

Describe your facility's Emergency Response Procedures in the event of a spill:_____

Describe your facility's disposal procedures for miscellaneous floor water: _____

G. BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS

Each of the following layout and flow diagrams shall be submitted with each application. If a document(s) is already on file with the YCUA or has been included with a Slug Discharge Management Plan, check the appropriate box below and indicate the revision date of the document as required in each section.

1. **Facility Layout Flow Diagram:** Include a plan that includes detailed drawings of the facility showing the following:
   A. General layout of the facility
   B. Areas occupied by manufacturing or commercial activities; property boundaries, drainage of rainwater, and connections to the City's sanitary.
   C. Sewer and storm drains.
   D. Hazardous materials process and storage areas; waste handling, storage, and treatment facilities.
   E. Loading and unloading areas.
   F. Drainage areas showing floor drains, pipes, channels and sumps and all associated operations in areas.
   G. Flow diagram(s) showing chemical and wastewater flow including piping and instrumentation, flow rates, tanks and capacities, treatment systems, and final destinations of flows.

   Check box if current plan is already on file with the YCUA: ☐ Indicate the revision date on the diagram (this date shall match the date in the YCUA file or a new diagram will be required to be submitted).

   Revision Date: _____

2. **Plumbing Layout:** On a separate sheet, draw to scale the building and plumbing layout of your facility (or provide blueprint showing same). Identify the location of sewer lines, wastewater process connections, water meters, storm drains, and any sampling points. **The proposed sampling point for evaluating wastewater compliance shall be clearly identified on this submittal.** Identify street locations, and N on all drawings.

   Check box if current plan is already on file with the YCUA: ☐ Indicate the revision date on the diagram (this date shall match the date in the YCUA file or a new diagram will be required to be submitted).

   Revision Date: _____

3. **Pretreatment System Layout:** On a separate, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals wastestream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

   Check box if current plan is already on file with the YCUA: ☐ Indicate the revision date on the diagram (this date shall match the date in the YCUA file or a new diagram will be required to be submitted).

   Revision Date: _____

4. **Block Flow Diagram:** On a separate, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout.

   Check box if current plan is already on file with the YCUA: ☐ Indicate the revision date on the diagram (this date shall match the date in the YCUA file or a new diagram will be required to be submitted).

   Revision Date: _____

H. PRETREATMENT

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked, and label the facility diagram accordingly.

		Capacity			Capacity
_____	Clarifier or Interceptor	_____	____	Biological Treatment	_____
_____	pH Adjustment	_____	____	Air Stripper/Scrubber	_____
_____	Ion Exchange	_____	____	Chemical Precipitation	_____
_____	Grease or Oil Separation	_____	____	Cyanide Destruction	_____
_____	Electrolytic Recovery	_____	____	Chromium Reduction	_____
_____	Wastestream Segregation (Including solvents)		____	Ozonation	_____

_____ Filtration: ( ) Screen ( ) Bag ( ) Filter Press

_____ Silver Recovery: _____

_____ Other: _____

Describe each pretreatment system checked above. (e.g. design capacity, physical size, loading rate, etc.).

If no pretreatment exists, please explain. (Please attach additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

_____

Explain how compliance is verified at each sample point. (e.g. In-house testing, certified outside lab, etc.):

_____

_____

_____

If wastewater is treated and/or discharged in batches, complete the following for each of these wastestreams*:*

Number of batches discharged per year / month / week / day ... (circle one): _____

Average volume per batch: _____ gallons

Other comments on batch treatment, including material treated and treatment technology:

_____

_____

I. SAMPLING AND MONITORING

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams? ☐ Yes ☐ No ☐ Not Applicable

If "NO" please explain: _____

All significant industrial users must provide the YCUA with an adequate monitoring point for sample collection purposes. The monitoring point must provide YCUA the ability to collect samples representative of your facility's discharge. Provide a written physical description (manhole, lift station, stilling well, etc.) of the proposed sampling/monitoring location including at least two (2) distances with direction from fixed objects (walls, equipment, fences, etc.) where samples will be collected from.

Describe the wastewater discharge monitoring practices for your facility. Include the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests. Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

List sampling and monitoring equipment in place at your facility:

J. FLOW MEASURMENT

All Significant Industrial Users shall collect flow proportioned composite samples unless it is demonstrated that time proportioned composite samples are representative of your facility's discharge. A composite sample is defined by the YCUA as a sample that is collected over time, formed either by continuous sampling or by mixing discrete samples. The sample may be composited either as a time or flow proportional composite sample. A time proportional composite sample is composed of discrete sample aliquots collected in one container at constant time intervals providing representative samples irrespective of stream flow. A flow proportional composite sample is collected either as a constant sample volume at time intervals proportional to stream flow, or collected by increasing the volume of each aliquot as the flow increases while maintaining a constant time interval between the aliquots.

Your facility must submit the requirements of item A, B, or C with the completed application.

A) Information on your facility's discharge that demonstrates time proportioned composite samples is representative of your facility's discharge. The submittal shall indicate on which of the following bases you are requesting an exemption from the flow proportioned composite sampling requirement:

1. The wastewater discharge flow rate is consistent - facility shall provide discharge information to substantiate claim.

2. The wastewater is discharged on a batch basis and is homogenously mixed prior to discharge – facility shall thoroughly explain batch discharge and mixing process.

3. The wastewater flow rate although variable throughout a day, contains a consistent pollutant concentration – information shall be submitted to substantiate claim.

4. Other conditions that generate a time proportioned composite sample representative of your facility's discharge.

B) A written action plan for implementing flow proportioned composite sampling. This requires the installation of a flow-metering device at the established compliance point. The flow meter must be equipped with an analog output for connecting a 4 – 20mA sampler interface module.

1. Type of flow classification – open or closed channel: Open channel is defined as a channel where liquid flows with a free surface. Closed channel is defined as completely filled pressure conduit.

2. Description of proposed flow measurement technology: description shall include the type of flow measurement device that is or will be installed, i.e. magnetic flow meter, venture flow meter, parshall flume, etc.

3. Specification of the measuring range and accuracy of flow measurement technology.

4. Manufacture's suggested calibration frequency. Please be advised that all facilities implementing flow proportioned composite sampling will be required to have their flow measurement device calibrated per manufactures specifications.

5. Sampling Requirement - the transmitter for the flow measurement device must include 6-pin military connector that reaches an appropriate distance for locating an automatic sampler. Indicate which of the following signal specifications your transmitter will utilize (please be advised that not all flow meters meet these specifications):

    a) Analog Signal: 4-20 mA. Facility must provide YCUA with a sampler interface module that converts analog signal to pulse.
    b) Pulse Signal: requires a 25 millisecond or greater isolated contact closure with 5-15 VDC pulse.

C) Current YCUA permitees with approved flow proportional composite sampling plans shall provide the following information:

1. Type of flow classification (open or closed channel) - Open channel is defined as a channel where liquid flows with a free surface. Closed channel is defined as completely filled pressure conduit:

   _____

2. Type of flow measurement technology installed (magnetic flow meter, venture flow meter, parshall flume, etc.):

   _____

3. Specification of the measuring range and accuracy of flow measurement technology:

   _____

4. Manufacture's suggested calibration frequency: _____

5. Date of last calibration: _____

6. Calibration was performed by: _____
   (Attach documentation from the most recent calibration)

7. Flow meter output (volume per pulse): _____

Additional Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

- **COMPLETE THIS SECTION FOR EACH TYPE OF WASTE NOT DISCHARGED TO THE SANITARY OR STORM SEWERS. USE A SEPARATE FORM FOR EACH TYPE OF WASTE (e.g. Spent Silver Bearing Solutions, Mercury Wastes, Solvents, Medical Wastes, etc.).**
- **Do not include wastes sent to sanitary landfill such as trash and garbage.**

K. NON-DISCHARGED WASTE STREAM(S)

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste: _____

_____

_____

Physical state of the waste (liquid, sludge, slurry, etc.): _____

Brief characterization of waste (list hazardous ingredients and attach supporting MSDS or lab analysis):

_____

_____

Rate of waste generation in terms of quantity per day, week, month, or quarter: _____

ON-SITE STORAGE

Method of Storage: _____

Typical Volume Stored: _____ Typical Length of Time in Storage: _____

Is Storage Site Secondarily Contained? ☐ **Yes** ☐ **No**

Are there provisions for Surface Drainage Collection? ☐ **Yes** ☐ **No**

(If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.) _____

_____

TRANSPORTATION

Name of Waste Hauler: _____ EPA No. _____

Address: _____
Street City State Zip Phone

DISPOSAL

Name of Waste Hauler: _____ EPA No. _____

Address: _____
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.): _____

_____

L. QUANTITIES OF CHEMICALS STORED & USED

Complete the following section for all chemicals stored and used in the facility. Indicate chemical usage in pounds or gallons per month and volume stored. Attach additional sheet if necessary. **If an alternate inventory is maintained, it can be submitted as a supplement or in lieu of completing this section (information requested under "Storage Areas" must still be completed) provided it contains at minimum the information requested below.**

Chemical	Storage Location	Storage Volume	Average Usage
Acids			
Hydrochloric (Muriatic)			
Hydrofluoric			
Nitric			
Sulfuric			
Other:			
Alkalis			
Ammonia			
Calcium Hydroxide (Lime)			
Sodium Hydroxide(Caustic Soda)			
Magnesium Hydroxide			
Other:			
Solvents			
Acetone			
Alcohols			
Chlorinated Hydrocarbons			
Ketones			
Petroleum Solvents			
Toluene			
Xylene			
Other:			

Chemical	Storage Location	Storage Volume	Average Usage
Organic Compounds			
Aldehydes			
Algaecides			
Formaldehydes			
Herbicides			
Pesticides			
Phenols			
Surfactants			
Other:			
Metals & Compounds			
Antimony			
Barium			
Beryllium			
Cadmium			
Chromium			
Copper			
Lead			
Manganese			
Mercury			
Nickel			
Selenium			
Silver			
Zinc			
Other:			
Misc. Chemicals			
Boron			
Chlorine			
Cyanides			
Dyes			
Fluorides			
Peroxides			
Sulfides			
Other:			

TRADE CHEMICALS

List other chemicals stored or used, including over-the-counter chemicals (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month **for which chemical compositions are unknown or proprietary.** Include an MSDS for each item listed where possible. Please indicate units of measure.

Stored	Usage	Trade Name	Distributor (Name & Address)

STORAGE AREAS

Description of the chemical storage area on site: _____

Are there floor drains within the chemical storage area? ☐ Yes ☐ No

If yes, where do the floor drains discharge to (storm, sanitary, etc.): _____

M. TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)

From the following list of compounds, check all those, which are either used in your facility, generated in your facility, or are stored on the premises.

Priority Pollutant – Volatile Compounds

- ❑ Acrolein
- ❑ Acrylonitrile
- ❑ Benzene
- ❑ Bromodichloromethane
- ❑ Bromoform
- ❑ Bromomethane
- ❑ Carbon tetrachloride
- ❑ Chlorobenzene
- ❑ Chloroethane
- ❑ 2-Chloroethyl vinyl ether
- ❑ Chloroform
- ❑ Chloromethane
- ❑ Dibromochloromethane
- ❑ 1,1-Dichloroethane
- ❑ 1,2-Dichloroethane
- ❑ 1,1-Dichloroethene
- ❑ trans-1,2-Dichloroethylene
- ❑ 1,2-dichloropropane
- ❑ 1,3-Dichloropropene
- ❑ Ethylbenzene
- ❑ Methylene chloride
- ❑ 1,1,2,2-Tetrachloroethane
- ❑ 1,1,2,2-Tetrachloroethene
- ❑ Toluene
- ❑ 1,1,1-Trichloroethane
- ❑ Trichloroethene
- ❑ Trichlorofluoromethane
- ❑ Vinyl chloride

Priority Pollutant - Extractable Compounds

Acid Extractable

- ❑ p-Chloro-m-cresol
- ❑ 2-Chlorophenol
- ❑ 2,4-Dichlorophenol
- ❑ 2,4-Dimethylphenol
- ❑ 4,6-Dinitro-o-cresol
- ❑ 2,4-Dinitrophenol
- ❑ 2-Nitrophenol
- ❑ 4-Nitrophenol
- ❑ Pentachlorophenol
- ❑ Phenol
- ❑ 2,4,6-Trichlorophenol

Base / Neutral Extractable

- ❑ Acenapthene
- ❑ Acenapthylene
- ❑ Anthracene
- ❑ Benzidine
- ❑ Benzo(a)anthracene
- ❑ Benzo(e)fluoranthene
- ❑ Benzo(k)fluoranthene
- ❑ Benzo(ghl)perylene
- ❑ Benzo(a)pyrene
- ❑ Bis(2-chloroethoxy)methane
- ❑ Bis(2-chloroethyl)ether
- ❑ Bis(2-chloroisopropyl)ether
- ❑ Bis(2-ethylhexyl)phthalate
- ❑ 4-Bromophenyl phenyl ether
- ❑ Butyl benzyl phthalate

Priority Pollutant - Extractable Compounds

Base / Neutral Extractable Cont.

- ❑ 2-Chloronapthalene
- ❑ 4-Chlorophenyl phenyl ether
- ❑ Chrysene
- ❑ Dibenzo(a,h) anthracene
- ❑ Di-n-butyl phthalate
- ❑ 1,2-Dichlorobenzene
- ❑ 1,3-Dichlorobenzene
- ❑ 1,4 Dichlorobenzene
- ❑ 3,3'-Dichlorobenzidine
- ❑ Diethylphthalate
- ❑ Dimethyl phthalate
- ❑ 2,4-Dinitrotoluene
- ❑ 2,6-Dinitrotoluene
- ❑ Di-n-octyl phthalate
- ❑ Fluoranthene
- ❑ Fluorene
- ❑ Hexachlorobenzene
- ❑ Hexachlorobutadiene
- ❑ Hexachlorocyclopentadiene
- ❑ Hexachloroethane
- ❑ Indeno(1,2,3-c,d) pyrene
- ❑ Isophorone
- ❑ Napthalene
- ❑ Nitrobenzene
- ❑ N-Nitrosodimethylamine
- ❑ N-Nitrososdiphenylamine
- ❑ N-Nitroso-din-propylamine
- ❑ Phenathrene
- ❑ Pyrene
- ❑ 1,2,4-Trichlorobenzne
- ❑ 2,3,7,8- Tetrachlorodibenzo p-dioxin (2,3,7,8-TCDD)

Priority Pollutant / TTO Pesticides and PCB's

- ❑ 4,4'-DDD
- ❑ 4,4'-DDE
- ❑ 4,4'-DDT
- ❑ Aldrin
- ❑ BHC-alpha
- ❑ Endosulfan-alpha
- ❑ BHC-beta
- ❑ Endosulfan-beta
- ❑ Chlordane
- ❑ BHC-delta
- ❑ Dieldrin
- ❑ Endrin
- ❑ Endrin aldehyde
- ❑ Fluoranthene
- ❑ BHC-gamma (Lindane)
- ❑ Heptachlor
- ❑ Heptachlor Epoxide
- ❑ Toxaphene
- ❑ Arochlor 1016
- ❑ Arochlor 1221
- ❑ Arochlor 1232
- ❑ Arochlor 1242
- ❑ Arochlor 1248
- ❑ Arochlor 1254
- ❑ Arochlor 1260

Indicate the location and use of any compounds that are checked:

N. CERTIFICATION STATEMENT

Municipal Code requires that permit applications, and any other reports required by the Director shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

"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 of 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 or imprisonment for knowing violations."

CERTIFIED BY*:*

Name (please print)	*Email*	*Title*
Signature	*Date*	*Phone*

PREPARED BY*:*

Name (please print)	*Email*	*Title*
Signature	*Date*	*Phone*