WASTEWATER DISCHARGE PERMIT
APPLICATION FORM

Instructions:

1. Type or print in ink all responses.
2. Answer each question as completely as is practicable.

PART A: GENERAL

Applicant Business Name: _____

Address of premise discharging wastewater:

Street _____

City _____ Zip _____

Business Address:

Street _____

City _____ State _____ Zip _____

Mailing Address:

Street _____

City _____ State _____ Zip _____

Person to be contacted about this application:

Name _____ Phone _____

Title _____

CERTIFICATION

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(s) who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I understand that the General Manager or an authorized representative will evaluate the data furnished and may require additional information. After evaluation and acceptance of the data furnished, a draft Wastewater Discharge Permit may be issued within forty-five (45) days. A forty-five (45) day comment period will then be allowed, and thereafter the General Manager may issue a Wastewater Discharge Permit subject to the terms and conditions of the Ordinance, Section 38.02.700.

Signature _____ Date _____

Print Name _____

Title _____

PART B: BUSINESS DESCRIPTION

PURPOSE: The business description is primarily used to determine the substances which may enter into the wastewater discharge from the Business Activity.

BUSINESS ACTIVITY: Complete a separate Part B for each major business activity occurring on the premise. This form may be copied.

ACTIVITY: _____ SIC CODE: _____

NAICS CODE: _____

Type of Products: List each that are or may be produced from this business activity.

_____

_____

Catalysts and/or intermediaries:

_____

Principal raw materials used:

_____

_____

ENVIRONMENTAL PERMITS: List all held by or for this facility.

_____

_____

_____

DISCHARGE PERIOD

Discharge occurs daily: from _____ to _____

Circle the days of the week that discharge does not occur:

M T W R F S S

Indicate with an 'x' whether the business activity is:

_____ Continuous throughout the year, or

_____ Seasonal- Circle the months of the year during which discharge does not occur: J F M A M J J A S O N D
Is there a scheduled shutdown? _____ If so, when? _____

Is any wastewater other than domestic wastes discharged into the public sewer system? Yes _____ No _____ If 'no' is marked, completion of the remainder of this application is not required. Please return the completed Parts A and B. If 'yes' is marked, complete the remainder of this form.

PART C: SITE LAYOUT AND SCHEMATIC FLOW DIAGRAM

PURPOSE: The Site Layout and Schematic Flow Diagram will enable selection of suitable sampling location(s) for the determination and verification of wastewater strength and constituent concentrations.

SITE LAYOUT AND SCHEMATIC FLOW DIAGRAM: In the space below, or on a separate sheet, present a conceptual site plan of your premises, indicating all sewers and appurtenances. Include the locations of all water meters, sewer meters, storm drains, public sewers, and each building sewer* connected to the public sewers. Indicate which business activities contribute to the flow in each building sewer. Show existing and/or possible sampling locations.

* Sewer conveying wastewater from the premises of a user to a public sewer.

PART D: WATER SOURCE AND USE

PURPOSE: The water source and use information will enable the County to determine the volumes and sources of wastewater discharged to the public sewer.

WATER USE AND DISPOSITION: Average quantity of water received and wastewater discharged per production day at production design capacity. Indicate current deviations from this data in the "method and calculations" section on the next page.

	Supplied From (gpd)		**Discharged To (gpd)**	
Water use:	Purchased	Other (1)	Public Sewer	Other (2)
Sanitary				
Processes				
Boiler				
Cooling				
Washing				
Product				
Other (3)				

Total				

Maximum daily flow (gpd): _____

Notes: (1) Enter the quantity and the appropriate code letter indicating the source: a- well; b- creek; c- estuary; d- stormwater; e- reclaimed water.

(2) Enter the quantity and the appropriate code letter indicating the discharge point: a- well; b- creek; c- estuary; d- stormwater; e- rail, truck, barge; f- evaporation; g- product.

(3) Describe: _____

_____

PART D: WATER SOURCE & USE
(Continuation)

Show the method and calculations used to determine the quantities on the previous page. (Use additional sheets, if necessary).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

NUMBER OF EMPLOYEES:

	Office		Production (# of employees/shift)					
			Day Shift		Swing Shift		Night Shift	
	No.	Hours	No.	Hours	No.	Hours	No.	Hours
Weekday		to		to		to		to
Saturday		to		to		to		to
Sunday		to		to		to		to

PART E: BUILDING SEWER DISCHARGE

PURPOSE: The building sewer discharge information will identify the variation in flow rate and the type of constituents and characteristics of the discharge to the public sewers.

BUILDING SEWER DISCHARGE: Complete a separate PART E for each discharge point to the public sewers, as shown in PART C. Copies of this form are permitted.

Building Sewer Designation- (same as that shown in PART C)

_____

SUBSTANCES PROPOSED TO BE DISCHARGED: List common and chemical names of any materials or products proposed to be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product. Also, indicate if any substance could be classified as a hazardous waste under 40 CFR Part 261.

Name	Description

If Batch Discharge, indicate:

Number of batch discharges: _____ per month

Time of batch discharges:____, ____, ____, ____ days of week

at:____, ____, ____, ____ hours of day

Average quantity per batch: _____ gallons

Flow rate: _____ gallons per minute

S.P.C.C.: Is a Spill Prevention Control and Countermeasure Plan in effect for this facility? ____Yes ____ No

COMMENTS: _____

PART E: BUILDING SEWER DISCHARGE (Continuation)

WASTEWATER CONSTITUENTS: Indicate if any of the following constituents, characteristics, or substances are or can be present in your wastewater discharge as a result of your operations. It is not necessary to have an analysis of your wastewater performed at this time. Mark with an 'X' those constituents applicable to the building sewer discharge.

NOTE: The listing presented is intended to provide detailed data concerning the nature of each discharge. Constituents included are more extensive than those limited in Chapter 38 of the New Castle County Code so that information on all characteristics of the discharge may be evaluated.

		Concentration, if known

CONSTITUENTS	X	AVERAGE	MAXIMUM
BOD (5 Day)			
Suspended Solids			
pH			
Ammonia Nitrogen			
Hydrogen Sulfide			
Phenolics			
Oil & Grease, mineral			
Oil & Grease, total			
Temperature			
Radioactive substances			
Others *			

*Please list Priority Pollutant information on additional sheets. Any other constituents must be listed here or on additional sheets.

NATIONAL PRETREATMENT STANDARDS: Is this facility subject to an existing Categorical Pretreatment Standard?

____ Yes ____No ____ Do Not Know If yes, are Pretreatment Standards being met on a consistent basis?_____

PART E: BUILDING SEWER DISCHARGE (Continuation)

If an analysis of the building sewer discharge has already been made, attach a copy of the most recent sampling data or series of data and indicate:

Date of sample event(s): _____

Type of sample collected:

Grab ____ Composite ____ (period _____)

Proportional composite ____ (period _____)

Analytical laboratory used:

Name _____

Address _____

_____

POLLUTION ABATEMENT PRACTICES

WASTEWATER PRETREATMENT: Check the type of treatment, if any, given wastewater from this building sewer before it is discharged to the public sewer:

____ None ____ Holding Tank ____ Grease Trap

____ Oil/Water Separator ____ Sedimentation

____ Biological Treatment ____ pH Adjustment

____ Grinding ____ Screening ____ Chlorination

____ Other (indicate type) _____

PLANNING WASTEWATER PRETREATMENT IMPROVEMENTS: Describe any changes in treatment or disposal methods planned or under construction for the wastewater carried by this building sewer.

_____

_____

_____

STORMWATER AREA

Total area in square feet exposed to stormwater and draining to this building sewer: _____sq. ft.

Are the roof gutters or drains tied into this building sewer? ____Yes ____ No