

**TOWN OF DEERFIELD
INDUSTRIAL WASTEWATER DISCHARGE
SEWER CONNECTION PERMIT APPLICATION**

DATE: ____/____/____

- 1. Company Name: _____
Mailing Address: _____
Telephone: _____
Fax Number: _____
Email Address: _____

2. Address of Production or Manufacturing Facility (if same as above check [].

- Company Name: _____
Mailing Address: _____

- 3. Contact Person: _____
Mailing Address: _____
Telephone: _____
Fax Number: _____
Email Address: _____

4. Describe the nature of the manufacturing process or commercial activities at this facility:

5. Standard Industrial Classification Code Number (s) and Classification Descriptions(s) and North American Industry Classification System (NAICS) Codes:

| | SIC Code | NAICS Code | Description |
|------------|----------|------------|-------------|
| Primary: | _____ | _____ | _____ |
| Secondary: | _____ | _____ | _____ |

6. Does this company have an industrial waste discharge permit with the POTW or has it had one previously?

Check one Yes No

If yes, permit number: _____

Expiration date: _____

7. Quantity of Water Consumption/Wastewater Generated:

Average Total Monthly Water Consumption (gallons) _____ GPM

Average Gallons Water Consumed in Product Daily _____ GPD

Types/Amounts of wastes generated by this facility: (Check all that apply)

| Type | (Average gallons) per day | Estimated | Measured |
|---|------------------------------|-----------|----------|
| <input type="checkbox"/> Domestic wastes (restrooms, showers, etc) | _____ | _____ | _____ |
| <input type="checkbox"/> Cooling water, non contact | _____ | _____ | _____ |
| <input type="checkbox"/> Boiler/Tower blowdown | _____ | _____ | _____ |
| <input type="checkbox"/> Cooling water, contact | _____ | _____ | _____ |
| <input type="checkbox"/> Process (before treatment) | _____ | _____ | _____ |
| <input type="checkbox"/> Equipment/facility washdown | _____ | _____ | _____ |
| <input type="checkbox"/> Air Pollution Control Unit | _____ | _____ | _____ |
| <input type="checkbox"/> Storm water runoff to sewer | _____ | _____ | _____ |
| <input type="checkbox"/> Other: | _____ | _____ | _____ |

Description: _____

Total wastewater discharged _____

Wastes are discharged to (check all that apply):

| Type | (Average gallons) Per day | Estimated | Measured |
|---|------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Sanitary sewer | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|-------|--------------------------|--------------------------|
| <input type="checkbox"/> Storm Sewer | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Surface water | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Ground water | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Liquid waste hauler | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Evaporation | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Name of hauler: _____

Address: _____

Telephone Number: _____

8 Other discharge permits (NPDES, etc): _____

Number (s) _____

Expiration Date (s) _____

9 Wastewater Parameters and Concentrations:

If you currently have a local discharge permit or NPDES permit and your discharge is 25,000 gallons per day or greater, or if any data is available on the pollutants listed below, you must complete this section:

NA = Not Available

| <u>PARAMETER</u> | <u>CONCENTRATION</u> <u>(30-day average/maximum daily)</u> |
|----------------------------|---|
| BOD 5 mg/l | _____/_____ |
| COD mg/l | _____/_____ |
| TSS mg/l | _____/_____ |
| PH (standard units) | _____/_____ |
| Total Phosphorus mg/l | _____/_____ |
| Ammonia (as Nitrogen) mg/l | _____/_____ |
| Oil & Grease mg/l | _____/_____ |
| Temperature | _____/_____ |

| <u>PARAMETER</u> | <u>CONCENTRATION *</u> <u>(30-day average/maximum daily)</u> |
|------------------|---|
| Cadmium mg/l | _____/_____ |
| Chromium mg/l | _____/_____ |
| Copper mg/l | _____/_____ |

| | |
|--------------|---------------|
| Lead mg/l | _____ / _____ |
| Nickel mg/l | _____ / _____ |
| Zinc mg/l | _____ / _____ |
| Silver mg/l | _____ / _____ |
| Cyanide | _____ / _____ |
| Other: _____ | _____ / _____ |
| Other: _____ | _____ / _____ |

10 Attach schematic(s) of general plant process and waste line layouts including location of floor drains and manholes. Include any existing or proposed pretreatment systems and locations and sizes of all existing and proposed connections to the POTW and proposed monitoring facilities.

See Attachment Number: _____

11 Description of Process, Products, Raw Materials. The following information must be completed for each product line. (attach additional sheets if necessary).

** Give a general description of products produced by type and amount. Please specify if produced seasonally.

** Give a general description of type and amount of raw materials used.

** Process discharge is batch continuous both
 If both, _____% _____% continuous.
 Average number of batches per 24-hour day _____

12 Describe hours of operation of plant. Specify seasonal variances.

Shifts/Day: _____, Hours/Day: _____, Days/Week: _____

13 Describe hours of operation of actual or proposed pretreatment facility
 Specify discharge hours

Shifts/Day: _____, Hours/Day: _____, Days/Week: _____

14 Are your manufacturing or commercial operations subject to US EPA Categorical Pretreatment Standards? no don't know yes, if yes describe below by Subpart with Description:

Subpart: _____ Description: _____

Subpart: _____ Description: _____

Subpart: _____ Description: _____

15 Are the applicable national categorical pretreatment standards **and** the local discharge prohibitions **and** limitations being met on a consistent basis? Check one: yes no

Remarks: _____

16 If applicable wastewater discharge limitations are not being met consistently is additional pretreatment and/or alterations of current operation and maintenance required to meet the limitations?

Check one yes no

Remarks: _____

17 Is there an Accidental Spill Prevention Plan or Slug Control Plan prepared for this facility?

Check one yes no

Remarks: _____
If so, attach to this application.

18 Name the laboratory your firm proposes to contract with for self monitoring.

Name: _____

Address: _____

Telephone: _____

19 Name the person(s) responsible for sampling, testing, and reporting to the POTW:

- 20 If your facility processes include any of the industrial categories or business activities listed below **and** any of these processes generate wastewater **or** waste sludge, place a check beside the category or business activity (check all that apply):

Industrial Categories:

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Meat Processing |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Molding and Castings |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Builders Paper | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Nonferrous Metals MFG |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Painting Formulating |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Paving and Roofing (Tars and Asphalt) |
| <input type="checkbox"/> Cooper Forming | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electrical/Electronic Components | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Fermentation Processes | <input type="checkbox"/> Pulp and Paper |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Rubber Processing |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Seafood Processing |
| <input type="checkbox"/> Fruits and Vegetables Processing | <input type="checkbox"/> Soap/Detergents Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Grain Mills Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Timber Products Manufacturing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Plastics Molding/Forming |
| <input type="checkbox"/> Iron and Steel Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Leather Tanning and Finishing | |

Other Business Activities:

- | | |
|--|---|
| <input type="checkbox"/> Animal/Vegetable Fats/Oils Blending | <input type="checkbox"/> Pesticide Applicator |
| <input type="checkbox"/> Auto Garage/Repair | <input type="checkbox"/> Photocopying |
| <input type="checkbox"/> Beverage Bottler | <input type="checkbox"/> Photographic Development |
| <input type="checkbox"/> Breads/Baked Goods Mfg. | <input type="checkbox"/> Poultry Processing |
| <input type="checkbox"/> Brewery/Winery | <input type="checkbox"/> Printing and Publishing |
| <input type="checkbox"/> Car Wash/Transport Truck Wash | <input type="checkbox"/> Radiator Shop |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Rendering |
| <input type="checkbox"/> Hospital/Health Care | <input type="checkbox"/> Restaurant/Commercial Food Est. |
| <input type="checkbox"/> Laundry/Dry Cleaning | <input type="checkbox"/> Slaughter/Meat Packing |
| <input type="checkbox"/> Paint and Body Shop | <input type="checkbox"/> Other Food/Edible Products Proc. |

21 Describe pretreatment devices or processes used for treating wastewater or sludge (Check all that apply).

- Air Flootation
- Biological Treatment Describe:_____
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation Describe:_____
- Grease Trap Frequency of Cleaning:_____
- Grit Removal
- Ion Exchange
- Neutralization/pH correction. Describe: See Other Remarks below
- Ozonation
- Rainwater Diversion or Storage. Describe:_____
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Sump
- Other Chemical Treatment Describe:_____
- Other Physical Treatment Describe:_____
- Other Describe:_____
- No Pretreatment Provided_____

Other remarks as needed to describe any of the above:

22 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent 12 months of data. Include the date of the sample collection and analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

See Attachment Number:_____

23 Are any liquid waste or sludges from this facility disposed of by means other than discharge to the POTW Collection System?

Check one: yes no

If yes, these wastes may be best described as:

| | <u>Estimated Gallons/Pounds per Year</u> |
|---|--|
| <input type="checkbox"/> Acids and Alkalies | _____ / _____ |
| <input type="checkbox"/> Heavy Metal Sludges | _____ / _____ |
| <input type="checkbox"/> Inks/dyes | _____ / _____ |
| <input type="checkbox"/> Non-petroleum Oil and /or Grease | _____ / _____ |
| <input type="checkbox"/> Organic Compounds | _____ / _____ |
| <input type="checkbox"/> Paints | _____ / _____ |
| <input type="checkbox"/> Pesticides | _____ / _____ |
| <input type="checkbox"/> Petroleum Oil and / or Grease | _____ / _____ |
| <input type="checkbox"/> Plating Wastes | _____ / _____ |
| <input type="checkbox"/> Pretreatment Sludges | _____ / _____ |
| <input type="checkbox"/> Radiator Fluid Wastes | _____ / _____ |
| <input type="checkbox"/> Solvents/Thinners | _____ / _____ |
| <input type="checkbox"/> Other Hazardous Wastes | _____ / _____ |
| Specify: _____ | |
| <input type="checkbox"/> Other Nonhazardous Wastes | |
| Specify: _____ | |

For the above checked wastes, does your company practice:

- On-site storage Describe: _____

- Off-site storage Describe: _____

- On-site disposal Describe: _____

- Off-site disposal Describe: _____

24 Priority Pollutant Information. Please indicate in the appropriate box by each listed chemical whether it is “suspected to be absent,” “known to be absent,” “suspected to be present,” or “known to be present” in your manufacturing or service activity or generated as a by-product.

Other remarks describing the source of the data below (i.e., drinking water test data, wastewater discharge test data, etc.):

| Item No. | Chemical Compound | Suspected Absent | Known Absent | Suspected Present | Known Present |
|----------|----------------------|------------------|--------------|-------------------|---------------|
| 1 | ammonia | | | | |
| 2 | asbestos (fibrous) | | | | |
| 3 | cyanide (total) | | | | |
| 4 | antimony (total) | | | | |
| 5 | arsenic (total) | | | | |
| 6 | beryllium (total) | | | | |
| 7 | cadmium (total) | | | | |
| 8 | chromium (total) | | | | |
| 9 | copper (total) | | | | |
| 10 | lead (total) | | | | |
| 11 | mercury (total) | | | | |
| 12 | nickel (total) | | | | |
| 13 | selenium (total) | | | | |
| 14 | silver (total) | | | | |
| 15 | thallium (total) | | | | |
| 16 | zinc (total) | | | | |
| 17 | acenaphthene | | | | |
| 18 | acenaphthylene | | | | |
| 19 | acrolein | | | | |
| 20 | acrylonitrile | | | | |
| 21 | aldrin | | | | |
| 22 | anthracene | | | | |
| 23 | benzene | | | | |
| 24 | benzidine | | | | |
| 25 | benzo(a)anthracene | | | | |
| 26 | benzo(a)pyrene | | | | |
| 27 | benzo(b)fluoranthene | | | | |
| 28 | benzo(g,h,i)perylene | | | | |
| 29 | benzo(k)fluoranthene | | | | |
| 30 | a-BHC(alpha) | | | | |
| 31 | b-BHC(beta) | | | | |
| 32 | d-BHD(delta) | | | | |

| Item No. | Chemical Compound | Suspected Absent | Known Absent | Suspected Present | Known Present |
|----------|-----------------------------|------------------|--------------|-------------------|---------------|
| 33 | g-BHC(gamma) | | | | |
| 34 | bis(2-chloroethyl)ether | | | | |
| 35 | bis(2-chloroethoxy)methane | | | | |
| 36 | bis(2-chloroisopropyl)ether | | | | |
| 37 | bis(chloromethyl)ether | | | | |
| 38 | bis(2-ethylhexyl)phthalate | | | | |
| 39 | bromodichloromethane | | | | |
| 40 | bromoform | | | | |
| 41 | bromomethane | | | | |
| 42 | 4-bromophenylphenyl ether | | | | |
| 43 | butylbenzyl phthalate | | | | |
| 44 | carbon tetrachloride | | | | |
| 45 | chlordane | | | | |
| 46 | 4-chloro-3-methylphenol | | | | |
| 47 | chlorobenzene | | | | |
| 48 | chloroethane | | | | |
| 49 | chloroform | | | | |
| 50 | chloromethane | | | | |
| 51 | 2-chloronaphthalene | | | | |
| 52 | 2-chlorophenol | | | | |
| 53 | 4-chlorophenylphenyl ether | | | | |
| 54 | chrysene | | | | |
| 55 | 4,4'-DDD | | | | |
| 56 | 4,4'-DDE | | | | |
| 57 | 4,4'-DDT | | | | |
| 58 | dibenzo(a,h)anthracene | | | | |
| 59 | dibromochloromethane | | | | |
| 60 | 1,2-dichlorobenzene | | | | |
| 61 | 1,3-dichlorobenzene | | | | |
| 62 | 1,4,-dichlorobenzene | | | | |
| 63 | 3,3-dichlorobenzidine | | | | |

| | | | | | |
|----|-------------------------|--|--|--|--|
| 64 | dichlorodifluoromethane | | | | |
|----|-------------------------|--|--|--|--|

| Item No. | Chemical Compound | Suspected Absent | Known Absent | Suspected Present | Known Present |
|----------|-----------------------------------|------------------|--------------|-------------------|---------------|
| 65 | 1.1-dichloroethane | | | | |
| 66 | 1.2-dichloroethane | | | | |
| 67 | 1.1-dichloroethene | | | | |
| 68 | trans-1.2-dichloroethene | | | | |
| 69 | 2.4-dichlorophenol | | | | |
| 70 | 1.2-dichloropropane | | | | |
| 71 | (cis & trans) 1.3-dichloropropene | | | | |
| 72 | dieldrin | | | | |
| 73 | diethyl phthalate | | | | |
| 74 | 2.4-dimethylphenol | | | | |
| 75 | dimethyl phthalate | | | | |
| 76 | di-n-butyl phthalate | | | | |
| 77 | di-n-octyl phthalate | | | | |
| 78 | 4,6-dinitro-2-methylphenol | | | | |
| 79 | 2.4-dinitrophenol | | | | |
| 80 | 2,4-dinitrophenol | | | | |
| 81 | 2.6-dinitrotoluene | | | | |
| 82 | 1.2-diphenylhydrazine | | | | |
| 83 | endosulfan I | | | | |
| 84 | endosulfan II | | | | |
| 85 | endosulfan sulfate | | | | |
| 86 | endrin | | | | |
| 87 | endrin aldehyde | | | | |
| 88 | ethylbenzene | | | | |
| 89 | fluoranthene | | | | |
| 90 | fluorene | | | | |
| 91 | heptachlor epoxide | | | | |
| 92 | hexachlorobenzene | | | | |
| 93 | hexachlorobutadiene | | | | |

| | | | | | |
|----|---------------------------|--|--|--|--|
| 94 | hexachlorocyclopentadiene | | | | |
| 95 | hexachloroethane | | | | |
| 96 | indeno (1,2,3-d)pyrene | | | | |

| Item No. | Chemical Compound | Suspected Absent | Known Absent | Suspected Present | Known Present |
|----------|-------------------------------------|------------------|--------------|-------------------|---------------|
| 97 | isophorone | | | | |
| 98 | methylene chloride | | | | |
| 99 | naphthalene | | | | |
| 100 | nitrobenzene | | | | |
| 101 | 2-nitrophenol | | | | |
| 102 | 4-nitrophenol | | | | |
| 103 | n-nitrosodimethylamine | | | | |
| 104 | n-nitrosodipropylamine | | | | |
| 105 | n-nitrosodiphenylamine | | | | |
| 106 | PCB-1016 | | | | |
| 107 | PCB-1221 | | | | |
| 108 | PCB-1232 | | | | |
| 109 | PCB-1242 | | | | |
| 110 | PCB-1248 | | | | |
| 111 | PCB-1254 | | | | |
| 112 | PCB-1260 | | | | |
| 113 | pentachlorophenol | | | | |
| 114 | phenanthrene | | | | |
| 115 | phenol | | | | |
| 116 | pyrene | | | | |
| 117 | 2,3,7,8-tetrachlorodibenzo-p-dioxin | | | | |
| 118 | 1,1,2,2-tetrachloroethane | | | | |
| 119 | tetrachloroethane | | | | |
| 120 | toluene | | | | |
| 121 | toxaphene | | | | |
| 122 | 1,2,4-trichlorobenzene | | | | |
| 123 | 1,1,1-trichloroethane | | | | |
| 124 | 1,1,2-trichloroethane | | | | |
| 125 | trichloroethene | | | | |
| 126 | trichlorofluoromethane | | | | |
| 127 | 2,4,6-trichlorophenol | | | | |
| 128 | vinyl chloride | | | | |

For chemical compounds which are indicated to be “known present” please attach a list with the item number, chemical compound, estimated annual usage (lb) and loss to sewer (lb/yr).

See Attachment Number: _____

We the following, declare that we have examined this report and certify that to the best of our knowledge it is true, correct and complete.

Certified by: _____ Reviewed by: _____

Print Name: _____ *Print Name:* _____

Title: _____ Title: _____

Company: _____ Company: _____

Date: _____ Date: _____

This completed report is to be certified by a qualified professional and reviewed by an authorized representative of the Industrial User. An authorized representative is:

- (1). A responsible corporate officer, if the industrial user is a corporation; a responsible corporate officer means (i) 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 (ii) 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, if authority to sign documents has been assigned or delegated the manager in accordance with corporate procedures.
- (2) A general partner or proprietor if the industrial user is a partnership or sole proprietorship respectively; or
- (3) A duly authorized representative of the individual designated in (1) or (2) of this definition if (i) the authorization is made in writing by the individual described in (1) or (2) of this definition, and (ii) the authorization specifies either 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 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 the Control Authority.

