

INDUSTRIAL USER PERMIT APPLICATION FORM

SECTION A - GENERAL INFORMATION

1. Facility Name:

a. Contact Person:

2. Facility Address:

Street

City Pueblo State CO. Zip

3. Business Mailing Address:

Street or P.O. Box

City _____ State _____ Zip

4. Designated signatory authority of the facility:

[Attach similar information for each authorized representative]

Name:

Title:

Address:

City: _____ State _____ Zip:

Phone Number

5. Designated facility contact:

Name:

Title:

Phone Number

Fax Number

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

INDUSTRIAL CATEGORIES

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastic Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facilities including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

- a.
- b.
- c.
- d.
- e.

4. Product Volume:

PRODUCT (Brandname) _____	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts per day	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- ___ Private Well
- ___ Surface Water
- ___ Municipal Water Please list account numbers
- ___ Other (Specify):

3. List average water useage on premises:
(New facilities may estimate)

<u>Type</u>	<u>Average Water Usage (GPD)</u>	<u>Indicate Estimate (E) or Measured (M)</u>
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A - J	_____	_____

SECTION D - SEWER INFORMATION

1. a. For a new business:

(i) Will you be occupying an existing vacant building? Yes No

(ii) Have you applied for a building permit if a new facility will be constructed? Yes No

(iii) Will you be connected to the public sanitary sewer system? Yes No

(iv) Are your process water and sanitary waste separated? Yes No

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restroom to the City sewer?

Yes If the answer to this question is "yes", complete the remainder of the application.

No If the answer to this question is "no", skip to Section I.

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

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

M T W TH F SAT SUN

b. Hours of Discharge (e. g., 9 a. m. to 5 p. m.):

M T W TH F SAT SUN

c. Peak hourly flow rate (GPD)

d. Maximum daily flow rate (GPD)

e. Annual daily average (GPD)

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate)

a. Number of batch discharges _____ per day.

b. Average discharge per batch _____ (GPD).

c. Time of batch discharges _____ at
(day of week) (hours of day)

d. Flow rate _____ gallons per minute.

e. Percent of total discharge _____.

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water and wastewater from start of the activity to its completion, showing all unit processes. Include which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the building layout in Section H.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should Skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (Batch, Cont., none)</u>
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ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO A CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, Cont., none)</u>
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Average Maximum Type of Discharge
No. Unregulated Process Flow (GPD) Flow (GPD) (Batch, Cont., none)

Average Maximum Type of Discharge
No. Dilution Flow (GPD) Flow (GPD) (Batch, Cont., none)

7. For Categorical Users Subject To Total Toxic Organics (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

Yes
 No

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

Yes
 No

c. Has a Toxic organics management plan (TOMP) been developed?

Yes (Please attach a copy)
 No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

Planned: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

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

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip question 10)

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

11. Are any materials or water reclamation systems in use or planned?

- Yes
- No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (attach additional sheet if needed.)

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

Pollutant	Detection Method Used	Maximum	Average		Number	
		Daily Value	of Analyses	Conc.	Mass	of Analyses
		Conc.	Mass	Conc.	Mass	

Acenaphthene
 Acrolein
 Acrylonitrile
 Benzene
 Benzidine
 Carbon tetrachloride
 Chlorobenzene
 1,2,4-Trichlorobenzene
 Hexachloroethane
 1,1-Dichloroethane
 1,1,1-Trichloroethane
 Hexachloroethane
 1,1-Dichloroethane
 1,1,2-Trichlorethane
 1,1,2,2-Tetrachlorethane
 Chloroethane
 Bis(2-chloroethyl) ether
 17 Bis(chloro methyl) ether
 2-Chloroethyl vinyl ether
 2-Chloronaphthalene
 2,4,6-Trichlorophenol
 Parachlorometa cresol
 Chloroform

2-Chlorophenol
 1,2-Dichlorobenzene
 1,3-Dichlorobenzene
 1,4-Dichlorobenzene
 3,3-Dichlorobenzidine
 1,1-Dichloroethylene
 1,2-Trans-dichloroethylene
 2,4-Dichloropheno
 1,2-Dichloropropane
 1,2-Dichloropropylene
 1,3-Dichloropropylene
 2,4-Dimethylphenol
 2,4-Dinitrotoluene
 2,6-Dinitrotoluene
 1,2-Diphenylhydrazine
 Ethylbenzene
 Fluoranthene
 4-Chlorophenyl phenyl ether
 4-Bromophenyl phenyl ether

Page 11 of 19

Pollutant	Detection Method Used	Maximum Daily Value		Average of Analyses		Number of Analyses
		Conc.	Mass	Conc.	Mass	

Bis(2-chlorisopropyl) ether
 Bis(2-chloroethoxy) methane
 Methylene chloride
 Methyl chloride
 Methyl bromide
 Bromoform
 Dichlorobromomethane
 Chlorodibromomethane
 Hexachlorobutadiene
 Isophorone
 Naphthalene
 Nitrobenzene
 Nitrophenol
 2-Nitrophenol
 4-Nitrophenol
 4,4-Dinitrophenol
 4,6-Dinitro-o-cresol
 N-nitrosodimethylamine
 N-nitrosodiphenylamine
 N-nitrosodi-n-propylamine
 Pentachlorophenol
 Phenol
 Bis(2-ethylhexyl) phthalate

Butyl benzyl phthalate
Di-n-butyl phthalate
Di-n-octyl phthalate
Diethyl phthalate
Dimethyl phthalate
Benzo(a)anthracene
Benzo(a)pyrene
3,4-benzofluoranthene
Benzo(k) fluoranthene
Chrysene
Acenaphthylene
Anthracene
Benzo(ghi)perylene
Fluorene
Phenanthrene
Dibenzo(a,h)anthracene
Indeno(1,2,3-cd)pyrene
Pyrene
Tetrachloroethylene
Toluene
Trichloroethylene
Vinyl chloride
Aldrin
Dieldrin
Chlordane

Pollutant	Detection Method Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Conc. Mass	Conc. Mass
4,4'-DDT						
4,4'-DDE						
4,4'-DDD						
Alpha-endosulfan						
Beta-endosulfan						
Endosulfan sulfate						
Endrin						
Endrin aldehyde						
Heptachlor						
Heptachlor epoxide						
Alpha-BHC						
Beta-BHC						
Gamma-BHC						
Delta-BHC						
PCB-1242						
PCB-1254						
PCB-1221						
PCB-1232						
PCB-1248						
PCB-1260						
PCB-1016						
Toxaphene (TCDD)						
Asbestos						
Acidity						
Alkalinity						
Bacteria						
BOD 5						
COD						
Chloride						
Chlorine						
Fluoride						
Hardness						
Magnesium						
NH3-N						
Oil and Grease						
TSS						
Kjeldahl N						
Nitrate N						
Nitrite N						
Organic N						
Orthophosphate P						
Phosphorous						
Sodium						

Specific Conductivity
Sulfate (SO₄)

Pollutant	Detection Method Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Conc. Mass	Conc. Mass
Sulfide (S)						
Sulfite (SO3)						
Antimony						
Arsenic						
Barium						
Beryllium						
Cadmium						
Chromium						
Chromium +6						
Copper						
Cyanide						
Lead						
Mercury						
Nickel						
Selenium						
Silver						
Thallium						
Zinc						

SECTION G - TREATMENT

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

- Yes
- No

2. Is any form of wastewater treatment (or changed to a existing wastewater treatment) planned for this facility within the next three years?

- Yes, describe:
- No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type:
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type:
- Rainwater diversion or storage
- Other chemical treatment, type:
- Other physical treatment, type:
- Other, type:

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No

(if yes,) Name:
Title:
Phone Number

8. Do you have a manual on the correct operation of your treatment equipment?
 Yes No

9. Do you have a written maintenance schedule for your treatment equipment?
 Yes No

SECTION H - FACILITY OPERATION CHARACTERISTICS

1. Shift Information

Work Days Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Shifts
per work
day:

Work Days Mon. Tues. Wed. Thur. Fri. Sat. Sun.

Empls'
per
shift: 1st
 2nd

 3rd

Shift
start
and end
times: 1st
 2nd
 3rd

2. Indicate whether the business activity is:

- Continuous through the year, or
- Seasonal - List the months of the year during which the business activity occurs:

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal - List the months of the year during which the business activity occurs:

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

- Yes, indicate reasons and period when shutdown occurs:

No

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

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

Chemical	Quantity
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7. Building Layout - Draw to scale the location of each building on the premises. Show a map orientation and location of all storm drains, numbered unit processes (from schematic flow diagram), and all connections to the City sewer system. Number each connection and show existing and proposed sampling locations.

A blueprint or drawing of the facilities showing the above may be attached in lieu of submitting a drawing.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? Yes No.

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No If yes; where do they discharge to?

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

- an on site disposal system
- City sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the the City of Pueblo's collection system?

- Yes - Please enclose a copy with the application
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON DISCHARGED WASTES

1. Are any liquids or sludges generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

Waste Generated Quantity (per year) Disposal Method

2. Indicate which wastes identified above are dispose of at an off site treatment facility and which are disposed of on site.

3. If any of your wastes are sent to an off site centralized waste treatment facility, identify the waste and the facility.

4. If an outside firm removes any of the above checked waste, state the name(s) and address(es) of all waste haulers:

- a. _____
- b.

Permit Number _____ Permit Number
(if applicable): (if applicable):

5. Have you been issued any Federal, State or local environmental permit?

- Yes
- No

If yes, please list the permit(s):

SECTION K - AUTHORIZED SIGNATURES

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes No Not yet discharging

2. If No:

a. What additional operations and maintenance procedures are being considering to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the City issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date
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Authorized Representative Statement:

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.

Name	Title
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Signature	Date	Phone
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