City of Thomasville Water Pollution Control Plant
Industrial Waste Survey / Application for Industrial Discharge Permit
(Includes Baseline Monitoring Report Data)

To be filed by persons engaged in manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works and then into the waters of the State.

For City Use

Application Number: _____

Date Received: _____

YR MO DAY

SECTION A – GENERAL INFORMATION

1. a. Will you be connected to the public sanitary sewer system?

[ ] Yes [ ] No (If no, then do not continue with application. Sign application and submit to: City of Thomasville, Water Pollution Control Plant, P.O. Box 1397 Thomasville, GA 31799

b. For an existing business:

Is the building presently connected to the public sanitary sewer system?

[ ] Yes

[ ] No Have you applied for a sanitary sewer hookup? [ ] Yes [ ] No

c. 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

2. Does of will this facility discharge any wastewater other than from restrooms to the City sewer?

[ ] Yes If the answer to this question is "Yes", please complete the remainder of the application.

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

3. Facility Name: _____

a. Operator Name: _____

b. Is the operator identified in 1.a., the owner of the facility? [ ] Yes [ ] No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

_____

_____

4. Facility Address:

Street: _____

City: _____State: _____ Zip: _____

5. Business Mailing Address:

Street or P.O. Box: _____

City: _____State: _____ Zip: _____

6. Designated signatory authority of the facility:

[Attach similar information for each authorized representative.]

Name: _____

Title: _____

Address: _____

City: _____State: _____ Zip: _____

Phone #: _____

7. Designated facility contact:

Name: _____

Title: _____

Phone #: _____

SECTION B – BUSINESS ACTIVITY

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

Industrial Categories	Code of Federal Regulations (CFR) Reference Number
[ ] Aluminum Forming	467
[ ] Asbestos Manufacturing	427
[ ] Battery Manufacturing	461
[ ] Canned and Preserved Fruits and Vegetables Processing	407
[ ] Canned and Preserved Seafood Processing	408
[ ] Carbon Black Manufacturing	458
[ ] Cement Manufacturing	411
[ ] Coal Mining	434
[ ] Coil Coating	465

Industrial Categories	Code of Federal Regulations (CFR) Reference Number
[ ] Copper Forming	468
[ ] Dairy Products Processing	405
[ ] Electrical and Electronic Components Manufacturing	469
[ ] Electroplating	413
[ ] Explosives Manufacturing	457
[ ] Feedlots	412
[ ] Ferroalloy Manufacturing	424
[ ] Fertilizer Manufacturing	418
[ ] Glass Manufacturing	426
[ ] Grain Mills	406
[ ] Gum and Wood Chemicals Manufacturing	454
[ ] Hospital	460
[ ] Ink Formulating	447
[ ] Inorganic Chemicals Manufacturing	415
[ ] Iron and Steel Manufacturing	420
[ ] Leather Tanning and Finishing	425
[ ] Meat Products	432
[ ] Metal Finishing	433
[ ] Metal Molding and Casting	464
[ ] Mineral Mining and Processing	436
[ ] Nonferrous Metals Forming and Metal Powders	471
[ ] Nonferrous Metals Manufacturing	421
[ ] Oil and Gas Extraction	435
[ ] Ore Mining and Dressing	440
[ ] Organic Chemicals Plastic and Synthetic Fibers	414
[ ] Paint Formulating	446
[ ] Paving and Roofing Materials	443
[ ] Pesticides Chemicals	455
[ ] Petroleum Refining	419
[ ] Pharmaceutical Manufacturing	439
[ ] Phosphate Manufacturing	422
[ ] Photographic	459
[ ] Plastics Molding and Forming	463
[ ] Porcelain Enameling	466
[ ] Pulp, Paper, and Paperboard	430
[ ] Rubber Manufacturing	428
[ ] Soap and Detergent Manufacturing	417
[ ] Steam Electric Power Generating	423
[ ] Sugar Processing	409
[ ] Textile Mills	410
[ ] Timber Products Processing	429
[ ] The Builders' Paper and Board Mills	431

A facility with process inclusive in the above areas may be covered by Environment Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services. (Includes principal raw materials, catalysts, and intermediates used in the process.)_____

_____

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 (Brand Name)	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATES THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C – WATER SUPPLY

1. Water Sources (Check as many as applicable)

[ ] Private Well
[ ] Surface Water
[ ] Municipal Water Utility (Specify City): _____
[ ] Other (Specify): _____

2. List average water usage on premises:
(New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Estimate (E) or Measured (M)
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary (3)		
f. Air pollution		
g. Contained in product		
h. Plant & equipment wash down		
i. Irrigation & lawn watering		
j. Other (4)		
k. TOTAL OF a. – j.		

SECTION D – SEWER INFORMATION

1. Name, address, and location of publicly owned treatment works (POTW) to which you discharge.

   a. Name of organization responsible for receiving waste:
   _____

   b. Facility receiving waste:
   Name: _____

   Street Address: _____

   City: _____ County: _____ State: _____

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.)

Sewer Size	Descriptive Location of Sewer Connection of Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Provide the following information on wastewater flow rate.

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

   M _____ T_____ W_____ T_____ F_____ SAT_____ SUN_____

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

   M _____ T_____ W_____ T_____ F_____ SAT_____ SUN_____

   c. Peak hourly flow rate (GPD) _____

   d. Maximum daily flow rate (GPD) _____

   e. Annual daily average (GPD) _____

2. 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 _____
   (days of week) (hours of day)

   d. Flow rate _____ gallons per minute

   e. Percent of total discharge _____

3. 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 the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unite process having wastewater discharges to the community sewer. Use these numbers when showing these unit processes in 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 5.

4. For Non –Categorical Users Only: List average wastewater discharge, maximum discharge, and type or discharge (batch, continuous, or both) for each of your processes or proposed processes. Include the reference number from the schematic flow diagram that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, continuous, none)

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

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, continuous, none)

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

6. For Categorical Users Subject to Total Toxic Organic (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 Toxics Organic Management Plan (TOMP) been developed?

[ ] Yes [ ] No

7. 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 schematic flow diagram and describe the equipment: _____
_____

If flow metering equipment is not installed, will water use records or other method be used and be representative of discharged flow? Explain. _____
_____

8. 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.

[ ] No
[ ] Yes. Briefly describe these changes and their effect on the wastewater volume and characteristics: (Attach additional sheets if needed.) _____
_____

9. Are there any materials of water reclamation systems in use or planned?

[ ] No
[ ] Yes. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed. _____
_____

10. Are any other waste minimization measures used or planned?

[ ] No

[ ] Yes. Briefly describe measure: _____

_____

_____

SECTION F – CHARACTERISTICS OF DISCHARGE (refer to 40 CFR Part 403.12(b) for baseline monitoring report requirements).

1. DATA: Report organics and pesticides as µg/l; conventional pollutants and metals as mg/l; mass as lbs/day. All other units have been specified.

All current industrial users are required to submit monitoring data on all pollutants that are subject to categorical standards. Use the tables provided in the section to report the analytical results DO NOT LEAVE BLANKS. For all other (non-regulated) 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 concentration column under average of analyses. If data is available for non-regulated pollutants, please include. Indicate on either the top of each table, or on a separate sheet, if necessary, the time, date, or place of sampling, the methods of analysis, the type of sample (i.e.; flow proportional composite samples, time proportional composite samples, or grab samples) and the number of representative samples taken. Be sure methods conform to 40 CFR 136; if they do not, indicate what method was used. A certification statement should also be provided on the table or additional sheet if necessary that such sampling and analysis are representative of normal work cycles and expected pollutant discharges to the POTW. A copy of a pollutant scan can be attached in lieu of completing the tables provided that all requested information is included on the scan.

New discharges should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing P (expected to be present), S (may be present), or O (will not be present) in the concentration column under average of analyses. If the industry is not yet in operation, the levels of the regulated pollutants and process flows should be estimated and reported.

When analyzing for pollutants listed in Georgia's Rules and Regulation for Water Quality Control, the applicant should ensure that the pollutants are at least analyzed down to the detection limits as specified in Attachment No. 1. If detection levels are not applicable for specific pollutants, so indicative by placing N/A under the column detection level used.

TABLE A - POLLUTANT SPECIFIC RESULTS

Pollutant	Method of Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Concentration	Mass	Concentration	Mass		Concentration	Mass
Acenaphthene								
Acrolein								
Acrylonitrille								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4-Trichloroethane								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
2-Chloroethyl vinyl ether								
2-Chlornaphthalene								
2,4,6-Trichlorophenol								
2-Parachlorometa cresol (a.k.a. 4-Chloro-3-methlphenol)								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene (a.k.a. 1,1-Dichloroethene)								
1,2-Trans-dichloroethylene (a.k.a. trans-1,2-Dichloroethene)								
2,4-Dichlorophenol								
1-2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene (Cis) (a.k.a. cis-1.3-Dichloropropene)								
1,3-Dichloropropylene (Trans) (a.k.a. trans-1.3-Dichloropropene)								
2-Methyl-4,6-Dinitrophenol								
3-Methyl-4-Chlorophenol								
2,4-Dimethyphenol								
2,4-Dinitrotoluene								
2,6- Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Floranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chloroisopropyl) ether								

Pollutant	Method of Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Concentration	Mass	Concentration	Mass		Concentration	Mass
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride (a.k.a. Chloromethane)								
Methyl bromide (a.k.a. Bromomethane)								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Haxachlorobutadine (a.k.a. Hexachlorobutadiene)								
Hexachlorocyclopentadine								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-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-ocyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4-benzofluoranthene (a.k.a. Benzo[b]fluoranthene)								
Benzo(k)fluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h)anthracene								
Indeno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene (a.k.a Tetrachloroethene)								
Toluene								
Trichloroethylene (a.k.a Trichloroethene)								
Vinyl chloride								

Pollutant	Method of Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Concentration	Mass	Concentration	Mass		Concentration	Mass
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan (a.k.a. Endosulfan I)								
Beta-endosulfan (a.k.a. Endosulfan II)								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
a-BHC-Alpha								
b-BHC-Beta								
d-BHC-Delta								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
TCDD (a.k.a. Dioxin)								
Asbestos								
Acidity mg($CaCO_3$)/L								
Alkalinity mg($CaCO_3$)/L								
Fecal Coliform Bacteria (#/100ml								
Chloride								
Chlorine								
Fluoride								
Hardness mg($CaCO_3$)/L								
Magnesium								
NH_3-N								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthoposphate P								

Pollutant	Method of Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Concentration	Mass	Concentration	Mass		Concentration	Mass
Phosphorus								
Lindane [Hexachlorocyclohexane (g-BHC-Gamma)]								
Sodium								
Specific Conductivity umhos/cm								
Sulfate (SO_4)								
Sulfide (S)								
Sulfite (SO_3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium (Total)								
Chromium VI								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								
Methoxychlor								
2,4-Dichlorophenoxy propionic acid (TP Silvex)								
Trichlorofluormethane								
cis-1,2, Dichloroethene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
1,2-Dichlorobenzene								
2,2-oxybis (1-chloropropane)								
BOD								
COD								
TSS								
Oil & Grease								

Notes:

Table B – PROHIBITED POLLUTANTS

Complete this table by checking the appropriate column and providing analytical results where indicated (P = known to be present, S = suspected to be present, O = known not to be present):

Pollutant	**P**	**S**	**O**
1. Material that may create a fire or explosion hazard, including waste streams with a closed cup flash point of less than 140 °F or 60 °C using test methods in 40 CFR Part 261.21			
Flash point (°F or °C)			
2. Corrosive type materials (pH < 5 or > 9)			
pH (standard units)			
3. Solid or viscous pollutants in amounts which could cause flow obstructions or interference with POTW operations			
4. Discharge of any pollutant (including BOD_5, Suspended Solids, COD, etc.) in volume or strength to cause POTW unit process upsets or NPDES Permit violations.			
BOD5 (mg/l)-avg/max			
COD (mg/l)-avg/max			
TSS (mg/l)-avg/max			
FOG (mg/l)-avg/max			
5. Heated discharges in excess of 104°F or 40°C			
Temperature (°F or °C)			

TABLE B (continued)

Pollutant	**P**	**S**	**O**
6. Petroleum oil, non-biodegradable cutting oil or products of mineral oil origin that cause POTW upsets or permit violations.	_____	_____	_____
7. Pollutants which result in presence of toxic gases, vapors or fumes in a quantity that may cause acute worker health and safety problems.	_____	_____	_____
8. Any trucked or hauled pollutants to discharge points on the POTW system.	_____	_____	_____

2. HAZARDOUS WASTE DISCHARED TO A POTW SEWER SYSEM (see 40 CFR Part 403.12 (p) for requirements for hazardous waste notification):

a. Do you now discharge listed or characteristic hazardous wastes as specified in 40 CFR Part 261 to a POTW sanitary sewer system?

[ ] No

[ ] Yes (If the answer is "Yes", complete the following):

(i) Name of the hazardous waste set forth in 40 CFR Part 261 _____

_____

(ii) EPA Hazardous Waste Number _____

(iii) Type of discharge to the sewer (continuous, batch, or other) _____

_____

(iv) A certification should be provided below that you have a program in place to reduce the volume and toxicity of hazardous wastes generated to the extent determined to be economically practical. _____

_____

(v) Describe the program components: _____

_____

_____

b. Do you discharge more than 100 kilograms of hazardous waste per calendar month to the POTW sewer?

[ ] No

[ ] Yes (If the answer is "Yes", answer the following):

(i) An identification of the hazardous constituents contained in the hazardous waste as specified in 40 CFR Part 261: _____

_____

(ii) An estimation of the mass and concentration of the constituents in the waste stream discharged during the calendar month: _____

_____

(iii) An estimation of the mass of constituents in the waste stream expected to be discharged during the next 12 months: _____

_____

c. Have you ever had o submit a hazardous waste notification (to the POTW that you discharge to) based on the requirements of 40 CFR 403.12 (p)?

[ ] No

[ ] Yes (If the answer is "Yes", provide the POTW name, address, and date of notification): _____

_____

_____

SECTION G – TREATMENT

1. Is there any form of treatment practiced at this facility?
   [ ] Yes
   [ ] No

2. Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years?
   [ ] Yes
   [ ] No

3. Treatment devices or processes used or proposed for treating wastewater or sludge:

   (Check all that apply)

   [ ] Air Flotation
   [ ] Centrifuge
   [ ] Chemical precipitation
   [ ] Chlorination
   [ ] Cyclone
   [ ] Filtration
   [ ] Flow equalization
   [ ] Grease or oil separation, type: _____
   [ ] Grease trap
   [ ] Grinding filter
   [ ] Grit removal
   [ ] 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 (attach additional sheets if necessary).

   _____
   _____
   _____
   _____

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? [ ] No [ ] Yes

   Name: _____
   Title: _____
   Phone: _____
   Full Time: _____ (specify hours)
   Part Time: _____ (specify hours)

8. Is the treatment plant operator certified? [ ] No [ ] Yes
   (If "Yes"):

   Certification type: _____
   Certification date and number: _____

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Indicate whether the facility discharge is:

   [ ] Continuous through the year
   [ ] Seasonal – circle the months of the year during which the business activity occurs:

   J F M A M J J A S O N D

   COMMENTS: _____

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

   [ ] No
   [ ] Yes, indicate reasons and periods when shutdown occurs: _____
   _____

3. List types and quantity of raw materials, catalysts, intermediates, and other chemicals used or planned for use: (Attach list if needed.) _____

_____

_____

4. Building Layout – Draw to scale the location of each building on the premise. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram in Section E-3), public sewers, and each facility sewer line connected to the public sewers. Number each sewer.

A blueprint or drawing of the facilities showing the above items 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? [ ] No [ ] Yes

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 of storm drain. Indicate if buried metal containers have cathodic protection.

_____

_____

2. Do you have floor drains in your manufacturing or chemical storage areas? [ ] No [ ] Yes

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

[ ] An on-site disposal system
[ ] Public 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 City's collection system?

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

SECTION J – NON-DISCHARGED WASTES

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

   [ ] No Skip the remainder of Section J
   [ ] Yes Please describe below (attach additional sheets if necessary)

Waste Generated	Quantity (per year)	Disposal Method	Treatment Facility

2. If any of your wastes identified in No. 1 are sent to an off-site centralized waste treatment facility, identify the facility's name and location. _____

3. If an outside firm removes any of the waste described in No. 1 above, state the names and address(es) of all waste haulers:

   a. _____
   _____
   _____
   Permit No. (if applicable):_____

   b. _____
   _____
   _____
   Permit No. (if applicable):_____

4. If any wastes are stored on site for greater than 90 days, provide the following:

   Method: [ ] drum [ ] roll-off container [ ] tank [ ] lagoon

   [ ] other, specify:_____

   Typical length of time waste stored: [ ] days [ ] weeks [ ] months

   Typical volume of waste stored: [ ] tons [ ] gallons

   Is storage site diked? [ ] Yes [ ] No

   Surface drainage collection: [ ] Yes [ ] No

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

   [ ] No
   [ ] Yes

   If yes, please list permit(s): _____

6. In the event of discharge to storm sewer or surface water, has a NPDES Permit been applied for?

[ ] No
[ ] Yes

If yes, please indicate the permit number or application date: _____

_____

SECTION K – AUTHORIZED SIGNATURES

Compliance Certification:

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

[ ] No
[ ] Yes
[ ] Not yet discharging

2. If No:

a. What additional operations and maintenance procedures are being considered 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. Not that if the Georgia Environmental Protection Division 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
_____	_____
_____	_____
_____	_____
_____	_____

Authorized Representative Statement

I certify under penalty of law that this documents 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(s) – Print	Title

Signature	Date	Phone