

CITY OF CLARKSBURG

INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

PART I - GENERAL INFORMATION

Company Name _____

Mailing Address _____

Address of Production Facility (If different than above):

Identify Major Type of Business Conducted at Facility (e.g., print shop, machine shop, electroplating, meat packing, food processing, metal fabricating, automobile repair, etc.)

Contact Person at Production Facility:

Name _____

Title _____

Telephone Number () _____

Name and Title of Executive or Official Certifying Application:

Name _____

Title _____

PART II - CERTIFICATION

In accordance with the City of Clarksburg' Industrial Sewer Use Ordinance, the undersigned hereby requests an Industrial Waste Discharge Permit to discharge industrial wastes or other non-domestic wastewater to the City's sewerage system. In consideration of the granting of such a permit the undersigned hereby agrees:

1. To pay the initial minimum permit application fee of \$100.00 to the Clarksburg Sanitary Board and to reimburse the Sanitary Board for any reasonable engineering, legal and administrative costs in excess of \$100.00 associated with the evaluation of this permit application and the preparation of any permit issued for the proposed discharge.

PART II - CERTIFICATION (Continued)

2. To conduct any wastewater sampling and screening analyses of the proposed industrial and/or non-domestic waste discharge that may be required by the Sanitary Board to evaluate this permit application at no cost to the Sanitary Board.
3. To furnish any additional information relative to the proposed industrial or non-domestic waste discharge for which a permit is sought that may be requested by the Sanitary Board.
4. To accept and abide by the provisions of the Industrial Sewer Use Ordinance adopted by the City and any other pertinent regulations and/or local municipal ordinances that may be adopted in the future.
5. To pay any surcharges for high strength waste discharges, if applicable, pursuant to the City's Industrial Sewer Use Ordinance and any other fees deemed necessary by the Sanitary Board to carry out the requirements of its pretreatment program.
6. To provide, construct, operate and maintain any pretreatment facilities which may be required by the Sanitary Board as a condition of accepting the proposed industrial or non-domestic waste discharge in an efficient manner at all times and at no expense to the Sanitary Board.
7. To cooperate at all times with the Sanitary Board and its representatives in the inspection, sampling and/or evaluation of the industrial or non-domestic waste discharge proposed by this application and any facilities provided for the pretreatment of the proposed discharge.
8. To notify the Sanitary Board immediately in the event of any accident or other circumstance that may result in the discharge into the sewer system of any wastes or pollutants prohibited by the City's Industrial Sewer Use Ordinance, or any changes or other modifications that may result in the discharge of any wastewater or pollutants significantly different than the waste characteristics described in this permit application.

Based upon my personal inquiry of those individuals directly responsible for obtaining the information reported herein, the undersigned hereby certifies that the information provided in this permit application is familiar to me and that to the best of my knowledge and belief the information is a true, complete and accurate description of our facility and proposed industrial and/or non-domestic wastewater discharge(s).

Signature of Executive or Company Official

Date: _____

PART III - PRODUCTION OR OPERATING CHARACTERISTICS

Briefly describe the manufacturing, production or service activities conducted at your facility:

Total number of employees at facility _____

Normal number of operating days per week _____

Normal number of operating hours per day _____

Normal number of employees per shift:

Shift No. 1 ____ Shift No. 2 ____ Shift No. 3 ____

Normal shift starting times:

Shift No. 1 __ a.m. Shift No. 2 __ a.m. Shift No. 3 __ a.m.
__ p.m. __ p.m. __ p.m.

Indicate shifts normally worked each day: (Place "X" where applicable):

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Shift No. 1	__	__	__	__	__	__	__
Shift No. 2	__	__	__	__	__	__	__
Shift No. 3	__	__	__	__	__	__	__

Are facilities currently operating at full production? Yes __ No __

If no, please indicate approximate percentage of full production
that current production represents: ____ %

Is there a regularly scheduled shutdown period for maintenance or vacations?
__ No __ Yes If yes, when? _____

Is the level of production or service activity subject to seasonal variation?
__ No __ Yes If yes, please indicate your normal period of:

Full Production _____ to _____

Limited Production _____ to _____

No Production _____ to _____

PART III - PRODUCTION OR OPERATING CHARACTERISTICS (Continued)

List principal raw materials used	AND	Amount Used Per Year
1. _____		_____ (tons or pounds)
2. _____		_____ (tons or pounds)
3. _____		_____ (tons or pounds)
4. _____		_____ (tons or pounds)

List Major Products Manufactured	AND	Amount Produced Per Year
1. _____		_____
2. _____		_____
3. _____		_____
4. _____		_____

Is production process: Batch? Continuous? Both?

If both, please indicate: % Batch and % Continuous

Are there any plans to modify production processes or expand the existing facilities during the next three years?

No Yes If yes, Please describe: _____

PART IV - WATER SUPPLY INFORMATION

Identify all sources of water supply used and estimated usage:

Average Usage

Public Water: No Yes _____ Gallons/Month OR Cubic Feet/Month

Private Wells: No Yes _____ Gallons/Month OR Cubic Feet/Month

River Water: No Yes _____ Gallons/Month OR Cubic Feet/Month

Other (Describe): _____

Are water recirculation and/or recycling practices utilized at your facility? No Yes

Are water conservation practices utilized? No Yes

PART IV - WATER SUPPLY INFORMATION (Continued)

Identify ALL water uses at your facility, the estimated average daily water consumption for each use (if known) and the estimated percentage of the total water consumption that each use represents:

<u>TYPE OF USE</u>	<u>AVERAGE USAGE</u>	<u>PERCENTAGE OF TOTAL USE</u>
Domestic (restrooms, drinking water, etc.)	_____ gal/day	_____ %
Contact Cooling Water	_____ gal/day	_____ %
Jacketed Cooling Water	_____ gal/day	_____ %
Air Conditioning	_____ gal/day	_____ %
Boiler Feed Water	_____ gal/day	_____ %
Contained in Product	_____ gal/day	_____ %
Process Water	_____ gal/day	_____ %
Other (Describe):	_____ gal/day	_____ %
Total	_____ gal/day	100 %

PART V - WASTEWATER DISCHARGE INFORMATION

Indicate ALL types of wastewater generated at your facility AND whether or not this type of wastewater is discharged to the public sewer system:

<u>TYPE OF WASTEWATER</u>	<u>WASTEWATER GENERATED?</u>	<u>DISCHARGED TO PUBLIC SEWER SYSTEM?</u>
Domestic Sewage (restrooms, showers, kitchens, etc.)	Yes __ No __	Yes __ No __
Noncontact/Jacketed Cooling Water	Yes __ No __	Yes __ No __
Boiler/Cooling Tower Blowdown	Yes __ No __	Yes __ No __
Contact Cooling Water	Yes __ No __	Yes __ No __
Process Wastewater	Yes __ No __	Yes __ No __
Equipment/Facility Washwater	Yes __ No __	Yes __ No __
Air Pollution Control Water	Yes __ No __	Yes __ No __
Storm Water Drainage/Runoff	Yes __ No __	Yes __ No __

Indicate the estimated average daily quantity of each type of wastewater discharged to the public sewer system (if known) AND the estimated percentage of the total discharge quantity that each type represents:

<u>TYPE OF WASTEWATER</u>	<u>AVERAGE DAILY QUANTITY</u>	<u>PERCENTAGE OF TOTAL QUANTITY</u>
Domestic Sewage (Restrooms, showers, kitchens, etc.)	_____ gal/day	_____ %
Noncontact/Jacketed Cooling Water	_____ gal/day	_____ %
Boiler/Cooling Tower Blowdown	_____ gal/day	_____ %
Contact Cooling Water	_____ gal/day	_____ %
Process Wastewater	_____ gal/day	_____ %
Equipment/Facility Washwater	_____ gal/day	_____ %
Air Pollution Control Wastewater	_____ gal/day	_____ %
Storm Water Drainage/Runoff	_____ gal/day	_____ %
Total	_____	100 %

If your facility does not discharge ALL of its wastewater or liquid wastes to the public sewer system, indicate the other method or methods of wastewater disposal that are currently used by your facility by placing a "X" after each applicable method:

1. Discharged to septic tank system? ____
2. Discharged to stream or other surface water? ____
NPDES Permit No. _____
3. Discharged to storm sewer? ____
4. Discharged to ground surface? ____
5. Hauled away and disposed by waste hauler(s)? ____
Provide name and address of waste hauler(s) used:

6. List all other environmental permits:

PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

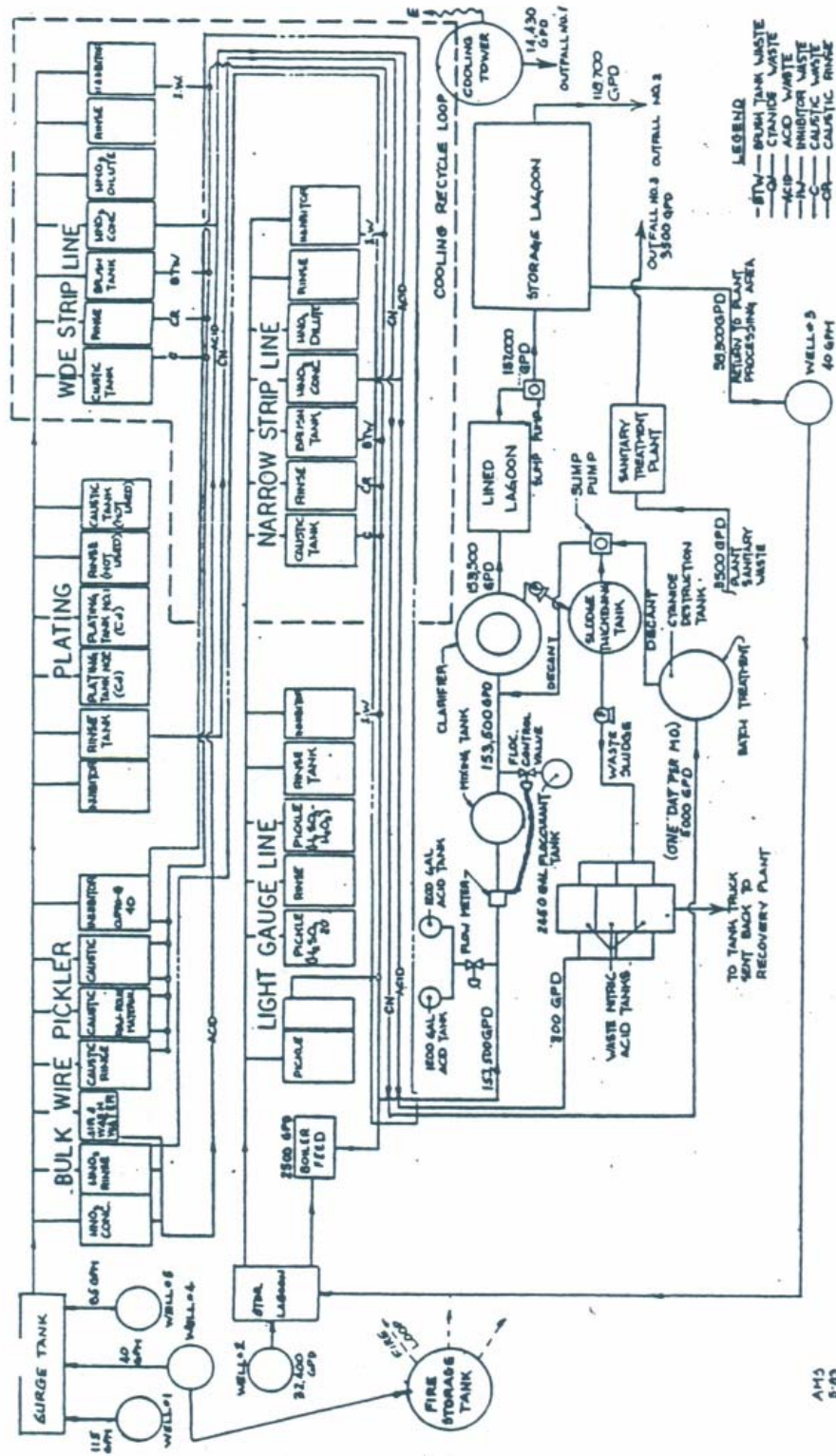
Schematic Line Diagram and Water Balance:

1. Using the space provided on Page 9 (or attach separate sheets), prepare a schematic line diagram which illustrates the flow of water and wastewater through your facility. The line drawing should show generally the route taken by water in your facility from the source of water supply to the point of discharge. Show all sources of water supply (i.e., wells, intakes or public supply) and operations contributing wastewater, including process and production areas, sanitary flows, cooling water and stormwater runoff (if applicable).

The water balance should be based on the average monthly flows for the maximum monthly production period. Indicate all significant losses of water to products, atmosphere, discharges to surface waters and discharges to the public sewer system or other treatment facilities. Actual water consumption and/or wastewater flows should be used whenever available. Where such data are not available, your best estimate should be used.

An example of an acceptable schematic line diagram and water balance is presented in Figure I below.

FIGURE I - EXAMPLE OF SCHEMATIC LINE DIAGRAM AND WATER BALANCE



PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

2. Schematic Line Diagram and Water Balance: (Refer to Instructions on Page 7, use separate sheet(s) if desired).

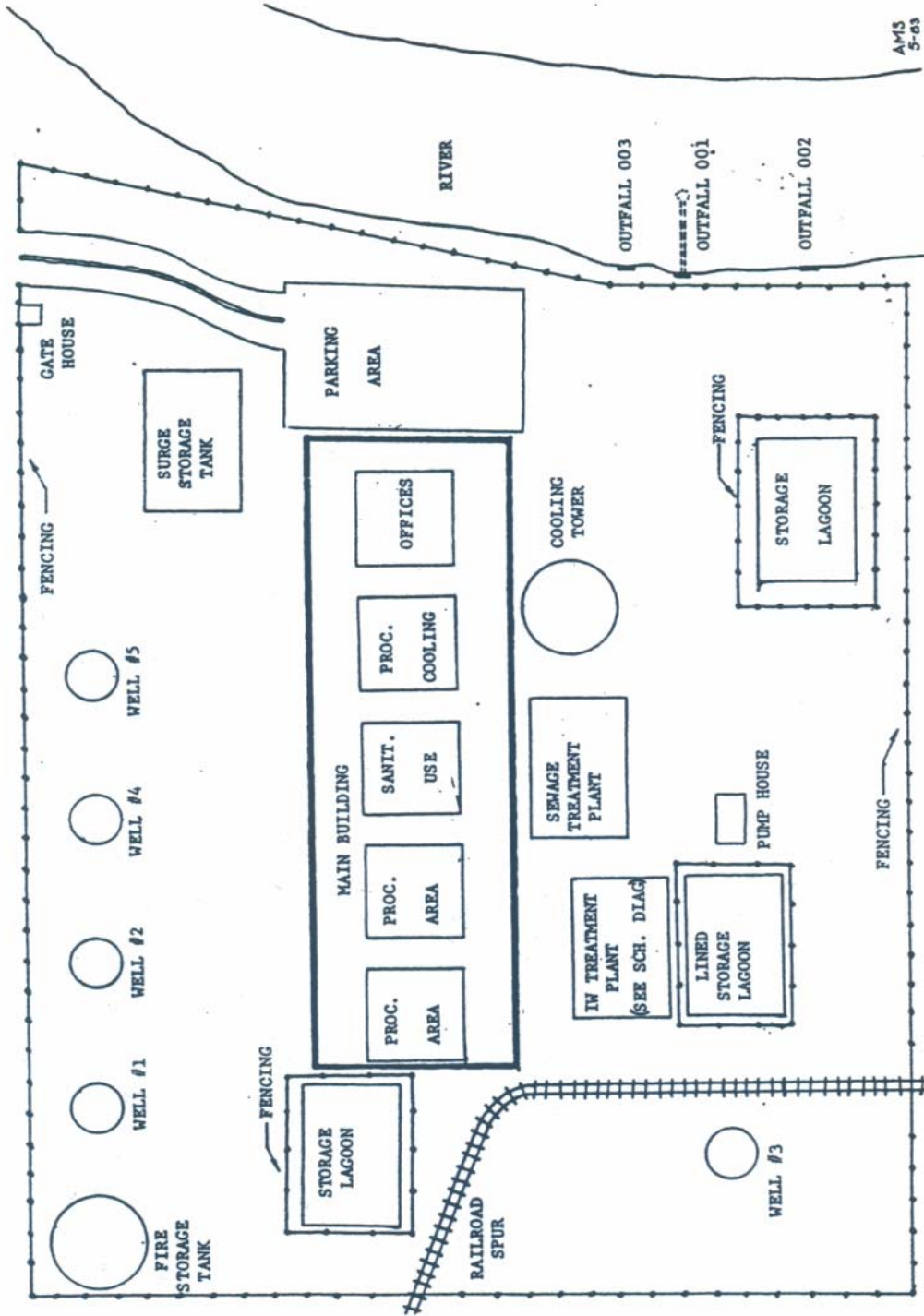
PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

Site Plan Showing Discharge Locations:

1. Using the space provided on Page 12 (or attach separate drawings), prepare a sketch or site plan of your facility which delineates the property boundaries, adjacent streets, buildings and access roads. At a minimum, the site plan shall clearly indicate the following:
 - A. Description of activities or functions carried out in various areas of the facility, such as production or manufacturing buildings, offices, garages/vehicle maintenance areas, loading and unloading areas, warehouses, chemical storage areas.
 - B. Location of ALL sewers and manholes on the facility grounds and EACH connection to the public sewer system.
 - C. Location of storm sewers, catch basins, water supply lines, flow meter installations, wastewater pretreatment facilities.

An example of an acceptable site plan is shown in Figure 2 below.

FIGURE 2 - EXAMPLE SITE PLAN SHOWING DISCHARGE LOCATIONS



PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

2. Site Plan Showing Discharge Locations: (Refer to Instructions on Page 10, attach separate drawing(s), if desired).

PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

Review the following list and place a check or "X" before each waste description that may generally characterize the substances contained in your wastewater discharge(s) to the public sewer system:

- | | |
|---|--|
| <input type="checkbox"/> Acids/Acidic Wastes | <input type="checkbox"/> Phenol/Phenolic Wastes |
| <input type="checkbox"/> Caustic/Alkali Wastes | <input type="checkbox"/> Alcohols |
| <input type="checkbox"/> Metal Pickling Wastes | <input type="checkbox"/> Ethers |
| <input type="checkbox"/> Other Metal Cleaning or Preparation Wastes | <input type="checkbox"/> Aldehydes/Ketones |
| <input type="checkbox"/> Plating Wastes | <input type="checkbox"/> Soaps, Surfactants, and Other Detergents |
| <input type="checkbox"/> Electrocoating Wastes | <input type="checkbox"/> Organic Acids |
| <input type="checkbox"/> Paints/Inks | <input type="checkbox"/> Petroleum Oil Derivatives |
| <input type="checkbox"/> Pigments/Dyes | <input type="checkbox"/> Radioactive Wastes |
| <input type="checkbox"/> Chlorinated Organic Wastes | <input type="checkbox"/> Brominated Organic Wastes |
| <input type="checkbox"/> Organic Solvents/Thinners | <input type="checkbox"/> Benzene/Benzene Derivatives |
| <input type="checkbox"/> Latex wastes | <input type="checkbox"/> Resins/Monomers |
| <input type="checkbox"/> Flammable Substances | <input type="checkbox"/> Waxes |
| <input type="checkbox"/> Hot Wastes (>104°F.) | <input type="checkbox"/> Oils, Fats & Grease |
| <input type="checkbox"/> Spent Lime Slurries | <input type="checkbox"/> Inorganic Solids (sand, grit, gravel, etc.) |
| <input type="checkbox"/> SANITARY SEWAGE ONLY | |
| <input type="checkbox"/> Other (Describe): _____ | |

Is it possible for an accidental discharge or spill of any of the following substances to enter the public sewer system from a storage or processing area (e.g., via floor drains):

1. Flammable, explosive, corrosive, low pH, high temperature, etc. solutions and/or materials? Yes No
2. Material(s) that may cause an obstruction of flow in the sewers? Yes No
3. Conventional pollutants (e.g., BOD, solids, oil and grease, etc.) in an unusual quantity or strength? Yes No
4. Toxic or hazardous substances (e.g., any priority pollutants listed in Part VI)? Yes No

If "Yes" for any of these, please attach a list of such materials.

PART V - WASTEWATER DISCHARGE INFORMATION (Continued)

Does your facility have a Preparedness, Prevention and Contingency (PPC) Plan or related plan, such as a Pollution Incident Prevention (PIP) Plan or a Spill Prevention Control and Countermeasure (SPCC) Plan approved by the U. S. EPA?

Yes ___ No ___

If "Yes", please attach and submit a copy of the plan.

PART VI - PRIORITY POLLUTANT/HAZARDOUS MATERIAL INFORMATION

1. Please attach and submit a copy of the required pollutant analysis of your wastewater discharge (See Permit Application Instructions, Table 1). The analysis shall indicate the date the sample was collected, the date of the analysis, the name of the laboratory that performed the analysis, and the location(s) from which the samples were collected (attach a sketch or plan, as necessary).
2. Does your facility use and/or generate any hazardous waste materials as defined by the Resource Conservation and Recovery Act (RCRA)? Yes ___ No ___

If "Yes", please attach a copy of your most recent "Notification of Hazardous Waste Activity" form (EPA Form 8700-12) OR list the EPA's Hazardous Waste Classification Number and description for EACH material below:

HAZARDOUS
WASTE NO.

DESCRIPTION OF SUBSTANCE

_____	_____
_____	_____
_____	_____
_____	_____

3. In order to comply with the West Virginia "Community and Worker Right-To-Know Act", a Hazardous Substance Inventory (HSI) should have been prepared and completed for your facility. Please attach a copy (or copies, if applicable) of the most recent Hazardous Substance Inventory for your facility.
4. Review the list of priority pollutants (See Table 1 of the Permit Application Instructions) and indicate any applicable reason or reasons to expect or suspect that a particular priority pollutant may be present or could possibly be present in wastewater discharge(s) generated at your facility.

PART VII - INFORMATION ON OTHER POTENTIALLY TOXIC POLLUTANTS

The priority pollutants listed in this application do NOT include all toxic or hazardous substances that may possibly be present in industrial waste discharges. Applicants must identify and notify the Sanitary Board of any and all toxic pollutants that are known or expected to be present in any of the wastewater discharges to the public sewer system from your facility.

Such pollutants may include but are not necessarily limited to:

- A. Water Conditioning Chemical Additives - including chemicals to control scale, corrosion and biological growths in potable water, plant service water, hot water heating or boiler systems and cooling system. NOTE: If reporting any such chemicals, identify the trade name(s) of additives, list main chemical ingredients and submit Material Safety Data Sheets (MSDS) for each additive.
- B. Hazardous substances that are subject to spill reporting requirements under Section 311 of the Clean Water Act.
- C. Toxic or hazardous substances that must be identified under the EPA's NPDES program regulations 40 CFR 122.21(g)(7).
- D. Other organic pollutants detected while performing the required GC/MS analysis on the proposed wastewater discharge for this application.

Based upon your knowledge of the use or manufacturing of various chemicals or other materials at your facility, identify any other toxic or hazardous materials which are known or likely to be present in any wastewater discharges from your facility:

<u>Chemical Substance or Compound</u>	<u>Reason for Presence in Discharge</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Based on the information presented by the applicant, the Sanitary Board will determine whether or not a discharge will be accepted and whether or not pretreatment limitations or other control requirements are necessary.