

TOWN OF PLATTSBURGH
WASTEWATER DISCHARGE PERMIT
APPLICATION FORM

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. 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. _____

2. Facility Address:
Street: _____
City: _____ State: _____ 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 #: _____

5. Designated facility contact:
Name: _____
Title: _____
Phone #: _____

6. Application is for a _____ new or _____ renewal permit [check one]

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
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

SECTION C - WATER SUPPLY

- 1. Water Sources: (Check as many as are applicable)
 - Private Well
 - Surface Water
 - Municipal Water Utility (Specify City): _____
 - Other (Specify): _____

- 2. Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

- 3. Water service account number: _____

- 4. List average water usage on premises:
 [New facilities may estimate]

<u>Type</u>	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
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 an existing business:

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

[] Yes: Sanitary sewer account number _____
[] No: Have you applied for a sanitary sewer hookup? [] Yes [] No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)? [] 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

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 restrooms 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 _____
 (days of week) (hours of day)
 - d. Flow rate _____ gallons/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 the start of the activity to its completion, showing all unit processes. Indicate 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 community sewer. Use these numbers when showing this unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.
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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, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO 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 process 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, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

<u>No.</u>	<u>Dilution</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. 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 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 effects 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 sheets 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; if they do not, indicate what method was used.

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 Level Used	Maximum	Average		Number of Analyses	Units	
		Daily Value	of Analyses			Conc.	Mass
		Conc.	Conc.	Mass			
Acenaphthene							
Acrolein							
Acrylonitrile							
Benzene							
Benzidine							
Carbon tetrachloride							
Chlorobenzene							
1,2,4-Trichlorobenzene							
Hexachlorobenzene							
1,2-Dichloroethane							
1,1,1-Trichloroethane							
Hexachloroethane							
1,1-Dichloroethane							
1,1,2-Trichloroethane							
1,1,2,2-Tetrachloroethane							
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							

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses		Units	
		Conc.	Mass	Conc.	Mass	Conc.	Mass		
2,4-Dimethylphenol									
2,4-Dinitrotoluene									
2,6-Dinitrotoluene									
1,2-Diphenylhydrazine									
Ethylbenzene									
Fluoranthene									
4-Chlorophenyl phenyl ether									
4-Bromophenyl phenyl ether									
Bis(2-chlorisopropyl) ether									
Bis(2-chloroethoxy) methane									
Methylene chloride									
Methyl chloride									
Methyl bromide									
Bromoform									
Dichlorobromomethane									
Chlorodibromomethane									
Hexachlorobutadiene									
Hexachlorocyclopentadiene									
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									

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
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								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
		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								
Flouride								
Hardness								
Magnesium								
NH ₃ -N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Sodium	_____	_____	_____	_____	_____	_____	_____	_____
Specific Conductivity	_____	_____	_____	_____	_____	_____	_____	_____
Sulfate (SO ₄)	_____	_____	_____	_____	_____	_____	_____	_____
Sulfide (S)	_____	_____	_____	_____	_____	_____	_____	_____
Sulfite (SO ₃)	_____	_____	_____	_____	_____	_____	_____	_____
Antimony	_____	_____	_____	_____	_____	_____	_____	_____
Arsenic	_____	_____	_____	_____	_____	_____	_____	_____
Barium	_____	_____	_____	_____	_____	_____	_____	_____
Beryllium	_____	_____	_____	_____	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____	_____	_____	_____	_____
Chromium	_____	_____	_____	_____	_____	_____	_____	_____
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 facility?
 - Yes
 - No

2. Is any form of wastewater treatment (or changes 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: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

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 OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per work day:	_____	_____	_____	_____	_____	_____	_____
Empl's 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 - 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: _____

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- 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: _____

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

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

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

- an onsite 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 Control Authority's collection systems?

- Yes - [Please enclose a copy with the application]
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharge(s) 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 waste liquids or sludges generated and not disposed of in the sanitary sewer system?

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

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed 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 wastes, state the name(s) and address(es) of all waste haulers:

- a. _____ b. _____
- _____
- _____

Permit No.
(if applicable): _____

Permit No.
(if applicable): _____

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

- Yes
- No

If yes, please list the permit(s): _____

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(s) Title

Signature Date Phone