

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

Operator Name:

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.

Facility Address:

Street:  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address:

Street or P.Q. 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 # :

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

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 facility 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) (levels with others (and no u.l))	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>

SECTION C - WATER SUPPLY

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]

Average Water                      Indicate  
Estimated (E) or

<u>Type</u>	Usage (CPD)	Measured (M)
a. Contact cooling water		
Non-contact cooling water		
Boiler feed		
Process		
Sanitary		
Air pollution control		
Contained in product		
Plant and equipment washdown		
Irrigation and lawn watering		
Other		

k. TOTAL OF

A-J

Page 5 of 24 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>
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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]

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

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_F\_\_\_\_\_SAT\_\_\_\_\_SUN

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

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_F\_\_\_\_\_SAT\_\_\_\_\_SUN

Peak hourly flow rate (CPD)

Maximum daily flow rate (GPD)

e. Annual daily average (GPD)

3. If batch discharge occurs or will occur, indicate:

[New facilities may estimate)

Number of batch discharges per day

Average discharge per batch (GPD)

Time of batch discharges at  
(days of week) (hours of day)

Flow rate gallons/minute

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 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 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.

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>
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ANSWER QUESTIONS 6 & 7 ONLY IF "LOU 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>
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<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>
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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.)

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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.)

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#### 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 (0), by placing the appropriate letter in the column for  
average reported values. Indicate on either the top of each table, axon 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 waste streams by placing a P  
(expected to be present), S (maybe present), or 0 (will not be present) under









Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc .	Mas s	Conc .	Mas s		Conc .	Mas s
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 <sub>5</sub>								
COD								
Chloride								
Chlorine								
Flouride								
Hardness								
Magnesium								
NH <sub>3</sub> -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 .	Mas s	Conc .	Mas s		Conc .	Mas s



- 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

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"/>	<input type="checkbox"/>
		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	
Shifts per work day:									
Employees 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:

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

Yes, indicate reasons and period when shutdown occurs:

No

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 Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
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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. Page 21 of 24 SECTION I - SPILL PREVENTION

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.

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

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

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.

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

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</u> (per <u>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. Permit No.  
 (if applicable): \_\_\_\_\_ (if applicable): \_\_\_\_\_

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

[ ] Yes

[ ] No

If yes, please list the permit (s):

SECTION K - AUTHORIZED SIGNATURES

Compliance certification:

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 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. Note that if the Control Authority 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 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