

IUN:

Permits - WDPA

WASTEWATER
DISCHARGE PERMIT
APPLICATION Part I

FOR MSD USE ONLY

Date:

Reviewer:

Metropolitan Sewer District of Greater Cincinnati
Division of Industrial Waste
1600 Gest Street
Cincinnati, OH 45204

This questionnaire must be completed in its entirety and mailed to the above address. If you have any questions please contact Michael Cappel, Industrial Investigator at (513)557-7013 or Mike.Cappel@cincinnati-oh.gov.¹ Additional copies are available at www.MSDGC.org

SECTION A--GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Premise Address: (If different from mailing address.) _____

City: _____ State: _____ Zip Code: _____

4. Name of Responsible Official: _____ Title: _____

Telephone Number: (_____) _____ - _____ Extension: _____

Fax Number: _____ Email Address: _____

5. Person MSD should contact: _____ Title: _____

Telephone Number: (_____) _____ - _____ Extension: _____

Fax Number: _____ Email Address: _____

6. Check one: Existing Discharge If proposed discharge, anticipated date of discharge commencement:

Proposed Discharge _____

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 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 fines and imprisonment for knowing violations."

Signature of Responsible Official

Title

Date

¹All information provided to MSD is public and is subject to all Federal, State and local laws

SECTION B.--PRODUCT OR SERVICE INFORMATION

1. Check major activity present at your facility:

- | | | |
|---|--|---|
| a. <input type="checkbox"/> Electroplating/Galvanizing | f. <input type="checkbox"/> Office(s) | k. <input type="checkbox"/> Warehousing |
| b. <input type="checkbox"/> Food or Beverage Processing | g. <input type="checkbox"/> Printing/Photographic | l. <input type="checkbox"/> Laundry/Cleaning |
| c. <input type="checkbox"/> Machine Shop/Foundry | h. <input type="checkbox"/> Research/Laboratory | m. <input type="checkbox"/> Auto Repair/Service |
| d. <input type="checkbox"/> Manufacturing | i. <input type="checkbox"/> Retail/Wholesale Trade | n. <input type="checkbox"/> Stripping/Refinishing |
| e. <input type="checkbox"/> Medical/Dental Care | j. <input type="checkbox"/> Service (Specify) | x. <input type="checkbox"/> Other (Specify): |

2. Briefly describe all operations at this facility including primary products or services:

3. What is the applicable Standard Industrial Classification (SIC) Codes(s) for this facility?

(If more than one applies, list in descending order of importance, numbers available from Standard Industrial Classification Manual):

- | | | |
|----------|----------|----------|
| a. _____ | b. _____ | c. _____ |
| d. _____ | e. _____ | f. _____ |

4. Does your facility engage in periodic cleaning operations resulting in cleaning agents or process fluids or residues being discharged to the sewer? Yes No

If Yes, list discharge frequency, nature and volume:

<i>Item being Cleaned</i>	<i>Frequency</i>	<i>Cleaning Agents</i>	<i>Discharge Volume</i>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

5. Attach your Company's SARA 312 list, or if this document is not available, list each chemical or material kept on the premises in quantities of 50 gallons, 500 pounds, or greater. Please identify below.

<i>Liquid/Material</i>	<i>Quantity Used per Year (specify units)</i>	<i>Liquid/Material</i>	<i>Quantity Used per Year (specify units)</i>
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

6. Briefly describe the chemical storage area(s) and any containment or spill protection devices in this area.

SECTION C.--FACILITY OPERATIONAL CHARACTERISTICS

- 1.Shift information:** a. Number of shifts per work day: 1 2 3
 b. Work days per week: 1 2 3 4 5 6 7
 c. Average number of employees per shift: 1st _____ 2nd _____ 3rd _____
 d. Shift start times: 1st _____ 2nd _____ 3rd _____

2.Is facility subject to seasonal variation: Yes No (If yes answer parts a., b., c.)

- a. When is your peak season? _____
 b. Seasonal maximum waste flow _____ gallons per day during months of _____.
 c. Seasonal minimum waste flow _____ gallons per day during months of _____.

3.Does facility shut down for vacation, maintenance, or other reasons? Yes No

a. If "yes" indicate period when the shutdown occurs: _____.

4.What types of processing do you use? Batch Continuous Both _____ % Batch _____ % Continuous

a. Average number of batches per work day: _____.

5.Are there process changes or expansions planned during the next three (3) years that would alter wastewater volumes or characteristics? (Consider production processes, as well as air or water pollution processes.) Yes No

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

7.Are any materials or water reclamation systems in use? Yes No or planned? Yes No (If "no", skip item C-8.)

8.Briefly describe recovery process, substance recovered and the concentration in the spent solution. Submit flow diagram for each process: (Attach additional sheets if needed.)

9.When was your facility's Spill and Slug Control Plan last updated? _____

a. Is it on file with MSD? Yes No

SECTION D-- WASTEWATER INFORMATION

1.Does the facility discharge all of its wastewater/liquid wastes to the local sanitary sewer? Yes No

If "No" describe your disposal method(s):

2.Is there a manhole or access for taking a wastewater sample? Yes No.

3.For existing facilities include a copy of all pages of your most recent water bill.

4.How many additional sheets have you enclosed with this application? _____