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Permits - WDPA

WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION

FOR MSD USE ONLY	
Reviewer: _____	Date: _____

*Michael Cappel Industrial Investigator
Metropolitan Sewer District of Greater Cincinnati
Division of Industrial Waste
1600 Gest Street
Cincinnati, OH 45204*

This is a Wastewater Discharge Permit Renewal Application. It is being sent to you because your company's current wastewater discharge permit will expire within the next 180 days. 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

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: _____

MSD contact person: _____ Title: _____

Telephone Number: _____ Extension: _____

Fax Number: _____ Email address: _____

"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." (Must be signed by responsible official listed above.)

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—PLANT 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 all processes?

(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. What chemicals or materials do you keep on the premises in quantities of 50 gallons, or 500 pounds or greater, e.g. 50 gallons of soap, 1500 lbs of TriSodium Phosphate (TSP)? Please identify below. Use additional sheets if necessary.

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

SECTION C.--PLANT 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 operation 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 _____.
- Seasonal minimum waste flow _____ gallons per day during months of _____.

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

- a. Is it on file with MSD? Yes No If no, enclose the most recent copy.

SECTION D--WATER USAGE

1. Water Sources: (Check as many as are applicable) **a.** Cincinnati Water Works; **b.** Private Well;
c. Surface Water; **d.** Municipal Water Utility (Specify City): _____ **e.** South Western Ohio Water
f. Other (Specify): _____

Attach a copy of your most recent water bill.

2. A plant or operation may use water differently depending on where the water is going. Diverting water to special purpose water meters can separate different uses. Please identify the type of water usage and meter number within your operation on the form below.

Type	Average Water Usage (gallons per day of operation)	Water Meter Number
a. Cooling Water	_____	_____
b. Boiler Feed	_____	_____
c. Process	_____	_____
d. Sanitary	_____	_____
e. Plant and Equipment Washdown	_____	_____
f. Irrigation and Lawn Watering	_____	_____
g. Other (Specify):	_____	_____
h. Total of a. through g.	_____	_____

3. Estimate your daily wastewater Discharges:

Discharge to	Estimated Average discharge (gallons per day)	Discharge to	Estimated Average Discharge (gallons per day)
a. Municipal Sewer	_____	e. Evaporation	_____
b. Storm Drain,	_____	f. Contained in Product	_____
c. Waste Hauler	_____	g. Other (Specify):	_____
d. Septic Tank	_____	h. Total of a. through g.	_____

4. List average water usage and average wastewater discharge for SIC processes (Attach additional sheets if needed.)

SIC Number	Brief Process Description	Average Water Usage (gallons per day)	Estimated Average Discharge (gallons per day)
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

5. Are any water recycling, material reclaiming or pollution prevention processes utilized? Yes No

If "Yes", please describe: _____

SECTION E--SEWER INFORMATION

1. Attach an 8.5 x 11 inch schematic or plot plan of your plant showing the locations of all sewers. Assign a sequential reference number to each sewer starting with No. 1. Also show location of possible sampling points for these sewers and sampling points for regulated processes. For reference and field orientation, buildings, streets, alleys, and other physical structures should be included.

2. By reference number, list size, descriptive location and flow of each sewer shown in the schematic drawing. (Attach additional sheets if necessary.)

<u>Sample Location Number</u>	<u>Sewer Size (inches)</u>	<u>Sewer Type</u> (sanitary, storm, or combined)	<u>Description of Sample Location</u>	<u>Average Flow (gallons per day)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

SECTION F--WASTEWATER INFORMATION

1. Using the reference numbers from your schematic drawing(s) and the information you provided in Sections F-5, 6, & 7, please complete the table below. The amount of discharge is to be in gallons per day and should be for each sewer receiving the discharge. If necessary place an asterisk (*) on any outfall discharging to a storm drain or surface course. If known also identify the NPDES Permit Number.

<u>TYPE</u>	<u>DISCHARGE QUANTITY BY SAMPLE LOCATION NUMBER</u>					
	1	2	3	4	5	6
1 Federal categorical process flows.	_____	_____	_____	_____	_____	_____
2. Other Process flows (includes washdown, deionizer backwash, and air pollution flows.)	_____	_____	_____	_____	_____	_____
3. Dilute Flows (includes sanitary, boiler, cooling, and uncontaminated flows)	_____	_____	_____	_____	_____	_____
4. Groundwater not covered above	_____	_____	_____	_____	_____	_____
5. Stormwater not covered above	_____	_____	_____	_____	_____	_____
6. Other (specify) _____	_____	_____	_____	_____	_____	_____
Total						
NPDES Permit Number	_____	_____	_____	_____	_____	_____

SECTION G--PRETREATMENT

1. Is any additional pretreatment planned for this facility within the next three (3) years? Yes No

2. Please furnish an 8.5 x 11 inch process flow diagram for each existing or planned pretreatment system. Include process equipment, by-products, by-product disposal method, concentrations, waste and by-product volumes, design and operating condition.

SECTION H--CHARACTERISTICS OF DISCHARGES

1. Does your company keep a continuous record of wastewater pH? Yes No

2. Does your facility collect stormwater? Yes No

3. Does your facility treat stormwater? Yes No

If "Yes" to 2 or 3, briefly describe and list the ultimate destination of the stormwater

4. Where does your facility discharge its stormwater?

SECTION I--NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and *not* disposed of in the sewer system? Yes No

If "No", skip the remainder of Section I.

If "Yes", complete the remaining portion of Section I.

Substance	Quantity per Year to Sewer (Indicate Units)	Quantity per Year to Trash (Indicate Units)	Quantity per Year to site disposal (Indicate Units)	Quantity per Year to Hauler (Indicate Units)	Hauler Permit Number
a. <input type="checkbox"/> Waste Solvent	_____	_____	_____	_____	_____
b. <input type="checkbox"/> Waste Product	_____	_____	_____	_____	_____
c. <input type="checkbox"/> Oil	_____	_____	_____	_____	_____
d. <input type="checkbox"/> Grease	_____	_____	_____	_____	_____
e. <input type="checkbox"/> Pretreatment Sludge	_____	_____	_____	_____	_____
f. <input type="checkbox"/> Inks/Dyes	_____	_____	_____	_____	_____
g. <input type="checkbox"/> Thinners	_____	_____	_____	_____	_____
h. <input type="checkbox"/> Heavy Metals	_____	_____	_____	_____	_____
i. <input type="checkbox"/> Organic Compounds	_____	_____	_____	_____	_____
j. <input type="checkbox"/> Paints	_____	_____	_____	_____	_____
k. <input type="checkbox"/> Acids and Alkalis	_____	_____	_____	_____	_____
l. <input type="checkbox"/> Plating Wastes	_____	_____	_____	_____	_____
m. <input type="checkbox"/> Pesticides	_____	_____	_____	_____	_____

Company Name: _____

n. Other (Specify) _____

2.If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a.Hauler Name: _____

Address: _____

_____ **Zip Code:** _____

Permit Number: _____

a.Hauler Name: _____

Address: _____

_____ **Zip Code:** _____

Permit Number: _____

3.Do any of your substances require *Resource Conservation and Recovery Act* Permits? Yes No

If "Yes", please specify:

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