City of Pueblo
Wastewater Department

Industrial User Permit Application Form

Pursuant to Chapter 9, Title XVI of the Pueblo Municipal Code, all industrial users as determined by EPA or the Wastewater Director, which discharge into the City's wastewater collection and treatment system, shall, prior to commencing any discharge, apply for and obtain an Industrial User Permit.

By submission of this application, the applicant represents that he/she has read Title XVI of the Pueblo Municipal Code and agrees to comply with all applicable requirements thereof.

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
2. Facility Address: _____
3. Business Mailing Address: _____
   Street
   _____ _____ _____
   City State Zip
4. Designated signatory authority of the facility:
   a. If the User is a Corporation: the President, Secretary, Treasurer, or a Vice-President of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation;
   b. The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
   c. A general partner or proprietor if the Industrial User is a partnership or proprietorship, respectively;
   d. A duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the indirect discharge originates.

e. If the user is a Federal, State, or local government facility: a Director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
Name:_____

Title:_____

Address:_____

City, State, Zip:_____

Phone Number: (____)_____ Fax Number: (____)_____

E-mail Address:_____

5. Designated facility contact:

The individuals described in section 4 (a – e) above may designate a duly authorized representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the City of Pueblo.

Name: _____

Title:_____

Phone Number:_____ Fax Number:_____

E-mail Address: _____

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
_____ Plastic 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 facilities 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)	Past Calendar Year		Estimate of this Calendar Year	
	Amounts Per Day		Amounts Per Day	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

_____ Private Well
_____ Surface Water
_____ Municipal Water Please list account numbers
_____ Other (Specify):

2. List average water usage on premises:
(New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Estimate (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 wash down		
i.Irrigation and lawn watering		
j.Other		

k. TOTAL of a-j		

SECTION D - SEWER INFORMATION

1. a. For a new business:

(i) Will you be occupying an existing vacant building? _____ 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

(iv) Are your process water and sanitary waste separated? _____ 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.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restroom 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.)

Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	
Saturday		to	
Sunday		to	

a) Peak hourly flow rate (GPD) -

b) Maximum daily flow rate (GPD) -

c) 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 per 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 <u>flow of materials, products, water and wastewater</u> from start of the activity to its completion, showing all unit processes. Include 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 <u>must</u> be indicated. Number each unit process having wastewater discharges to the building layout in Section H.

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).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

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].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

7. For Categorical Users Subject To Total Toxic Organics (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 _____ No

(Please attach a copy)

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 affects 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 sheet 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.

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 (may be present), or O (will not be present) under the average reported values.

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

1,1,1-Trichloroethane								
Hexachlorobenzene								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
17 Bis (chloromethyl) 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								
1,3-Dichloropropylene								
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenezene								
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								
Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo (a) anthracene								
Benzo (a) pyrene								
3,4-benzofluoranthene								
Benzo (k) fluoranthane								
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								
Heptachlor epoxide								

Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
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								
Sodium								
Specific Conductivity								
Sulfate (SO^4)								
Sulfide (S)								
Sulfite (SO^3)								
Antimony								
Arsenic								
Barium								
Beryllium								

Cadmium								
Chromium								
Copper								
Cyanide								
Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this location facility?

   _____ Yes

   _____ No

2. Is any form of wastewater treatment (or changed to an 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 floatation
☐	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 CHARACHTERISTICS

1. Shift Information

Work Days [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Mon. Tues. Wed. Thurs. 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: _____

   _____

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

   [ ] Yes, indicate reasons and period when shutdown occurs:

   [ ] No

5. 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

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.

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 to 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.

Waste Generated	Quantity (per year)	Disposal Method

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 wastes, state the name (s) and address (es) of all waste haulers:

Waste Hauler	Address

_____ _____

_____ _____

_____ _____

5. Have you been issued any 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