|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNIFICANT INDUSTRIAL USER APPLICATION**  **FOR**  **PERMIT TO DISCHARGE**  **AND**  **WASTEWATER SURVEY** | | | MSD |  |
| **MSD USE ONLY** | | | Metropolitan Sewerage District  Industrial & Commercial Waste Division  2028 Riverside Drive  Asheville, North Carolina 28804  Telephone (828) 254-9646  Telecopier (828) 232-5546 | |
| **ISSUED:** |  | **20** |
| **RECEIVED:** |  | **20** |
| **REVIEWED:** |  | **20** |
| **RETURNED FOR COMMENT:** |  | **20** |

Pursuant to the Sewer Use Ordinance of the Metropolitan Sewerage District of Buncombe County, North Carolina (MSD), all persons who are users or may become users of the sewerage systems are subject to regulation. Some of the objectives of our Ordinance and this wastewater survey/and application are:

* To prevent the introduction of pollutants into the Sewerage System which will interfere with the operation of the Sewerage System or contaminate the resulting sludge generated;
* To prevent the introduction of pollutants into the Sewerage System which will pass through the system, inadequately treated, into any waters of the State or otherwise be incompatible with the Sewerage System;
* To promote reuse and recycling of industrial wastewater and sludges from the Sewerage System; and
* To provide for the regulation of direct and indirect contributors to the Sewerage System, through the issuance of permits to certain nondomestic Users and through enforcement of general requirements for the other Users; authorizes monitoring and enforcement activities, requires User reporting and provides for the setting of fees for the equitable distribution of costs.

***GENERAL INFORMATION***

|  |  |  |
| --- | --- | --- |
| 1. **BUSINESS NAME:** Enter name here. | | |
| Site Address: Enter site address here. | | Phone: Enter phone here. |
| Site City: Enter city here. | Site State: NC | Site Zip: Enter zip here. |
| Mailing Address: Enter mailing address here. | | |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |

|  |  |  |
| --- | --- | --- |
| 1. **LEADERSHIP:** Enter name here. | Title: Enter title here. | |
| Mailing Address: Enter mailing address here. | | Phone: Enter phone here. |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |
| Email Address: Enter email address here. | | |
| Primary Work Location:  Site  Corporate Office  Other – List address below. | | |
| Other address: Enter other address here. | | |

|  |  |  |
| --- | --- | --- |
| 1. **PERSONNEL ON SITE:** Enter name here. | Title: Enter title here. | |
| *(Authorized to represent this firm in official dealings with MSD.)* | |  |
| Mailing Address: Enter mailing address here. | | Phone: Enter phone here. |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |
| Email Address: Enter email address here. | | |
| Primary Work Location:  Site  Corporate Office  Other – List address below. | | |
| Other address: Enter other address here. | | |

|  |  |  |
| --- | --- | --- |
| 1. **ALTERNATE PERSONNEL ON SITE:** Enter name here. | Title: Enter title here. | |
| *(Authorized to represent this firm in official dealings with MSD when primary contact is not available.)* | |  |
| Mailing Address: Enter mailing address here. | | Phone: Enter phone here. |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |
| Email Address: Enter email address here. | | |
| Primary Work Location:  Site  Corporate Office  Other – List address below. | | |
| Other address: Enter other address here. | | |

|  |  |  |
| --- | --- | --- |
| **ALTERNATE PERSONNEL ON SITE:** Enter name here. | Title: Enter title here. | |
| *(Authorized to represent this firm in official dealings with MSD when primary contact is not available.)* | |  |
| Mailing Address: Enter mailing address here. | | Phone: Enter phone here. |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |
| Email Address: Enter email address here. | | |
| Primary Work Location:  Site  Corporate Office  Other – List address below. | | |
| Other address: Enter other address here. | | |

|  |  |  |
| --- | --- | --- |
| **ALTERNATE PERSONNEL ON SITE:** Enter name here. | Title: Enter title here. | |
| *(Authorized to represent this firm in official dealings with MSD when primary contact is not available.)* | |  |
| Mailing Address: Enter mailing address here. | | Phone: Enter phone here. |
| Mailing City: Enter city here. | Mailing State: ST? | Mailing Zip: Enter zip here. |
| Email Address: Enter email address here. | | |
| Primary Work Location:  Site  Corporate Office  Other – List address below. | | |
| Other address: Enter other address here. | | |

***APPLICATION AND SURVEY***

|  |
| --- |
| 1. **TYPE OF APPLICATION AND WASTEWATER SURVEY** |
| Renewal for existing site  Revision for change in discharge or site modification  New site (Anticipated date of discharge commencement: Choose date. . |

1. **GENERAL INSTRUCTIONS**

a. All terms used herein are as defined in the Sewer Use Ordinance of MSD.

1. **All persons receiving an application form are to answer Questions 1 through 13., and 15 through 22.**
2. **If water is used in such manner as to produce possible industrial or commercial wastes as indicated by positive answers to any of the Questions 12e through 12m, you are required to furnish additional information by answering Questions 13 and 14.**
3. Where industrial or commercial wastes are discharged, a Permit to Discharge Waste will be issued to the User (or rejected) subject to the requirements of the Sewer Use Ordinance of MSD and any special requirements as contained in the Permit to Discharge Waste.
4. The User may, if so desired, assert a business confidentiality claim covering all or part of the information in this Application in accordance with provisions of Section 12 of the Sewer Use Ordinance of MSD. To file such a claim, contact the General-Manager of MSD for further details.
5. Submit the completed Application/Survey and attachments to:

General Manager

Metropolitan Sewerage District of Buncombe County

2018 Riverside Drive

Asheville, North Carolina 28804

1. **GENERAL PERMIT CONDITIONS**
2. A Permit issued in response to this Application/Survey is subject to all applicable provisions of the Sewer Use Ordinance of MSD, NPDES No. NC0024911 for the operation of the Metropolitan Wastewater Treatment Plant by MSD and all applicable State and Federal Regulations.
3. A Permit issued in response to this Application/Survey is required for construction and operation of any industrial or commercial wastewater pretreatment facilities and/or continued operation of existing wastewater pretreatment facilities.
4. This Application/Survey, a Permit issued in response to this Application/Survey and all reports or information submitted pursuant to the requirements of such Permit must be signed and certified by an authorized representative of the User.
5. The provisions of a Permit issued in response to this Application/Survey are severable and, if any provision of such Permit or the Application/Survey of any provision of such Permit to any circumstances is held invalid, the Application/Survey of such provision to other circumstances and the remainder of such Permit shall not be affected thereby.
6. It is the responsibility of each Industrial or Commercial User to ensure that all sludges generated by the User of a Permit issued in response to this Application/Survey, are managed under applicable sludge management requirements specified in all applicable State and Federal regulations.
7. Notice is hereby given that all significant violations of provisions of the Sewer Use Ordinance of MSD by the User of a Permit issued in response to this Application/Survey or any other Users of the MSD Sewerage System and a list of resulting enforcement actions taken by MSD will be published each year in the local newspaper. For the purpose of this Section, a “significant violation” shall be as defined in Subsection 1.03.68 of the Sewer Use Ordinance of MSD.
8. **GENERAL INFORMATION**

If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or business activity. (Check all that apply.)

1. Industrial Categories

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 |  | Aluminum Forming | 26 |  | Medical Care Operations |
| 2 |  | Asphalt Manufacturing | 27 |  | Metal Finishing |
| 3 |  | Battery Manufacturing | 28 |  | Metal Molding and Casting |
| 4 |  | Beverage Bottling | 29 |  | Mineral and Ore Processing |
| 5 |  | Canning Foods | 30 |  | Nonferrous Metal, Form & Powders |
| 6 |  | Carbon Black Manufacturing | 31 |  | Nonferrous Metals Manufacturing |
| 7 |  | Cement Manufacturing | 32 |  | OCPSF, Organic Chemicals, Plastics, & Synthetic Fiber Mfg. |
| 8 |  | Coil Coating | 33 |  | Oil & Gas Extraction |
| 9 |  | Copper Forming | 34 |  | Paint Formulating |
| 10 |  | Dairy Products Processing | 35 |  | Roofing Materials Manufacturing |
| 11 |  | Electronic Components Mfg. | 36 |  | Pesticide Manufacturing |
| 12 |  | Electroplating | 37 |  | Petroleum Refining |
| 13 |  | Explosives Manufacturing | 38 |  | Pharmaceutical Manufacturing |
| 14 |  | Feedlots | 39 |  | Phosphate Manufacturing |
| 15 |  | Ferro Alloy Manufacturing | 40 |  | Photographic Developing |
| 16 |  | Fertilizer Manufacturing | 41 |  | Plastic Injection Molding and Forming |
| 17 |  | Foundries: Metal Mold & Casting | 42 |  | Porcelain Enameling |
| 18 |  | Glass Manufacturing | 43 |  | Printing and Publishing |
| 19 |  | Grain Mills | 44 |  | Rendering |
| 20 |  | Gum & Wood Chemicals Mfg. | 45 |  | Rubber Manufacturing |
| 21 |  | Ink Formulating | 46 |  | Soap & Detergent Manufacturing |
| 22 |  | Inorganic Chemical Manufacturing | 47 |  | Textile Mills |
| 23 |  | Laundry | 48 |  | Timber Products Processing |
| 24 |  | Leather Tanning & Finishing | 49 |  | **Service** |
| 25 |  | Meat Processing | 50 |  | **Other** |

1. Provide a brief narrative description of the manufacturing, production or service activities your firm performs.

|  |  |
| --- | --- |
| **Number** | **Description of Activities** |
| Number? | Enter description. |
| Number? | Enter description. |
| Number? | Enter description. |
| Number? | Enter description. |

1. Provide a detailed narrative description of the manufacturing, production or service activities your firm performs.

|  |
| --- |
| Enter details. |

1. Indicate Standard Industrial Classification Number(s) [SIC Code(s)] or North American Industry Classification System(s) [NAICS Code(s)] for all processes (if more than one applies, list in descending order of importance.

|  |  |  |
| --- | --- | --- |
| **SIC/NAICS Code** | **Description** | **% of Production** |
| CODE? | DESCRIPTION | %? |
| CODE? | DESCRIPTION | %? |
| CODE? | DESCRIPTION | %? |
| CODE? | DESCRIPTION | %? |
| CODE? | DESCRIPTION | %? |

1. In what month and year were the facility’s operation(s) at this location established and under what name?

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Month** | **Year** |
| Enter name. | Enter month. | Enter year. |

1. Has your facility undergone any changes in licensed ownership since the date noted above?  Yes  No

If yes, complete the table below.

|  |  |  |
| --- | --- | --- |
| **Facility Name** | **Month** | **Year** |
| Enter name. | Enter month. | Enter year. |
| Enter name. | Enter month. | Enter year. |
| Enter name. | Enter month. | Enter year. |
| Enter name. | Enter month. | Enter year. |

1. Are there any “dilution” wastestreams that flow through the current/proposed monitoring point?  Yes  No If yes, describe below.

|  |
| --- |
| Enter details here. |

1. **BUSINESS HOURS AND NUMBER OF EMPLOYEES**
2. Days per week that the facility is open for operations: Enter days.
3. Number of Employees:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st Shift** | **2nd Shift** | **3rd Shift** |
| Number of Hours | Enter hours. | Enter hours. | Enter hours. |
| Average # of Employees | Enter number. | Enter number. | Enter number. |
| Start Time | Enter start time. | Enter start time. | Enter start time. |
| Operations Conducted During Shift | Enter details. | Enter details. | Enter details. |

1. List chemicals and other materials (both liquid and solid) which are used or stored in containers equal to or greater than 50 gallons. Please include the Safety Data Sheets for each of the chemicals, except for oils. (Attach additional sheets if needed.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical / Material** | **Size of Container** | **Containers on Hand** |  | **Chemical / Material** | **Size of Container** | **Containers on Hand** |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |
| Detail? | Size? | Number? |  | Detail? | Size? | Number? |

1. **SOURCES OF WATER**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Incoming** | **Gallons/Day** | **Metered** |  |
| City | Gallons? |  | Details? |
| Well of Spring | Gallons? |  | Details? |
| Surface | Gallons? |  | Details? |
| Other | Gallons? |  | Details? |

|  |  |
| --- | --- |
| **Meter Number** | **Meter Size (Inches)** |
| Number? | Size? |
| Number? | Size? |
| Number? | Size? |
| Number? | Size? |

Name of Water Agency: Enter agency.

Name on Water Billing Account: Enter name.

Water Billing Account Number: Enter number.

1. **DISPOSITION OF WATER**

How Water Leaves the facility (Gallons/Day)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Disposition** | **City** | **Spring / Well** | **Surface Water** | **Other** | **Metered** | **Estimated** |
| Sewer | Number? | Number? | Number? | Number? |  |  |
| Storm Drain | Number? | Number? | Number? | Number? |  |  |
| Ground | Number? | Number? | Number? | Number? |  |  |
| Incorporated In | Number? | Number? | Number? | Number? |  |  |
| Waste Hauler | Number? | Number? | Number? | Number? |  |  |
| Septic Tank | Number? | Number? | Number? | Number? |  |  |
| Evaporation | Number? | Number? | Number? | Number? |  |  |
| **Total of All** | **Number?** | **Number?** | **Number?** | **Number?** |  |  |

1. **SPECIFIC USES OF WATER IN THE FACILITY**

Identify the Uses of Incoming Water (Gallons/Day)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Use** | **Wastewater Discharged to Where?** | **Is Incoming Water Pretreated?** | **Is Wastewater Pretreated?** | **Amount (GPD)?** | **Metered** | **Estimated** |
| 1. Domestic | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Process Related Employee Showers | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Boiler Make-Up | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Cooling Water, Non-contact | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Cooling Water, Contact | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Backwash Water | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Processing Product | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Washdown of Plant | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Air Pollution | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Lab | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Water Into Product | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Groundwater / Remediated Groundwater | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| 1. Other (Specify) Enter Details. | Enter Details. | Yes  No | Yes  No | Number? |  |  |
| **Total of All** |  |  |  | **Number?** |  |  |

1. **INDUSTRIAL WATER USES**

If any water is used for purposes **12e through 12m,** please complete Section 13.

1. A daily average flow limit based on a 30-day period and a maximum 24-hour flow limit will be issued in the permit to Discharge Industrial Waste based on the information submitted below.
2. A daily average concentration limit based on a 30-day period and a maximum 24-hour concentration limit for Biochemical Oxygen Demand (BOD) and for Total Suspended Solids (TSS) will not to be exceeded during the period of the Permit.
3. Total discharges including sanitary wastes for which a Permit to Discharge Industrial Waste is requested:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Currently** | | **During the Period of**  **Upcoming Permit** | |
|  | **Daily Average Based on 30-Day Period** | **Maximum Based on 24-Hour Period** | **Daily Average Based on 30-Day Period** | **Maximum Based on 24-Hour Period** |
| Flow (GPD) | Number? | Number? | Number? | Number? |
| BOD (mg/l)\* | Number? | Number? | Number? | Number? |
| TSS (mg/l)\* | Number? | Number? | Number? | Number? |
| Oil and Grease | Number? | Number? | Number? | Number? |
| (\* If known.) |  |  |  |  |

1. Are any process changes or expansions planned during the next 5 years, which would alter wastewater volumes or characteristics?  Yes  No
2. If yes, briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

|  |
| --- |
| Enter Details. |

1. **PROCESS WASTES**
2. Are any liquid wastes, by-products, material residues or sludges from this facility disposed of by a means other than discharging to the MSD sewer lines?

Yes (If "Yes", complete items b, c, d, and e.)

No (If "No", skip remainder of Section 14.)

1. These wastes may best be described as:

|  |  |  |
| --- | --- | --- |
| **Generated Wastes** | **Description** | **Estimated Gallons or Pounds Per Year** |
| Acids | Enter Details. | Number? |
| Alkalines | Enter Details. | Number? |
| Heavy Metal Sludges | Enter Details. | Number? |
| Inks/Dyes | Enter Details. | Number? |
| Oil and/or Grease | Enter Details. | Number? |
| Organic Compounds | Enter Details. | Number? |
| Paints | Enter Details. | Number? |
| Pesticides | Enter Details. | Number? |
| Settleable Residues | Enter Details. | Number? |
| Solvents | Enter Details. | Number? |
| Other Hazardous | Enter Details. | Number? |
| By Products | Enter Details. | Number? |
| Other Wastes | Enter Details. | Number? |

1. For the above checked wastes, does your company practice?

**Storage:**  On-Site  Off-Site

**Disposal:**  On-Site  Off-Site

1. Has an Accidental Discharge Control and Countermeasure Plan been prepared for the facility?  Yes  No
2. Briefly describe the method(s) of storage or disposal checked above. Indicate whether landfill, incineration, resource recovery, contract hauling or RCRA regulated practices. Identify contract parties or facilities involved.

|  |
| --- |
| Enter Details. |

1. Do any of your substances require Resource Conservation and Recovery Act permits?

Yes (If “Yes”, please specify below.)

No

|  |
| --- |
| Enter Details. |

1. **CHEMICAL STORAGE**
2. Do any of your substances require Resource Conservation and Recovery Act permits?

Yes (If “Yes”, attach the most recent copy.)

No

1. Please list boiler and cooling tower treatment additives and dosage rates for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Boiler or Cooling Unit** | **Treatment Additive** | **Purpose of Additive** | **Dosage, with Units** |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. | Enter Details. |

1. Do you have any storage tanks at this facility? If so, list in the table below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Tank ID** | **Inside or Outside** | **Above or Below Ground** | **Volume** | **Contents** | **Associated With?** | **Spill Containment Device** |
| Enter ID. | Inside  Outside | Above  Below | Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter ID. | Inside  Outside | Above  Below | Enter Details. | Enter Details. | Enter Details. | Enter Details. |
| Enter ID. | Inside  Outside | Above  Below | Enter Details. | Enter Details. | Enter Details. | Enter Details. |

1. **PRETREATMENT** 
   1. Is any water utilized at the facility pretreated before it is discharged to the MSD sewer lines? *(Possible water uses requiring pretreatment are contaminated cooling water, water used for processing product, equipment facility washdown, air pollution control unit)*

Yes (If “Yes”, complete this section, Section 16.)

No (If "No", skip this section, Section 16.)

Indicate all pretreatment devices or processes used for treating wastewater or sludge. (Check all that apply.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Activated Carbon |  | Filter Press |
|  | Air Stripping |  | Grease Trap (Animal/Vegetable) |
|  | Biological Treatment\* |  | Grit Sedimentation |
|  | Centrifuge / Cyclone Separation |  | Grease or Oil Separation (Petroleum) |
|  | Chemical Precipitation |  | Ion Exchange |
|  | Clarifier |  | pH Neutralization |
|  | Cyanide Destruction |  | Reverse Osmosis |
|  | Dissolved Air Floatation |  | Screening |
|  | Filtration\* |  | Sediment Tank |
|  | Flocculation |  | Silver Recovery |
|  | Flow Equalization |  | Solvent Separation |
|  | Flow Monitoring |  | Other \* |
| \* Specify: Enter Details. | | | |

* 1. List all pretreatment units in the order in which wastewater flows through them.

|  |  |  |
| --- | --- | --- |
| **Pretreatment Unit** | **Waste Product Produced** | **Where does the waste go?** |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |

* 1. Are major pretreatment operations  batch or  continuous?
  2. If the major pretreatment operations are batch, indicate the average number of batches per 24-hour day. Enter Details.
  3. Is any new or modified pretreatment planned for this facility within the next 5 years?

Yes (If “Yes”, attach detailed plans and operational descriptions.)

No

* 1. List solid raw materials that encounter process water.

|  |  |  |
| --- | --- | --- |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |

1. **OPERATIONS EFFECTING PRETREATMENT** 
   1. Is operation subject to seasonal variation?

Yes

No

**If “Yes”, indicate:**

Seasonal maximum waste flow Enter Flow. gallons per day during the Enter Details. .

Seasonal minimum waste flow Enter Flow. gallons per day during the Enter Details. .

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

Yes

No

If “Yes” indicate period when shutdown occurs: Enter Details. .

* 1. List any waste reduction activities (current or proposed).

|  |  |
| --- | --- |
| **Type of Process** | **Description** |
| Enter Details. | Enter Details. |
| Enter Details. | Enter Details. |
| Enter Details. | Enter Details. |

* 1. If a new waste discharge is proposed, describe fully, all materials that will encounter water and anticipated volume and characteristics of wastewater and any by-products, materials residues, or sludges.

|  |
| --- |
| Enter Details. |

1. **MONITORING**
2. Sewer connection and discharge information:
3. Provide a simple 8 ½” x 11” drawing or sketch of the total plant area showing a flow diagram of the sewer lines indicating pipe sizes, type of discharge they are carrying manufacturing processes. Also show streets, alleys, streams, manholes, and sewer sampling points. Label each sewer outlet from building as Pipe 1, Pipe 2, etc. and the monitoring point at MP 1, MP 2, etc.
4. Is there an existing sump(s) or manhole(s) on the premises where wastes (industrial waste other than sanitary waste) can be sampled, and flow measured?

Yes

No

1. Describe the physical properties of the wastewater to be discharged.

|  |  |
| --- | --- |
| **Characteristic** | **Description** |
| **Temperature** | Enter Details. |
| **Color** | Enter Details. |
| **Clarity** | Enter Details. |
| **Visible Particulates** | Enter Details. |

1. Permits and Wastewater Analyses
   * 1. List all environmental permits other than MSD’s Permit to Discharge Industrial Waste. (i.e.: NPDES, air, storm runoff)

|  |  |  |
| --- | --- | --- |
| **Type of Permit** | **Permit Number** | **Expiration Date** |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |
| Enter Details. | Enter Details. | Enter Details. |

* + 1. Have your wastes been sampled by MSD or the North Carolina Department of Environment, Health, and Natural Resources?

Yes

No

1. If "Yes", then when was the last date? Enter Details.
2. If any chemical wastewater analyses have been performed on the wastewater discharge(s) from your facility, attach a copy of the most recent data to this application. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).
3. Describe the wastewater Flow Measurement methods and equipment. If applicable, list the meter’s current interval, flow volume, pulse frequency and reporting units:

|  |
| --- |
| Enter Details. |

1. List procedures employed to ensure accuracy of flow measurement method/equipment.

|  |  |
| --- | --- |
| Frequency of Cleaning: | Enter Details. |
| Calibration method: | Enter Details. |
| Calibration performed by: | Enter Details. |
| Training/credentials of calibration staff: | Enter Details. |
| Date of most recent calibration: | Enter Details. |
| Attach a copy of the most recent Calibration Certificate. | |

1. Describe the sampling method and associated equipment utilized at the facility. Identify staff or contract lab responsible for sampling. Describe sampling technician training.

|  |  |
| --- | --- |
| Sampling Equipment/Method: | Enter Details. |
| Sampling Staff: | Enter Details. |
| Training/credentials of sampling staff: | Enter Details. |

1. **SLUG/SPILL PREVENTION**
2. Enter employees responsible for notifying the POTW in the event of a spill, bypass, pretreatment facility upset or other unusual discharge or problem as well as employees authorized to shut down production if needed.

|  |  |  |
| --- | --- | --- |
|  | Notification to POTW | Authority to Shut Down Production |
| Designated Employee(s) | Enter Details. | Enter Details. |
| Type and frequency of training. | Enter Details. | Enter Details. |
| Procedures | Enter Details. | Enter Details. |
| How other staff know when and how to contact designated individuals. | Enter Details. | Enter Details. |

1. What is the date of the last revision of the slug/spill plan? Enter Details.
2. **WASTE CHARACTERIZATION**

Priority Pollutant Information: Please indicate in the appropriate box by each listed chemical that is in your manufacturing or service activity or generated as a by-product.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | EPA  STORET  Code | Check if  Present  at Facility | Check if  Absent  at Facility | Check if  Present in  Discharge | Check if  Absent in  Discharge | Concentration in Discharge if Known (mg/l) |
|  | | | | | |  |
| **Acid Extractable Organics** | | | | | |  |
| 2-Chlorophenol | 34586 |  |  |  |  | Enter Details. |
| 2,4-Dichlorophenol | 34601 |  |  |  |  | Enter Details. |
| 2,4-Dimethyphenol | 34606 |  |  |  |  | Enter Details. |
| 2,4-Dinitrophenol | 34616 |  |  |  |  | Enter Details. |
| 2-Methyl-4,6-dinitrophenol | 34657 |  |  |  |  | Enter Details. |
| 4-chloro-3-methylphenol | 34452 |  |  |  |  | Enter Details. |
| 2-Nitrophenol | 34591 |  |  |  |  | Enter Details. |
| 4-Nitrophenol | 34646 |  |  |  |  | Enter Details. |
| Pentachlorophenol | 39032 |  |  |  |  | Enter Details. |
| Phenol | 34694 |  |  |  |  | Enter Details. |
| 2,4,6,-Trichlorophenol | 34621 |  |  |  |  | Enter Details. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | | EPA  STORET  Code | Check if  Present  at Facility | | Check if  Absent  at Facility | | | Check if  Present in  Discharge | Check if  Absent in  Discharge | | | Concentration in Discharge if Known (mg/l) |
|  | | | | | | | | | | | |  |
| **Base Neutral Organics** | | | | | | | | | | | |  |
| 1,2,4-Trichlorobenzene | | 34551 |  |  | |  | | | |  | | Enter Details. |
| 1,2-Dichlorobenzene | | 34536 |  |  | |  | | | |  | | Enter Details. |
| 1,2-Diphenylhydrazine | | 34346 |  |  | |  | | | |  | | Enter Details. |
| 1,3-Dichlorobenzene | | 34566 |  |  | |  | | | |  | | Enter Details. |
| 1,4-Dichlorobenzene | | 34571 |  |  | |  | | | |  | | Enter Details. |
| 2,4-Dinitrotoluene | | 34611 |  |  | |  | | | |  | | Enter Details. |
| 2,6-Dinitrotoluene | | 34626 |  |  | |  | | | |  | | Enter Details. |
| 2-Chloronaphthalene | | 34581 |  |  | |  | | | |  | | Enter Details. |
| 3,3-Dichlorobenzidine | | 34631 |  |  | |  | | | |  | | Enter Details. |
| 4-Bromophenyl phenyl ether | | 34636 |  |  | |  | | | |  | | Enter Details. |
| 4-Chlorophenyl phenyl ether | | 34641 |  |  | |  | | | |  | | Enter Details. |
| Acenaphthene | | 03405 |  |  | |  | | | |  | | Enter Details. |
| Acenaphthylene | | 34200 |  |  | |  | | | |  | | Enter Details. |
| Anthracene | | 34220 |  |  | |  | | | |  | | Enter Details. |
| Benzidine | | 39120 |  |  | |  | | | |  | | Enter Details. |
| Benzo (a) anthracene | | 34526 |  |  | |  | | | |  | | Enter Details. |
| Benzo (a) pyrene | | 34247 |  |  | |  | | | |  | | Enter Details. |
| Benzo (b) fluoranthene | | 34230 |  |  | |  | | | |  | | Enter Details. |
| Benzo (ghi) perylene | | 34521 |  |  | |  | | | |  | | Enter Details. |
| Benzo (k) fluoranthene | | 34242 |  |  | |  | | | |  | | Enter Details. |
| Bis(2-chloroethoxy) methane | | 34278 |  |  | |  | | | |  | | Enter Details. |
| Bis(2-chloroethyl) ether | | 34273 |  |  | |  | | | |  | | Enter Details. |
| Bis(2-chloroisopropyl) ether | | 34283 |  |  | |  | | | |  | | Enter Details. |
| Bis(2-ethylehexyl) phthalate | | 39100 |  |  | |  | | | |  | | Enter Details. |
| Butyl benzyl phthalate | | 34292 |  |  | |  | | | |  | | Enter Details. |
| Chrysene | | 34320 |  |  | |  | | | |  | | Enter Details. |
| Di-n-butyl phthalate | | 39110 |  |  | |  | | | |  | | Enter Details. |
| Di-n-octyl phthalate | | 34596 |  |  | |  | | | |  | | Enter Details. |
| Dibenzo(a,h) anthracene | | 34556 |  |  | |  | | | |  | | Enter Details. |
| Diethyl phthalate | | 34336 |  |  | |  | | | |  | | Enter Details. |
| Dimethyl phthalate | | 34341 |  |  | |  | | | |  | | Enter Details. |
| Fluoranthene | | 34376 |  |  | |  | | | |  | | Enter Details. |
| Fluorene | | 34381 |  |  | |  | | | |  | | Enter Details. |
| Hexachlorobenzene | | 39700 |  |  | |  | | | |  | | Enter Details. |
| Hexachlorobutadiene | | 34391 |  |  | |  | | | |  | | Enter Details. |
| Hexachlorocyclopentadiene | | 34386 |  |  | |  | | | |  | | Enter Details. |
| **Chemical Name** | | EPA  STORET  Code | Check if  Present  at Facility | | Check if  Absent  at Facility | | | Check if  Present in  Discharge | Check if  Absent in  Discharge | | | Concentration in Discharge if Known (mg/l) |
| Hexachloroethane | | 34396 |  | |  | |  | | | |  | Enter Details. |
| Indeno(1,2,3-cd)pyrene | | 34403 |  | |  | |  | | | |  | Enter Details. |
| Isophorone |  |  |  | |  | |  | | | |  | Enter Details. |
| N-nitroso-di-n-propylamine | | 34428 |  | |  | |  | | | |  | Enter Details. |
| N-nitrosodimethylamine | | 34438 |  | |  | |  | | | |  | Enter Details. |
| N-nitrosodiphenylamine | | 34433 |  | |  | |  | | | |  | Enter Details. |
| Naphthalene | | 34696 |  | |  | |  | | | |  | Enter Details. |
| Nitrobenzene | | 34447 |  | |  | |  | | | |  | Enter Details. |
| Phenanthrene | | 34461 |  | |  | |  | | | |  | Enter Details. |
| Pyrene | | 34469 |  | |  | |  | | | |  | Enter Details. |
|  | | | | | | | | | | | |  |
| **Metals** | | | | | | | | | | | |  |
| Aluminum | | 01104 |  | |  | |  | | | |  | Enter Details. |
| Antimony | | 01097 |  | |  | |  | | | |  | Enter Details. |
| Arsenic | | 01002 |  | |  | |  | | | |  | Enter Details. |
| Beryllium | | 01012 |  | |  | |  | | | |  | Enter Details. |
| Cadmium | | 01027 |  | |  | |  | | | |  | Enter Details. |
| Chromium | | 01034 |  | |  | |  | | | |  | Enter Details. |
| Copper | | 01042 |  | |  | |  | | | |  | Enter Details. |
| Lead | | 01051 |  | |  | |  | | | |  | Enter Details. |
| Mercury | | 71900 |  | |  | |  | | | |  | Enter Details. |
| Molybdenum | | 01062 |  | |  | |  | | | |  | Enter Details. |
| Nickel | | 01067 |  | |  | |  | | | |  | Enter Details. |
| Selenium | | 01147 |  | |  | |  | | | |  | Enter Details. |
| Silver | | 01077 |  | |  | |  | | | |  | Enter Details. |
| Thalium | | 00982 |  | |  | |  | | | |  | Enter Details. |
| Zinc | | 01092 |  | |  | |  | | | |  | Enter Details. |
|  | | | | | | | | | | | |  |
| **Inorganics** | | | | | | | | | | | |  |
| Barium | | 01007 |  | |  | |  | | | |  | Enter Details. |
| Chloride | | 00940 |  | |  | |  | | | |  | Enter Details. |
| Cyanide | | 00720 |  | |  | |  | | | |  | Enter Details. |
| Fluoride | | 00951 |  | |  | |  | | | |  | Enter Details. |
|  | | | | | | | | | | | |  |
| **Purgeable Volatile Organics** | | | | | | | | | | | |  |
| 1,1,1-Trichloroethane | | 34506 |  | |  | |  | | | |  | Enter Details. |
| 1,1,2,2-Tetrachloroethane | | 34516 |  | |  | |  | | | |  | Enter Details. |
| 1,1,2-Trichloroethane | | 34511 |  | |  | |  | | | |  | Enter Details. |
| 1,1-Dichloroethane | | 34496 |  | |  | |  | | | |  | Enter Details. |
| 1,1-Dichloroethylene | | 34501 |  | |  | |  | | | |  | Enter Details. |
| 1,2-Dichloroethane | | 34531 |  | |  | |  | | | |  | Enter Details. |
| **Chemical Name** | | EPA  STORET  Code | Check if  Present  at Facility | | Check if  Absent  at Facility | | | Check if  Present in  Discharge | Check if  Absent in  Discharge | | | Concentration in Discharge if Known (mg/l) |
| 1,2-Dichloropropane | | 34541 |  | |  | |  | | | |  | Enter Details. |
| 2-Chloroethyl vinyl ether | | 34576 |  | |  | |  | | | |  | Enter Details. |
| Acrolein | | 34210 |  | |  | |  | | | |  | Enter Details. |
| Acrylonitrile | | 34215 |  | |  | |  | | | |  | Enter Details. |
| Benzene | | 34030 |  | |  | |  | | | |  | Enter Details. |
| Bromodichloromethane | | 32101 |  | |  | |  | | | |  | Enter Details. |
| Bromoform | | 32104 |  | |  | |  | | | |  | Enter Details. |
| Bromomethane | | 34413 |  | |  | |  | | | |  | Enter Details. |
| Carbon tetrachloride | | 32102 |  | |  | |  | | | |  | Enter Details. |
| Chlorobenzene | | 34301 |  | |  | |  | | | |  | Enter Details. |
| Chloroethane | | 34311 |  | |  | |  | | | |  | Enter Details. |
| Chloroform | | 32106 |  | |  | |  | | | |  | Enter Details. |
| Chloromethane | | 34418 |  | |  | |  | | | |  | Enter Details. |
| cis 1,3-Dichloropropene | | 34704 |  | |  | |  | | | |  | Enter Details. |
| Dibromochloromethane | | 32105 |  | |  | |  | | | |  | Enter Details. |
| Ethylbenzene | | 34371 |  | |  | |  | | | |  | Enter Details. |
| Methylene chloride | | 34423 |  | |  | |  | | | |  | Enter Details. |
| Tetrachloroethylene | | 34475 |  | |  | |  | | | |  | Enter Details. |
| Toluene | | 34010 |  | |  | |  | | | |  | Enter Details. |
| trans 1,3-Dichloropropene | | 34699 |  | |  | |  | | | |  | Enter Details. |
| trans-1,2-Dichloroethylene | | 34546 |  | |  | |  | | | |  | Enter Details. |
| Trichloroethylene | | 39180 |  | |  | |  | | | |  | Enter Details. |
| Trichlorofluoromethane | | 34488 |  | |  | |  | | | |  | Enter Details. |
| Vinyle chloride | | 39175 |  | |  | |  | | | |  | Enter Details. |
|  | | | | | | | | | | | |  |
| **Others** | | | | | | | | | | | |  |
| Xylene | | 81551 |  | |  | |  | | | |  | Enter Details. |

1. **WASTE MINIMIZATION**

Please check “current”, “projected” or “N/A” for all codes below relating to your facility’s wastewater discharge.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N/A** | **Current** | **Projected** | **Code** | **Description** |
|  |  |  | W13 | Improved maintenance scheduling, record keeping, or procedures |
|  |  |  | W14 | Changed production schedule to minimize equipment and feedstock changeovers |
|  |  |  | W19 | Other changes in operating practices (please explain)  Enter Details. |
|  |  |  | W21 | Instituted procedures to ensure that materials do not stay in inventory beyond shelf life |
|  |  |  | W22 | Began to test outdated material – continue to use if still effective |
|  |  |  | W23 | Eliminated shelf-life requirements for stable materials |
|  |  |  | W24 | Instituted better labeling procedures |
|  |  |  | W25 | Instituted clearinghouse to exchange materials that would otherwise be discarded |
|  |  |  | W29 | Other changes in inventory control (please explain)  Enter Details. |
|  |  |  | W31 | Improved storage or stacking procedures |
|  |  |  | W32 | Improved procedures for loading, unloading and transfer operations |
|  |  |  | W33 | Installed overflow alarms, and/or automatic shutoff valves |
|  |  |  | W34 | Installed secondary containment |
|  |  |  | W35 | Installed vapor recovery systems |
|  |  |  | W36 | Implemented inspections or monitoring program of potential spill or leak sources |
|  |  |  | W39 | Other spill and leak prevention (please explain)  Enter Details. |
|  |  |  | W41 | Increased purity of raw materials |
|  |  |  | W42 | Substituted raw materials |
|  |  |  | W49 | Other raw materials modifications (please explain)  Enter Details. |
|  |  |  | W51 | Instituted recirculation within a process |
|  |  |  | W52 | Modified equipment, layout, and/or piping |
|  |  |  | W53 | Use of different process catalyst |
|  |  |  | W54 | Instituted better controls on operating bulk containers to minimize discarding of empty containers |
|  |  |  | W55 | Change from small volume containers to bulk containers to minimize discarding of empty containers |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **N/A** | **Current** | **Projected** | **Code** | **Description** |
|  |  |  | W58 | Other process modifications (please explain)  Enter Details. |
|  |  |  | W59 | Modified stripping/cleaning equipment |
|  |  |  | W60 | Changed to mechanical stripping/cleaning devices (from solvents or other materials) |
|  |  |  | W61 | Changed to aqueous cleaners (from solvents or other materials) |
|  |  |  | W62 | Reduced the number of solvents used to make waste more amendable to recycling |
|  |  |  | W63 | Modified containment procedures for cleaning units |
|  |  |  | W64 | Improved draining procedures |
|  |  |  | W66 | Modified or installed rinse systems |
|  |  |  | W67 | Improved rinse equipment design |
|  |  |  | W68 | Improved rinse equipment operation |
|  |  |  | W71 | Other cleaning and degreasing operation (please explain)  Enter Details. |
|  |  |  | W72 | Modified spray systems or equipment |
|  |  |  | W73 | Substituted coating materials used |
|  |  |  | W74 | Improved application techniques |
|  |  |  | W75 | Changed from spray to other system |
|  |  |  | W78 | Other surface preparation and finishing (please explain)  Enter Details. |
|  |  |  | W81 | Changed product specifications |
|  |  |  | W82 | Modified design or composition of product |
|  |  |  | W83 | Modified packaging |
|  |  |  | W89 | Other product modifications (please explain)  Enter Details. |
|  |  |  | W99 | Other (please explain)  Enter Details. |

1. **EXECUTION OF APPLICATION**

I, Enter Printed Name. (print name), Enter Printed Title. (print title), 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 submitted is, to the best of my knowledge and belief, accurate and complete. I am an authorized representative of the user and am authorized to execute this certification on behalf of the user. I am aware that there are significant penalties for submitting false information in violation of this certification, including the possibility of fines and/or imprisonment.

I also certify that I have completed the necessary notification as required by the POTW to document my qualification as an Authorized Representative as set forth in 40 CFR Part 403.12 (l) and the Metropolitan Sewerage District’s Sewer Use Ordinance Section 1.03.04.

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Authorized Signature: \* Date

***\* Authorized signature must correspond to Item 2 or 3 from Page 1 of this Application.***

***\*\* Authorized Representative definition is in MSD’s Sewer Use Ordinance, Section 1.03.04***