



**“NEW SOURCE” INDUSTRIAL WASTE PERMIT APPLICATION FORM,  
INDUSTRIAL WASTEWATER CLASSIFICATION SURVEY  
AND BASELINE REPORT**

(Due date: at least 90 days prior to discharging process wastewater to the City of Longmont’s POTW)

**SECTION A GENERAL INFORMATION**

1. **Facility Name:** \_\_\_\_\_

**Owner’s Name :** \_\_\_\_\_

2. **Facility Address:**

Street \_\_\_\_\_

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

3. **Business Mailing Address:**

Street or P.O. Box: \_\_\_\_\_

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

4. **Designated signatory authority of the facility** (must be responsible for overall operation of the facility):

Name(print): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

*For additional representatives, similar information for each is attached.*

5. **Designated facility contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

6. **List any environmental control permits held for or by the facility. (Include any permits expected to be issued.)**

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**SECTION B - BUSINESS ACTIVITY**

1. If your facility employs or will be employing processing 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** 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".

- Food: Dairy, Grains, Preserved Foods, Sugar (40CFR405-409)
- Textile Mills (40CFR410)
- Feedlots (40CFR412)
- Org. Chem., Plastics & Syn. Fibers (40CFR414)
- Inorganic Chem. Manufact. (40CFR415)
- Fertilizer Manufacturing (40CFR418)
- Petroleum Refining (40CFR419)
- Phosphate Manufacturing (40CFR422)
- Ferroalloy Manufacturing (40CFR424)
- Glass Manufacturing (40CFR426)
- Rubber Manufacturing (40CFR428)
- Meat Products (40CFR432)
- Oil & Gas Extraction (40CFR434)
- Paving & Roofing Materials (40CFR443)
- Paint, Ink Formulating (40CFR446-447)
- Pesticide Chemicals (40CFR455)
- Carbon Black Manufacturing (40CFR458)
- Hospital (40CFR460)
- Plastic Molding and Forming (40CFR463)
- Coil Coating (40CFR465)
- Aluminum Forming (40CFR467)
- Electrical & Electronic Components (40CFR469)
- Nonferrous Metal Forming & Metal Powders (40CFR471)
- Cement Manufacturing (40CFR411)
- Electroplating (40CFR413)
- Soap & Detergent Manufact. (40CFR417)
- Iron and Steel Manufacturing (40CFR420)
- Nonferrous Metals Manufact. (40CFR421)
- Steam Electric Power Gener. (40CFR423)
- Leather Tanning & Finishing (40CFR425)
- Asbestos Manufacturing (40CFR427)
- Timber & Paper Products (40CFR429-430)
- Metal Finishing (40CFR433)
- Pharmaceutical manufact (40CFR439)
- Waste Combustors or Landfill (40CFR444-445)
- Gum & Wood Chem. Manu. (40CFR454)
- Explosive Manufacturing (40CFR457)
- Photographic (40CFR459)
- Battery Manufacturing (40CFR461)
- Metal Molding and Casting (40CFR464)
- Porcelain Enameling (40CFR465)
- Copper Forming (40CFR468)

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets, if necessary):

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3. Does your facility include any **non-production food preparation areas**? Yes No

4. Indicate applicable **Standard Industrial Classification Code(s) (SIC)** for all processes (If more than one applies, list in descending order of importance.):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

**5. Product Volume**

<u>Product</u>	<b>PAST CALENDAR YEAR</b>		<b>ESTIMATE</b>	
	<b>Amounts Per Month</b>		<b>THIS CALENDAR YEAR</b>	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SECTION C - WATER SUPPLY**

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

- City of Longmont Water
- Private Well
- Surface Water
- Other (Specify)\_\_\_\_\_

2. **Name on water bill:**\_\_\_\_\_

Street:\_\_\_\_\_

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

3. **Water service account number:**\_\_\_\_\_

4. **List average water usage on premises:**  
(Estimate, if necessary)

<u>Type</u>	<u>Average Water (GPD)</u>	<b>Indicate E or M:</b> <u>Estimated (E)</u> <u>Measured (M)</u>
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
h. Plant/equipment washdown	_____	_____
i. Other (explain)	_____	_____
<b>Total of above</b>	_____	_____

#### **SECTION D - SEWER INFORMATION**

- Have you applied for a sanitary sewer hookup? Yes No  
 Will you be occupying an existing vacant building? Yes No

#### **SECTION E - WASTEWATER DISCHARGE INFORMATION**

1. Will the facility discharge any wastewater (other than sanitary) to the City?  
Yes No
2. **Provide the following information** on non-sanitary wastewater flow rate for each process waste stream (estimate, if needed) (use addition sheets, as needed)
- a. Hours/Day Discharge (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.):  
 M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_
- c. Peak hourly flow rate (GPD) \_\_\_\_\_
- d. Maximum daily flow rate (GPD) \_\_\_\_\_
3. If batch discharge occurs or will occur, **indicate:**
- a. Number of batch discharges per day \_\_\_\_\_
- b. Average of discharge per batch (GPD) \_\_\_\_\_
3. Diagram of facility required, include: building lay outs, location of all water meters, storm drains, sewer connections, public sewers, location of the regulated processes and final process discharge points.

## SECTION F - TOXIC ORGANIC MANAGEMENT PLAN

1. Does (or will) the facility use any of the toxic organics chemicals? Yes No  
*If yes, on a separate sheet, list the toxic organics, how they are used and quantities stored on site.*

2. Has a Toxic Organic Management Plan (TOMP) been developed? Yes No  
*If Yes, please attach a copy of the TOMP. Please note that submission of the TOMP does not alleviate the user from analyzing for TTOs required for the BMR or from enforcement actions for TTO violations.*

## SECTION G - TREATMENT

1. Is any form of wastewater treatment practiced at this facility ? Yes No  
*If No, continue to Section H.  
Please note that pretreatment facilities are required to be in operation during all hours of production/discharge. Bypasses are to be reported to the City at least 10 days prior to schedule.*

2. Treatment devices or processes used or proposed for treating wastewater or sludge (**check as many as appropriate**).

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Air flotation                  | <input type="checkbox"/> Centrifuge                    | <input type="checkbox"/> Chemical precipitation |
| <input type="checkbox"/> Chlorination                   | <input type="checkbox"/> Filtration                    | <input type="checkbox"/> Flow Equalization      |
| <input type="checkbox"/> Grease interceptor             | <input type="checkbox"/> Oil separator                 | <input type="checkbox"/> Sand Interceptor       |
| <input type="checkbox"/> Ion exchange                   | <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Ozonation              |
| <input type="checkbox"/> Rainwater Diversion or Storage | <input type="checkbox"/> Reverse Osmosis               |   |
| <input type="checkbox"/> Screen                         | <input type="checkbox"/> Sedimentation                 | <input type="checkbox"/> Septic Tank            |
| <input type="checkbox"/> Solvent separation             | <input type="checkbox"/> Sump                          | <input type="checkbox"/> Spill protection       |

3. If any treatment (biological, chemical, physical) other than those listed above is used, **please explain:**

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4. Do you have a treatment operator? Yes No

*If Yes, complete the following:*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hrs.) Part time: \_\_\_\_\_ (specify hrs.)

5. Do you have a manual on the correct operation of your treatment equipment? Yes No

6. Do you have a written maintenance schedule for your treatment equipment? Yes No

## SECTION H - MEASUREMENTS OF POLLUTANTS

Report the results of sampling and analysis identifying the nature and concentration of regulated pollutants in the discharge from each regulated process.

- Baseline Monitoring Report is enclosed.
- Approval has been granted by the City for submission in the 90-Day Compliance Report.

## SECTION I - FACILITY OPERATIONS

### 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"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
# Shifts per work day:	___	___	___	___	___	___	___
# Employees/shift:	1 <sup>st</sup>	___	___	___	___	___	___
	2 <sup>nd</sup>	___	___	___	___	___	___
	3 <sup>rd</sup>	___	___	___	___	___	___

## SECTION J - 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. Indicate these structures on the diagram from E3.*
2. If you have chemical storage containers, bins or ponds *in the manufacturing area*, could an accidental spill lead to a discharge to: (Check all that apply).
  - an onsite disposal system       storm drain    to ground
  - public sanitary sewer system (e.g.through a floor drain)
  - other, specify: \_\_\_\_\_
  - Not applicable, no possible discharge to any of the above routes.
3. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No  
*If Yes; Where do they discharge to? \_\_\_\_\_*
4. Do you have an accidental spill prevention plan to prevent spills or chemicals or slug discharges from entering the City's sewer system? Yes No  
*If Yes, please submit a copy of the plan. Submission does not eliviate your facility from enforcement actions taken in response to violations.*
5. Has your facility ever had an accidental spill? Yes No  
*If Yes, please describe it on a separate sheet of paper. Include any remedial measures taken to prevent a reoccurrence.*

## SECTION K - NON-DISCHARGED WASTES

1. Are any other liquid or sludge wastes generated at the site? Yes No  
2. Are any of these wastes disposed of on-site? Yes No

*If Yes is answered to #1 or 2, on a separate sheet of paper, indicate the waste generated, the quantity generated per year and describe the method of disposal (including the name/address of the waste treatment facilities and waste haulers, if applicable).*

4. Your facility is designated as:  Large quantity hazardous waste generator  
 Small quantity hazardous waste generator  
 Conditionally exempt hazardous waste generator  
 No designation

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 gathered 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 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.

- I wish to apply for a wastewater discharge permit under Chapter 14.08 of the City of Longmont Municipal Code.  
 I wish to apply for a zero discharge permit under Chapter 14.08 of the City of Longmont Municipal Code.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

***Application Fee:*** *With this application, please submit a check for \$500.00 for a permit to discharge OR \$50.00 for a zero-discharge permit.  
(payable to "City of Longmont").*