

**Allegheny County Sanitary Authority
Industrial Discharge Permit Application**

New Permit

Permit Renewal

Modification

Part I - Company Information

Company Name: _____

Address

Street

City

State

Zip Code

Discharge Address:

Street

City

State

Zip Code

Waste Water

Discharge Contact Person: _____ Phone No. _____

Is your facility currently under an Allegheny County Sanitary Authority Industrial Waste Discharge Permit?

Yes No (circle one) If yes, give expiration date: _____ and Permit No. _____

Standard Industrial Classification (SIC): _____

Number of employees per shift: _____

Number of shifts per day: _____

Operating days of the week:

SUN MON TUE WED THU FRI SAT

Source of water supply: _____

Total amount of water used: _____

gal/day

gal/mo

Flow measurement:

Metered

Estimated

National Pollutant Discharge Elimination System Permit (NPDES)? Yes No (circle one) If yes, give

Expiration date: ____/____/____ and Permit No.: ____

Certification of Information by Company Official

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 (Print) _____ Title: _____

Signature: _____ Phone: (____) _____

Company official must be authorized representative of the Industrial User as defined in the Pretreatment Regulation of the Allegheny County Sanitary Authority.

Part II - Spill and Slug Discharge Control

Instructions: For part II of the Permit Application please complete sections 1-8 indicating with an [X] in the appropriate box for yes and no questions. For narrative or requests for drawings please indicate with an [X] in the checklist box if the individual line item is included in the appropriate appendix. If a line item is not applicable to your facility indicate with a [NA] in the appropriate box. Additional instructions may be contained in individual questions.

1. Has your facility ever had a spill or slug discharge? [] No [] Yes
If yes, attach a narrative under the heading, Appendix Part II (1) detailing the following:
[] Date(s) [] Duration
[] Material [] Cause
[] Magnitude [] Corrective Action

2. Provide a general facility layout under the heading Appendix Part II (2) detailing the following:
[] Property Boundaries
[] Entrance and Exits - see exhibit 1
[] Manufacturing areas Process Area - see exhibit 1 & 2
[] Office Non-Production and Storage Areas - see exhibits 1 & 3
[] Hazardous Materials Process & Storage Areas
[] Waste Handling (Storage and Treatment)
[] Loading and Unloading Areas - see exhibit 1
[] Drainage Areas and Flow Direction

3. Provide flow diagram(s) under the heading Appendix Part II (3) detailing the following:
[] Piping and Instrumentation
[] Flow Rates
[] Tanks and Capacities
[] Tank Secondary Containment Capacities
[] Treatment Systems
[] Final Destination of Flows

4. Has your facility formally submitted the following reports or plans:
 - a. Industrial Waste Survey Form (IWS) [] No [] Yes, date last submitted: ___/___/___
 - b. Self Monitoring Compliance Report (SMCR) [] No [] Yes, date last submitted: ___/___/___
 - c. Base Line Monitoring Report (BMR) [] No [] Yes, date last submitted: ___/___/___
 - d. Toxic Organic Management Plan (TOMP) [] No [] Yes, date last submitted: ___/___/___
 - e. Slug Discharge Control Plan (SDCP) [] No [] Yes, date last submitted: ___/___/___
 - f. Pollution Prevention and Contingency Plan (PPC) [] No [] Yes, date last submitted: ___/___/___
 - g. Hazardous Wastes Discharged to the POTW Notification to PADER and ACHD [40 CFR 403 (12) (P)] [] No [] Yes, date last submitted: ___/___/___

For facilities renewing Industrial Discharge Permit: if you have submitted an IWS, TOMP, SDCP or PPC plan more than two years ago, please update the plan(s) and resubmit with this permit application. Attach under the heading Appendix Part II (4).

5. Does your facility have spill and slug discharge control equipment in the following areas: *Storage, Loading and Unloading, Process, and Treatment?*

- | | <i>S</i> | <i>LU</i> | <i>P</i> | <i>T</i> | |
|----|----------|-----------|----------|----------|--|
| a. | [] | [] | [] | [] | Communication Equipment and Alarms |
| b. | [] | [] | [] | [] | Spill Containment and Control Equipment and Tools |
| c. | [] | [] | [] | [] | Spilled Materials Storage Containers |
| d. | [] | [] | [] | [] | Protective Clothing |
| e. | [] | [] | [] | [] | Respirations |
| f. | [] | [] | [] | [] | First Aid Kits |
| g. | [] | [] | [] | [] | Decontamination Equipment |
| h. | [] | [] | [] | [] | Ventilation Equipment |
| i. | [] | [] | [] | [] | Other Detail under the heading <u>Appendix Part II (5)</u> |

6. Does your facility have procedures to insure proper:
If yes (formal), please provide a copy of the procedure under the heading Appendix Part II (6)

- | | | | | |
|----|---|------------------|--------------------|--------|
| a. | Inspection and Maintenance of Containers and Tanks | [] Yes (formal) | [] Yes (informal) | [] |
| b. | Inspection of Storage, Process, Loading/Unloading Areas | [] Yes (formal) | [] Yes (informal) | [] No |
| c. | Proper Labeling | [] Yes (formal) | [] Yes (informal) | [] No |
| d. | Security | [] Yes (formal) | [] Yes (informal) | [] No |
| e. | Maintenance of Warning and Alarm Equipment | [] Yes (formal) | [] Yes (informal) | [] No |

7. Does your facility have response procedures in the event of a spill or slug discharge including but not limited to the following:
If yes (formal), please provide a copy of the procedure under the heading Appendix Part II (7)

- | | | | | |
|----|--|------------------|--------------------|--------|
| a. | Notification of Responsible Facility Personnel | [] Yes (formal) | [] Yes (informal) | [] No |
| b. | Chain of Command | [] Yes (formal) | [] Yes (informal) | [] No |
| c. | Safety and First Aid Procedures | [] Yes (formal) | [] Yes (informal) | [] No |
| d. | Evacuation Procedures | [] Yes (formal) | [] Yes (informal) | [] No |
| e. | Notification of Outside Assistance | [] Yes (formal) | [] Yes (informal) | [] No |
| f. | Spill and Slug Assessment Procedures | [] Yes (formal) | [] Yes (informal) | [] No |
| g. | Spill and Slug Clean-up Procedures | [] Yes (formal) | [] Yes (informal) | [] No |
| h. | Decontamination Procedures | [] Yes (formal) | [] Yes (informal) | [] No |
| i. | Procedures for Preventing Contact between incompatible Materials | [] Yes (formal) | [] Yes (informal) | [] |
| j. | Procedures for Disposing or Treating Spilled Materials | [] Yes (formal) | [] Yes (informal) | [] |

8. Does your facility have:
If yes (formal), please provide a copy of the procedure under the heading Appendix Part II (8)

- | | | | | |
|----|---|------------------|--------------------|--------|
| a. | Spill and Slug Discharge Training Appropriate to Job Descriptions | [] Yes (formal) | [] Yes (informal) | [] No |
| b. | Hazardous Chemical Training | [] Yes (formal) | [] Yes (informal) | [] No |
| c. | Emergency Response Training | [] Yes (formal) | [] Yes (informal) | [] No |

Part III - Process and Treatment Information

Copy and attach additional Part IV for each waste producing activity or discharge location.

Instructions: For Part III of the Permit Application please complete sections 1-14 indicating with an [X] in the appropriate box for yes and no questions. For narrative or requests for drawings please indicate with an [X] in the checklist box if the individual line item is included in the appropriate appendix. If a line item is not applicable to your facility indicate with a [NA] in the appropriate box. Additional instructions may be contained in individual questions.

1 Product / Service / Activity: _____

2. Please provide the following information by attaching under the heading *Appendix Part III (2)*. If the information is contained in other appendices please reference the appropriate section:

- Narrative description of waste producing activity
- Flow chart(s) of the manufacturing process
- Flow chart(s) detailing treatment, sampling locations, and recycle routes where applicable

3. Is the process: continuous batch, if batch give no. of batches per day:

4. Rate of Production: _____
(Categorical users with production based effluent limits)

List the type and amount of raw materials and cleaning products used in the waste producing activity:
(Manufacturing Facilities Only) Copies of *Material Safety Data Sheets (MSDS)* must be available for inspection.

Material

Quantity

Material	Quantity

6. Average daily wastewater flow rate: ___ gal/day Time of discharge: _____

7. Discharge days of the week: SUN MON TUE WED THU FRI SAT (circle one)

8. Peak daily wastewater flow rate: ___ gal / min Time of discharge: _____

9. Is the process subject to daily, weekly, or seasonal variations? No Yes

If yes, attach description of variations under the heading *Appendix Part III (9)*.

10. Could the wastestream be controlled to discharge only during dry weather? No Yes

If no, please explain why: _____

11. Is the waste stream pretreated? No Yes

If yes, attach description of treatment under the heading *Appendix Part III (11)*.

12. Is sampling of segregated industrial wastewater possible? No Yes

If yes, attach description of the sampling location under the heading *Appendix Part III (12)*.

13. Is flow measurement of segregated waste stream possible? No Yes

14. Describe any special handling or management of the waste generated: _____

Part IV - Analytical Data and Wastewater Characterization

Copy and attach additional Part IV for each waste producing activity or discharge location.

New Source Modification of Existing Source Permit Renewal

Any facility wanting to permit a new source, new processes or substantially modify an existing source, must provide documentation as to the nature and concentration of all wastewater constituents as determined by a reliable analytical laboratory. Sampling and analysis must conform with procedures established pursuant to Section 304 (g) of the Clean Water Act, as amended and contained in 40 CFR Part 136.

All new sources or modifications to existing source shall install and have in operating condition, and shall "start up" all pollution control equipment required to meet applicable Pretreatment Standards before beginning to discharge. Within the shortest feasible time (not to exceed 90 days), new sources must meet all applicable Pretreatment Standards. In order to demonstrate compliance, new sources or modifications to existing sources, shall within ninety days submit a Base Line Monitoring Report (BMR) pursuant to 40 CFR 403.12 (b).

1 Sampling Location: _____

2. Is the process subject to a National Categorical Pretreatment Standard? No Yes, Categorical Standard: _____

3. Has your facility submitted Wastewater Characterization data for this location? No Yes
If no, complete part IV 4-5

4. Is the process currently in operation? No Yes

5. Is wastewater analytical data characteristic of the discharge available? No Yes

If no, please attach estimates of pollutants and concentrations under the heading Appendix Part IV (4).
If yes, please attach estimates of pollutants and concentrations under the heading Appendix Part IV (4).

ALCOSAN USE ONLY

Industrial discharge Permit Required? No Yes
 CSIU SIU NSIU

- | | | | |
|--|---------------------------------------|---------------------------------------|-----------------------------------|
| a. Industrial Waste Survey Form (IWS) | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| b. Effluent Monitoring Data | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| c. Base Line Monitoring Report (BMR) | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| d. Toxic Organic Management Plan (TOMP) | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| e. Slug Discharge Control Plan (SDCP) | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| f. Pollution Prevention and Contingency Plan (PPC) | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| g. Hazardous Waste Notification | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| h. Flow Measurement | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| i. Drawings, Blueprints etc. | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| j. Treatment System / Technology | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |
| k. Signatory Requirements | <input type="checkbox"/> Not Required | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Required |

Reviewed by: _____

Date: / /