

**Allegheny County Sanitary Authority
Ground Water Re-Mediation Permit Application**

ACSA USE ONLY	ACSA USE ONLY
Permit # _____ Issued: _____ Expiration: _____ SMCR Due: _____ Fee: \$ _____	Parameters: _____ _____ _____ _____

Please complete the following:

1. Date: _____

2. a. Company Name or Permittee: _____
 b. Is the permittee the owner of the property where the discharge will take place? Yes No (circle one)
 If no, please describe the relationship between the property owner and Permittee: _____

3. Company Mailing Address: _____

Street

City

State

Zip Code

4. Wastewater Discharge Address: _____

Street

City

State

Zip Code

5. Location of all connections to municipal sewer system (attach drawings with descriptions). _____

6. Location(s) where wastewater sample may be taken: _____

7. Person to contact regarding industrial wastewater discharge: _____

8. S.I.C. Code Number under which the waste was generated: _____

(Federal Standard Industrial Classification)

9. Is the operation of the re-mediation project to be administered by an outside firm? Yes No (circle one)
 If yes: Firm's Name: _____
 Address: _____
 Contact: _____ Phone No () _____

10. Attach a description of the re-mediation project.
 Proposed Permit Starting Date: _____ Proposed Permit Expiration Date: _____

11. Is the waste considered hazardous under the *RESOURCE CONSERVATION AND RECOVERY ACT (RCRA)*? Yes No (circle one).
12. a. Wastewater Flow: Continuous - Rate: _____ GPD Intermittent - Rate: _____
If Intermittent, time of discharge: _____ am / pm to _____ am / pm
- b. Days per week (circle day): Mon. Tue. Wed. Thu. Fri. Sat. Sun.
- c. If discharge rate is greater than (>) 800 GPD, please attach written approval by the municipality or sewer authority for the discharge. This municipal or sewer authority approval must contain at a minimum: 1) the volume of waste approved for discharge, 2) the rate at which the waste can be discharged and 3) the time of day at which the wastes may be discharged.

If the discharge rate is less than (<) 800 GPD, please attach a copy of a letter to the municipality or sewer authority which contains at a minimum: 1) the volume of waste to be discharged, 2) the rate at which the wastes will be discharged and 3) the time of day at which the wastes will be discharged.

Note: Permit applications will not be processed without prior municipal or sewer authority notification and/or approval.

13. Can the discharge of this waste stream be regulated so that it occurs only during dry weather? Yes No
If no, please state the reason: _____
How will the volume of waste be discharged (specify): _____

14. a. Average wastewater flow rate: _____ gal/hr. b. Peak flow rate: _____ gal/hr.

15. Source of water: Ground Water Public Water (water supplier: _____)
 Other (specify): _____

16. General wastewater characteristics, please check all boxes which indicate substances contained in your wastewater:

- | | |
|---|---|
| <input type="checkbox"/> acids and acidic wastes | <input type="checkbox"/> gasoline |
| <input type="checkbox"/> alkali and caustic wastes | <input type="checkbox"/> diesel |
| <input type="checkbox"/> paints-latex | <input type="checkbox"/> alcohols |
| <input type="checkbox"/> paints-oil based | <input type="checkbox"/> ethers |
| <input type="checkbox"/> pigments | <input type="checkbox"/> soaps, surfactants, detergents |
| <input type="checkbox"/> inks | <input type="checkbox"/> oils, grease (petroleum base) |
| <input type="checkbox"/> organic solvents, thinners | <input type="checkbox"/> fats, grease (animal or vegetable base) |
| <input type="checkbox"/> resins, monomers | <input type="checkbox"/> thermal wastes (>150 degrees Fahrenheit) |
| <input type="checkbox"/> waxes | <input type="checkbox"/> radioactive wastes |
| <input type="checkbox"/> phenols | <input type="checkbox"/> asphalt or tar wastes |
| <input type="checkbox"/> cyanide | <input type="checkbox"/> flammable wastes |
| <input type="checkbox"/> pesticides or herbicides | <input type="checkbox"/> other industrial process wastes |
| <input type="checkbox"/> domestic wastes only | |

17. If you are not currently under ALCOSAN's discharge permit, attach a laboratory analysis of the proposed discharge.
18. Pretreatment: Do you anticipate the need to treat your wastewater prior to discharge to the municipal sewer to meet the pretreatment regulation of the Allegheny County Sanitary Authority? Yes No
If yes, type of treatment(s) (attach description): _____
19. Is there a National Pollutant Discharge Elimination System (NPDES) Permit at this facility? Yes No
If yes, NPDES Number: _____ Expiration Date: _____
If no, has an NPDES Permit been applied for? Yes No
If yes, state the reason for the rejection: _____
If no, state the reason(s) why _____
20. List other disposal options explored for this waste stream (minimum one) and the reason why it was rejected: _____

21. I hereby certify that the information contained in this report and attachments is complete and accurate to the best of my knowledge.

Print Name: _____ Title: _____

Signature: _____ Phone No. _____

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