***Industrial Pretreatment Program***

**Zero Discharge Permit Application**



***Metro Water Recovery***

***6450 York Street***

***Denver, CO 80229-7499***

**INTRODUCTION**

A Zero Discharge Permit (ZD Permit) issued by the Metro Water Recovery (Metro) Industrial Pretreatment Program provides a means for protection of the Publicly Owned Treatment Works (POTW) facility, including **appurtenances**, POTW workers, the public and the environment through the regulation of industrial wastewater discharges, in accordance with the *Metro Water Recovery Rules and Regulations Governing the Operation, Use, and Services of the System (‘Rules and Regulations’)*, and Federal Pretreatment Regulations (40 CFR 403). Industrial wastewater is defined as all wastewater from any manufacturing, processing, institutional, commercial, or agricultural operation or any operation where the wastewater discharged includes any quantity of non-domestic wastewater.

In order to apply for a ZD Permit, you must fully complete a Zero Discharge Permit Application. This application requires a significant amount of information regarding your business and its waste generation and disposal activities. No application fee is required.

All questions/blanks must be filled-out completely and must include all specified enclosures. If you do not have an answer for any requested information, or if a section does not apply to your operations, indicate this and provide an explanation for each instance. If needed, you can add lines to the information tables or attach additional pages.

Send the original, completed application and all required enclosures to:

**Metro Water Recovery**

**ATTN: Industrial Pretreatment Program Reporting**

**6450 York Street**

**Denver, CO 80229-7499**

*The completed hardcopy permit application with wet signatures must be mailed or hand-delivered*; electronic submittals sent via email or fax will not be accepted, but may be sent in addition to the hardcopy.

For any questions regarding completion of the Permit application, please contact:

[pretreatment@metrowaterrecovery.com](mailto:pretreatment@metrowaterrecovery.com)

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| --- |
| **SECTION A - GENERAL BUSINESS INFORMATION** |

***Item A-1*****DATE:**Click here to enter a date.

|  |  |
| --- | --- |
| **APPLICANT CORPORATION NAME:** | |
| Click here to enter text. | |
| **APPLICANT FACILITY NAME (If different from above):** | |
|  | |
| **ADDRESS OF FACILITY (DISCHARGING WASTEWATER):** | **BUSINESS MAILING ADDRESS:** |
| Click here to enter text. | Click here to enter text. |
| **STREET ADDRESS:** | **STREET ADDRESS:** |
| Click here to enter text. | Click here to enter text. |
| **CITY, STATE, ZIP:** | **CITY, STATE, ZIP:** |
| Click here to enter text. | Click here to enter text. |
| **PHONE NUMBER:** | **PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **EMAIL ADDRESS:** | **FAX NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **COMPANY WEBSITE ADDRESS:** | |
| Click here to enter text. | |
| **HOW MANY YEARS HAS THE FACILITY BEEN OPERATING AT THIS ADDRESS:** | |
| Click here to enter text. | |

***Item A-2***

|  |  |
| --- | --- |
| **COMPANY or FACILITY OWNER/PRESIDENT/CHIEF EXECUTIVE OFFICER/RESPONSIBLE OFFICIAL INFORMATION** | |
| **NAME:** | **TITLE:** |
| Click here to enter text. | Click here to enter text. |
| **STREET ADDRESS:** | **DIRECT PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **CITY, STATE, ZIP:** | **24-HOUR EMERGENCY PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **EMAIL ADDRESS:** | **FAX NUMBER:** |
| Click here to enter text. | Click here to enter text. |

***Item A-3***

|  |  |
| --- | --- |
| **AUTHORIZED REPRESENTATIVE INFORMATION (FACILITY CONTACT)** | |
| **NAME:** | **TITLE & COMPANY (IF CONSULTANT):** |
| Click here to enter text. | Click here to enter text. |
| **STREET ADDRESS:** | **DIRECT PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **CITY, STATE, ZIP:** | **24-HOUR EMERGENCY PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **EMAIL ADDRESS:** | **FAX NUMBER:** |
| Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **OTHER FACILITY CONTACT INFORMATION** | |
| **NAME:** | **TITLE & COMPANY (IF CONSULTANT):** |
| Click here to enter text. | Click here to enter text. |
| **STREET ADDRESS:** | **DIRECT PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **CITY, STATE, ZIP:** | **24-HOUR EMERGENCY PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **EMAIL ADDRESS:** | **FAX NUMBER:** |
| Click here to enter text. | Click here to enter text. |

|  |  |
| --- | --- |
| **OTHER FACILITY CONTACT INFORMATION** | |
| **NAME:** | **TITLE & COMPANY (IF CONSULTANT):** |
| Click here to enter text. | Click here to enter text. |
| **STREET ADDRESS:** | **DIRECT PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **CITY, STATE, ZIP:** | **24-HOUR EMERGENCY PHONE NUMBER:** |
| Click here to enter text. | Click here to enter text. |
| **EMAIL ADDRESS:** | **FAX NUMBER:** |
| Click here to enter text. | Click here to enter text. |

***Item A-4***

|  |  |  |
| --- | --- | --- |
| **PERTINENT IDENTIFICATION NUMBERS AND PERMIT INFORMATION** | | |
| **APPLICABLE STANDARD INDUSTRIAL CLASSIFICATION (SIC) NUMBER(S):** | | |
| Click here to enter text. | | |
| **WATER SUPPLY AGENCY NAME & ACCOUNT NO.:** | | **SEWER AGENCY NAME & ACCOUNT NO.:** |
| Click here to enter text. | | Click here to enter text. |
| **OTHER ENVIRONMENTAL CONTROL PERMITS ISSUED FOR APPLICANT SITE – CHECK APPROPRIATE BOX AND LIST CORRESPONDING ISSUING AGENCY AND PERMIT #(S) FOR EACH** | | |
| ***Air***  ***NPDES (or CDPS)***  ***Storm Water (MS4)***  ***Other***  ***No other environmental control permits*** | Click here to enter text.  Click here to enter text.  Click here to enter text.  Click here to enter text. | |
| **DOES YOUR FACILITY CURRENTLY GENERATE AND DISPOSE OF ANY HAZARDOUS WASTES?** | | |
| **YES**  **NO** | | |
| **IF YES, WHAT IS YOUR EPA IDENTIFICATION NUMBER?** | | |
| Click here to enter text. | | |
| **IF YES, LIST THE WASTES.** | | |
| Click here to enter text. | | |
| **IF YES, IS YOUR FACILITY CLASSIFIED AS A (CHECK ONE):** | | |
| **Conditionally Exempt Small Quantity Generator (CESQG)**  **Small Quantity Generator (SQG)**  **Large Quantity Generator (LQG)** | | |
| **IF YES, WHO ARE YOUR WASTE HAULERS/TRANSPORTERS?** | | |
| Click here to enter text. | | |

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| **SECTION B - GENERAL BUSINESS OPERATIONS INFORMATION** |

***Item B-1***

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| **PRIMARY MANUFACTURING OPERATION OR BUSINESS ACTIVITIES AT FACILITY ADDRESS** |
| **Provide a detailed narrative description of all manufacturing and/or business activities that are performed at your facility.** |
| Click here to enter text. |

***Item B-2***

|  |  |  |
| --- | --- | --- |
| **PRINCIPAL PRODUCTS/SERVICES/ACTIVITIES** | | |
| **List each of the products, services and/or activities that are produced/provided/performed at your facility** | | |
| **PRODUCT/SERVICE/ACTIVITY** | **DAILY QUANTITIES**  **(include applicable units)** | |
| **AVERAGE** | **MAXIMUM** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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***Item B-3***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HOURS/DAYS OF NORMAL OPERATIONS** | | | | | | | | | |
| **NUMBER OF OPERATING DAYS PER YEAR:** | | | Click here to enter text. | | | | | | |
| **NORMAL DAYS OF OPERATIONS:** | | | | | | | | | |
| **Mon  Tues  Wed  Thurs  Fri  Sat  Sun** | | | | | | | | | |
| **NORMAL HOURS OF OPERATION, PROCESS WASTEWATER DISCHARGE, & NUMBER OF EMPLOYEES:** | | | | | | | | | |
| **Hours** | **SUN** | **MON** | | **TUES** | **WED** | **THUR** | **FRI** | **SAT** | **Avg No. of Employees** |
| **Office Staff**  Operation Hours: Discharge Hours: |  |  | |  |  |  |  |  |  |
| **Shift 1**  Operation Hours: Discharge Hours: |  |  | |  |  |  |  |  |  |
| **Shift 2**  Operation Hours: Discharge Hours: |  |  | |  |  |  |  |  |  |
| **Shift 3**  Operation Hours: Discharge Hours: |  |  | |  |  |  |  |  |  |
| **Total Number of Employees:** | | | | | | | | | |
| **Describe any exceptions to the above days/hours:**  Click here to enter text. | | | | | | | | | |
| **DO YOU DISCHARGE ANY FORM OF INDUSTRIAL/COMMERCIAL WASTEWATER TO THE SANITARY SEWER?** | | | | | | | | | |
| **YES**  **NO** | | | | | | | | | |
| **IF YES, ON WHICH DAYS DO DISCHARGES NORMALLY OCCUR?** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **IS THE WASTEWATER DISCHARGED CONTINOUSLY OR IN BATCHES?** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **IF THE WASTEWATER IS BATCH DISCHARGED, HOW MANY BATCHES PER DAY?** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
| **OTHER OPERATING INFORMATION:** | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |

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| **SECTION C - FACILITY INFORMATION** |

***Item C-1***

**FACILITY INFORMATION**

1. **SANITARY SEWER OUTFALLS (WHERE YOUR FACILITY’S SEWER PIPING TIES INTO METRO’S SEWER SYSTEM)**

***How many sanitary sewer outfalls does your facility have?*** Click here to enter text.

***For each outfall, complete the following information:***

|  |  |
| --- | --- |
| **OUTFALL NUMBER** | **LEGAL DESCRIPTION OF LOCATION OF TIE-IN TO THE SEWER SYSTEM, INCLUDING MANHOLE NUMBERS** |
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1. **FLOOR DRAINS**

***How many floor drains (including trenches) does your facility have?*** Click here to enter text.

***For each floor drain, complete the following information:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FLOOR DRAIN IDENTIFIER/**  **NUMBER** | **LOCATION OF**  **FLOOR DRAIN WITHIN FACILITY** | **IS THE FLOOR DRAIN PERMANENTLY CAPPED/PLUGGED?** | **TO WHICH SANITARY SEWER OUTFALL DOES THIS FLOOR DRAIN DISCHARGE?\*\*** | **IS THIS A TRENCH DRAIN?** | **ARE ANY INDUSTRIAL/COMMERCIAL WASTEWATERS OR CHEMICALS DISCHARGED TO THIS FLOOR DRAIN?** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
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***\*\* If you do not have drawings or plans of your facility’s sewer piping, you may need to perform dye testing of the lines in order to obtain this information. Contact Metro for information on dye testing. If this drain does not discharge to the sanitary sewer, specify exactly where the discharge goes or if this drain is serviced by a waste hauler.***

1. **SINKS**

***List all sinks (including janitor sinks and sinks used for domestic purposes) in your facility.*** Click here to enter text.

***For each sink, complete the following information:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SINK**  **IDENTIFIER/**  **NUMBER** | **LOCATION OF**  **SINK WITHIN FACILITY** | **IS THIS SINK USED EXCLUSIVELY FOR HAND-WASHING?** | **IS THIS SINK USED FOR HAND-WASHING AND FLOOR/FACILITY CLEANING USES (DUMPING OF MOP WATER, ETC?)** | **SPECIFY ANY INDUSTRIAL/COMMERCIAL WASTEWATERS OR CHEMICALS DISCHARGED TO THIS SINK. (i.e. cleaning chemicals, etc.)** | **TO WHICH SANITARY SEWER OUTFALL DOES THIS SINK DISCHARGE?** |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **TOTAL SINKS:** | | | | | |

**4.0 GENERAL FACILITY INFORMATION**

***How many individual buildings comprise your facility at the premise address?*** Click here to enter text.

***Which buildings contain industrial/commercial processes or operations?*** Click here to enter text.

***Which buildings contain only office space and/or domestic areas (bathrooms, showers, breakroom/kitchen)?*** Click here to enter text.

***Do you store any raw materials or waste materials within 25 feet of any open floor drain?*** Click here to enter text.

***If yes, identify the material(s) stored and drain location(s).*** Click here to enter text.

***Is there a mechanism in place to prevent spills or other types of accidental discharges to the sanitary sewer from the floor drains? Please describe:*** Click here to enter text.

***Item C-2***

**SITE AND FACILITY LAYOUT**

**DO NOT PREPARE YOUR LAYOUTS ON THIS PAGE. THE LAYOUTS MUST BE PREPARED ON SEPARATE PIECES OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION.**

The Site and Facility Layouts must be legible and must be no smaller than 8 x 11 inches, and no larger than 11 x 17 inches. At a minimum, the layouts must include the following if available and/or applicable:

Site Layout (Aerial View)

* Building outlines, including identifying names/numbers
* Property lines/nearest streets
* North Direction Arrow
* Storm Drains
* Monitoring Point (if applicable)
* Sewer manholes

Facility Layout (Floor Plan)

* All floor drains in the facility (specify whether they are open, permanently capped, or capped w/removable plug)
* All sinks in the facility
* All bathrooms/showers in the facility
* Wastewater routing (piping)
* Wastewater Drainage discharge points and manholes – include domestic wastewater discharge points
* Locations of all wastewater generating processes or activities, **including domestic wastewater**
* Machinery
* Monitoring Point(s)/Sampling Location (indicate the physical location(s) for all existing monitoring points **and** for any new processes/activities that you plan to operate at your facility within the next 1 year and indicate your proposed monitoring point/sampling location for each new process)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION D - PROCESS INFORMATION – SUPPLY (INPUTS)** | | | | | | | | |
|  | | | | | | | | |
| ***Item D-1*** | | | | | | | | |
| **RAW MATERIALS AND CHEMICALS USED AT THE FACILITY/SITE** | | | | | | | | |
| All raw materials and chemicals used at the facility/site must be listed below. **A legible copy of the SDS sheet for each material/chemical must also be provided.** Attach additional sheets, if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format that includes all of the specified information | | | | | | | | |
| **RAW MATERIAL NO.** | **NAME OF RAW MATERIAL** | **ARE ANY COMPONENTS OF THIS MATERIAL**  **LISTED ON ENCLOSED**  **TTO LIST?(1)** | **SPECIFIC PURPOSE OR USE AT FACILITY**  **(PROCESSES IN WHICH IT IS USED)** | **DAILY QUANTITY USED** | | **WHAT SIZE CONTAINER IS THE MATERIAL STORED IN?** | **LIST ALL AREAS WHERE THIS MATERIAL IS USED/STORED AT THE FACILITY** | |
| **AVERAGE(2)** | **MAXIMUM(2)** | **Used** | **Stored** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |

(1) Refer to the MSDS/SDS information to determine if any components are TTOs (listed at the end of this document) – contact manufacturer for detailed compositional information, if necessary. **If detailed compositional information is unavailable, you may be required to perform analyses.**

(2) Must be reported in gallons for liquid raw materials and pounds for solid raw materials.

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| **SECTION E - PROCESS INFORMATION – PROCESS AND OPERATIONAL ACTIVITY DESCRIPTIONS** |

***Item E-1***

**PROCESS AND OPERATIONAL ACTIVITY DESCRIPTIONS**

**(for Products/Services/Activities listed in Item B-2)**

**DO NOT PREPARE THE PROCESS DESCRIPTIONS ON THIS PAGE. THE DESCRIPTIONS MUST BE PREPARED ON SEPARATE PIECES OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION.**

The DESCRIPTIONS must be typewritten; handwritten versions will not be accepted. Process Descriptions are narrative explanations of how a process works. A narrative should be detailed and include raw materials used, processes occurring, waste streams (solid and liquid) and product output. You will use the information in the process descriptions in developing the Schematic Flow Diagram in Section H.

At a minimum, the DESCRIPTIONS must include the following:

* A specific explanation of the process/activity:
  + How are raw materials received at the facility and where are they stored?
  + If the site includes multiple buildings and/or outside areas, a description of the location of each process/activity.
  + How are raw materials transported to the process/activity area?
  + How are raw materials added/used in the process(es)?
  + List and describe the purpose and operation of all **major** pieces of equipment that are used for each process.
  + Describe the purpose of the process/activity within the facility – identify the products and wastes (solid and liquid) generated as a result of performing each process/activity.
  + How often the process/activity is operated/performed (number days/week and number hours/day)?
  + Describe whether the process/activity is performed as a *batch* or *continuous* operation?

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| **SECTION F - PROCESS INFORMATION – WASTES & PRODUCTS (OUTPUTS)** | | | | | | |
| ***Item F-1a*** | | | | | | |
| **LIQUID INDUSTRIAL/COMMERCIAL WASTES GENERATED** | | | | | | |
| **All** liquid wastes, excluding domestic wastes, that are generated **by the products/services/activities listed in Item B-2** at the facility/site must be listed below. Attach additional sheets if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format provided that it includes all of the specified information. | | | | | | |
| **WASTE IDENTIFICATION** | **NAME/IDENTITY OF WASTE** | **DAILY QUANTITY GENERATED/DISCHARGED**  *(If estimated, please indicate by including an ‘E’; if measured please include an ‘M’)* | | **WHAT IS THE MEANS FOR DISPOSAL/DISCHARGE OF THIS WASTE?(2)** | **IF WASTE IS HAULED, WHAT IS THE NAME OF THE HAULER/DISPOSAL COMPANY?** | **IF THE WASTE IS HAULED, WHAT IS THE FREQUENCY OF DISPOSAL?(3)** |
| **AVERAGE(1)** | **MAXIMUM(1)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |

(1) Must be reported in gallons for liquid wastes and pounds for solid wastes.

(2) Discharge to sanitary sewer (SS); disposal via waste hauler (WH); Evaporation (EV); Contained in Product (CP); Discharged to surface or ground waters (SGW); Domestic Trash (DT); Other (Y) [*specify*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Specify how often each waste is hauled (i.e., weekly, monthly, every 2 months, etc.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SECTION F - PROCESS INFORMATION – WASTES & PRODUCTS (OUTPUTS)** | | | | | | |
| ***Item F-1b*** | | | | | | |
| **SOLID INDUSTRIAL/COMMERCIAL WASTES GENERATED** | | | | | | |
| **All** solid wastes, excluding domestic wastes that are generated **by the products/services/activities listed in Item B-2** at the facility/site must be listed below. Attach additional sheets if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format provided that it includes all of the specified information. | | | | | | |
| **WASTE IDENTIFICATION** | **NAME/IDENTITY OF WASTE** | **DAILY QUANTITY GENERATED/DISCHARGED**  *(If estimated, please indicate by including an ‘E’; if measured please include an ‘M’)* | | **WHAT IS THE MEANS FOR DISPOSAL/DISCHARGE OF THIS WASTE?(2)** | **IF WASTE IS HAULED, WHAT IS THE NAME OF THE HAULER/DISPOSAL COMPANY?** | **IF THE WASTE IS HAULED, WHAT IS THE FREQUENCY OF DISPOSAL?(3)** |
| **AVERAGE(1)** | **MAXIMUM(1)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |

(1) Must be reported in gallons for liquid wastes and pounds for solid wastes.

(2) Discharge to sanitary sewer (SS); disposal via waste hauler (WH); Evaporation (EV); Contained in Product (CP); Discharged to surface or ground waters (SGW); Domestic Trash (DT); Other (Y) [*specify*]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Specify how often each waste is hauled (i.e., weekly, monthly, every 2 months, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Item F-2*** | | | | | |
| **SANITARY SEWER DISCHARGE INFORMATION** | | | | | |
| ** FOR ZERO DISCHARGE, CHECK HERE. Zero Discharge means *no wastes* identified in Item F-1a or F-1b are discharged to the sanitary sewer at any time.**  **For those wastes listed in Item F-1 that are indicated as being discharged to the sanitary sewer (SS), the following information must be provided:** | | | | | |
| **NAME OR**  **WASTE IDENTIFICATION NO. (FROM F-1)** | **NAME OF PROCESS OR ACTIVITY THAT GENERATED THIS WASTE** | **TYPE OF PRETREATMENT**  **PROCESS, IF ANY** | **TYPE & FREQUENCY OF DISCHARGE**  **(1)** | **DAILY QUANTITY DISCHARGED (GALLONS)(2)** | |
| **AVERAGE** | **MAXIMUM** |
|  |  |  |  |  |  |
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(1) Indicate whether discharge is Batch (B) or Continuous (C) and frequency of discharges: Daily (D), Weekly (W), Bi-Weekly (BW), Monthly (M), Bi-Monthly (BM), or Other (Y) [*specify*]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Amounts may be estimated if exact amounts are not available. If estimated, please indicate by including an ‘E’; if measured, please indicate by including an ‘M’.

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| **SECTION G - PROCESS INFORMATION – WASTE STORAGE, HANDLING & DISPOSAL DESCRIPTIONS** |

***Item G-1***

**WASTE STORAGE, HANDLING & DISPOSAL DESCRIPTIONS**

**(for Products/Services/Activities listed in Item B-2)**

In the table below or a separate sheet(s) of paper, provide a detailed description of the waste storage, handling, and disposal activities for your facility. The following must be specifically addressed in your descriptions:

* + How are wastes handled (transported within facility/stored/disposed of)?
* For each waste stream listed in F-1a & b and F-2, specify how the waste is collected, where it is stored prior to disposal, how it is transported from the process/activity area to the storage area and how it is disposed of.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Waste ID** | **Name of Waste** | **Collection Method** | **Waste Storage** | **Transportation Method (within facility)** | **Disposal Method** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
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| **SECTION H - PROCESS INFORMATION – WATER BALANCE** |

**This section addresses water consumption (usage) and discharge (wastewater) from your facility.**

***Item H-1***

|  |  |  |  |
| --- | --- | --- | --- |
| **WATER BALANCE INFORMATION - SUPPLY** | | | |
| **Legible copies of the last twelve (12) months of water bills must be included with this application.** | | | |
|  | | | |
| **WATER SUPPLY INFORMATION FROM ATTACHED WATER BILLS** | | | |
|  | **DATE RANGE/PERIOD OF BILL** | **VOLUME/FLOW REPORTED ON BILL** | **VOLUME/FLOW**  **(GALLONS PER DAY)1** |
| **WATER CONSUMPTION – BILL #1** |  |  |  |
| **WATER CONSUMPTION – BILL #2** |  |  |  |
| **WATER CONSUMPTION – BILL #3** |  |  |  |
| **WATER CONSUMPTION – BILL #4** |  |  |  |
| **WATER CONSUMPTION – BILL #5** |  |  |  |
| **WATER CONSUMPTION – BILL #6** |  |  |  |
| **WATER CONSUMPTION – BILL #7** |  |  |  |
| **WATER CONSUMPTION – BILL #8** |  |  |  |
| **WATER CONSUMPTION – BILL #9** |  |  |  |
| **WATER CONSUMPTION – BILL #10** |  |  |  |
| **WATER CONSUMPTION – BILL #11** |  |  |  |
| **WATER CONSUMPTION – BILL #12** |  |  |  |
| **AVERAGE** |  |  |  |

1 To calculate daily flow volume, divide total water usage as stated in the water bill by the total number operational days in the billing cycle, as stated in Item B-3. For example, if your days of operation are Monday - Friday, and the billing cycle was 30 days, divide total water usage by 20 to calculate daily flow volume.

** Check here if you do not pay water bills or there is no individual water meter for your facility. This may be because of your lease agreement with your landlord or property management company, water use is part of your monthly rent payment. If this box is checked, do not complete the Water Supply Information in Item H-1. *Flow values in* *Item H-3 must then be estimated and indicated as such.***

***Item H-2***

|  |  |  |  |
| --- | --- | --- | --- |
| **WATER BALANCE INFORMATION - DISCHARGE** | | | |
| **FOR THIS SECTION, YOU MUST USE THE FLOW INFORMATION FROM THE LAST TWELVE (12) MONTHS OF COMPLIANCE REPORTS.** | | | |
| **For each report, enter the dates of the report period (TIME PERIOD, second column) and the total monthly and daily average flows that were reported for each month of the reporting period (in the third and fourth columns).** | | | |
|  |  |  |  |
| **WATER DISCHARGE INFORMATION FROM SELF-MONITORING FLOW RECORDS** | | | |
|  | **TIME PERIOD** | **DAILY AVERAGE FLOW**  **(GALLONS PER DAY)** | **TOTAL MONTHLY FLOW**  **(GALLONS)** |
| **MONTH 1** |  |  |  |
| **MONTH 2** |  |  |  |
| **MONTH 3** |  |  |  |
| **MONTH 4** |  |  |  |
| **MONTH 5** |  |  |  |
| **MONTH 6** |  |  |  |
| **MONTH 7** |  |  |  |
| **MONTH 8** |  |  |  |
| **MONTH 9** |  |  |  |
| **MONTH 10** |  |  |  |
| **MONTH 11** |  |  |  |
| **MONTH 12** |  |  |  |
| **OVERALL AVERAGE\* (*Average of flows reported for the last twelve (12) months*)** |  |  |  |

\* This is a single number (a 12-month average) for the Daily Average Flow and a single number (a 12-month average) for the Total Monthly Flow

|  |
| --- |
| **Are your reported *discharge flow rates for regulated (categorical or locally regulated) process wastewaters only (do not contain domestic wastewater from bathrooms, showers, kitchens, etc.)?*** |
| **YES**  **NO** |

** Check here if you do not currently submit Periodic Compliance Reports to Metro and/or currently do not have the capability to measure outgoing wastewater flow (i.e. a flow meter). If this box is checked, do not complete the Water Discharge Information in Item H-2. *Flow values in Item H-3 must then be estimated and indicated as such.***

***Item H-3***

|  |
| --- |
| **WATER BALANCE - SUMMARY** |
| **The purpose of this section is to summarize and compare the information that you have supplied for the Water Supply and Discharge tables. This should include all sources from item F-2 above.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Water Consumption** | | | **Discharge to Sanitary Sewer** | | |
| **Process**  **(add additional lines as necessary)** | **Flow (gpd)** | **E**  **or**  **M(2)** | **Process**  **(add additional lines as necessary)** | **Flow (gpd)** | **E**  **or**  **M(2)** |
| Domestic(3)  (25gpd/person) |  |  | Domestic(3)  (25gpd/person) |  |  |
| Boiler |  |  | Boiler Blowdown |  |  |
| Irrigation/Landscaping |  |  | Non-contact Cooling Water |  |  |
|  |  |  | Air Compressor Condensate |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Water Used (gpd)**  ***(from the yellow cell in H-1*):** |  |  | **Total to Sewer (gpd)**  ***(from the yellow cell in H-2*):** |  |  |
|  |  |  | Evaporative Losses(1) |  |  |
|  |  |  | Product Losses(4) |  |  |
|  |  |  | Irrigation/Landscaping |  |  |
|  |  |  | Hauled Off-site |  |  |
|  |  |  |  |  |  |
|  |  |  | **Water Balance (gpd)**  Total Sewer + Evaporative/Product Losses + Irrigation + other losses |  |  |

**(1)You must include an explanation for how you have quantified the evaporative losses, or how you have quantified any other water losses (or surplus) in your explanation. If Metro determines that additional water balance information is necessary, you may be required to complete and submit a detailed water balance. In the event that you are required to submit the detailed water balance, a Water Balance package will be provided to you by Metro.**

**(2)Indicate whether the value supplied is estimated – indicated by ‘E’, or measured – indicated by ‘M’.**

**(3) Use the estimate of 25 gallons of water per day per employee for Production employees. Refer to the Instructions and Guidelines Section for Item H-3 for more detailed information on how to determine domestic water discharge for your facility.**

**(4)Product Losses include water used or consumed within the product manufactured or during the manufacturing process, thus it is not discharged to the sanitary sewer.**

**(5)If all water consumption, wastewater discharged, and water losses are properly accounted for, the calculated Water Balance (bottom right blue cell) should be the same as Total Water Used. If for any reason your calculations do not result in an equal value, you are required to include a separate written explanation of this discrepancy as part of this section of the Application.**

|  |
| --- |
| **SECTION I - PROCESS FLOW DIAGRAM** |

***Item I-1***

**DO NOT PREPARE YOUR PROCESS FLOW DIAGRAM ON THIS PAGE. THE DIAGRAM MUST BE PREPARED ON A SEPARATE PIECE OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION.**

The DIAGRAM must be typewritten; handwritten versions will not be accepted. The Process Flow Diagram must be legible and must be no smaller than 8 x 11 inches and no larger than 11 x 17 inches. At a minimum, the flow diagram must include the following:

* Each manufacturing process or activity at your facility including**:**

* All raw materials
* All solid and liquid wastes
* Processes represented in Items D-1, E-1, F-1a, F-1b, F-2, G-1, and water from H-3 must be shown on the diagram.
* Processes should be sequential, beginning with raw materials or product coming into the facility and concluding with final product disposition (i.e. shipping).
* A sub-schematic of each pretreatment process, showing all treatment tanks, pumps, piping, and control features. (i.e. a separate diagram for treatment system processes)
* Discharge points for each waste listed in Items F-1a, F-1b, G-1, and water from H-3.
* Input/feed points for each raw material listed in Items D-1, including water from H-3.
* Monitoring Point(s)/Sampling Location (indicate the location(s) for all existing monitoring points **and** for any new processes that you plan to operate at your facility within the next one (1) year, indicate your proposed monitoring point/sampling location for each new process.)

**SECTION J - ANALYTICAL DATA (WASTEWATER CHARACTERISTICS)**

As noted below, submission of analytical data may not be required, depending on the specific technical needs in assessing and developing your new Permit. The technical requirements will be determined by Metro. Please refer to the table below for a list of analyses that Metro has determined necessary for your Permit application. Please see highlights.

|  |
| --- |
| No Analyses Necessary at this time [to be determined by Metro] |
| pH (must be analyzed within 15 minutes of sample collection) |
| Total Metals (Cadmium, Chromium, Hexavalent Chromium, Copper, Lead, Nickel, Silver, Zinc, Arsenic, Mercury, Molybdenum, Selenium) |
| Hexane Extractable Material (HEM - Total Oil & Grease) |
| Hexane Extractable Material-Silica Gel Clean-Up (SGT-HEM; Non-Polar Material) |
| Total Cyanide |
| BOD5 |
| SS |
| COD |
| BTEX |
| Volatile Organics |
| Semi-Volatile Organics |
| Pesticides/PCBs |
| Other: Tetrachloroethene |

All analyses must be performed in accordance with 40 CFR 136 or another method approved by Metro. Analytical results submitted that are not in accordance with 40 CFR 136, or Metro approved, are considered invalid and will not be accepted. A minimum of two (2) sampling events must be performed and the results submitted with this application. Each sampling event must occur on an individual business day and must be performed on a day that represent normal processes, activities and operating hours to ensure that the samples are representative of all processes and activities that generate wastewater from your facility.

For each sample collected and analyzed, the following information must also be included:

* Sample type (flow-proportional, time composite, manual grab)
* Frequency of samples taken (i.e., every 2 hours, every 100 gallons, etc.)
* Time, date, and location(s) of sample collection
* Method of analysis for each sample
* Wastewater flow rate(s) on the day of each sample collection (indicate whether estimated or measured)
* All associated laboratory QC data
* Copies of completed chain-of-custody forms for each sample (blank COC forms can be obtained from most analytical laboratories)

Each sample must be analyzed for the following parameters, with the results reported in mg/L for all parameters except pH, which is reported in standard units:

*Grab Sample: A sample that is taken from a waste stream on a one-time basis with no regard to the flow in the waste stream and without consideration of time.*

*Composite Sample: A representative flow proportioned [or time proportioned] sample collected over a 24-hour period consisting of a minimum of four (4) individual samples collected at equally spaced intervals and combined according to flow [or time].*

**SECTION K - OTHER REQUIRED INFORMATION**

Pursuant to Section 6.22.2(13), Metro has deemed that the following information is necessary to evaluate the permit Application and therefore must be included with this Application:

**SECTION L - SIGNATORY REQUIREMENTS & CERTIFICATION**

All reports and information submitted as requirements of this permit application must be signed and certified by an authorized representative of the applicant as defined in Section 2.10 of the Rules and Regulations.

**SIGNATORY REQUIREMENTS**

Signatory of the Zero Discharge Permit Application must provide the following:

**CERTIFICATION**

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.

**Printed Name Title**

**Signature of Authorized Representative Date**

**TOTAL TOXIC ORGANICS**

**Total Toxic Organics (TTO):** Shall mean the summation of all quantifiable values greater than 0.01 mg/l for the following toxic organics:

Organic Toxic Pollutants in Each of Four Fractions

in Analysis by Gas Chromatography/Mass Spectroscopy (GC/MS)

|  |  |  |  |
| --- | --- | --- | --- |
| **Volatiles** | **Base/Neutral** | **Acid Compounds** | **Pesticides/PCBs** |
| acrolein | acenaphthene | 2-chlorophenol | aldrin |
| acrylonitrile | acenaphthylene | 2,4-dichlorophenol | alpha-BHC |
| benzene | anthracene | 2,4,-dimethylphenol | Aroclor 1016 |
| bromoform | benzidine | 4,6-dinitro-o-cresol | Aroclor 1221 |
| carbon tetrachloride | benzo(a)anthracene | 2,4-dinitrophenol | Aroclor 1232 |
| chlorobenzene | benzo(a)pyrene | 2-nitrophenol | Aroclor 1242 |
| chlorodibromomethane | 3,4-benzofluoranthene | 4-nitrophenol | Aroclor 1248 |
| chloroethane | benzo(ghi)perylene | p-chloro-m-cresol | Aroclor 1254 |
| 2-chloroethylvinyl ether | benzo(k)fluoranthene | pentachlorophenol | Aroclor 1260 |
| chloroform | bis(2-chloroethoxy)methane | phenol | beta-BHC |
| dichlorobromomethane | bis(2-chloroethyl)ether | 2,4,6-trichlorophenol | gamma-BHC |
| 1,1-dichlorethane | bis(2-chloroisopropyl)ether |  | delta-BHC |
| 1,2-dichlorethane | bis(2-ethylhexyl)phthalate |  | chlordane |
| 1,1-dichlorethylene | 4-bromophenyl phenyl ether |  | 4,4'-DDT |
| 1,2-dichlorpropane | butylbenzyl phthalate |  | 4,4'-DDE |
| 1,3-dichlorpropylene | 2-chloronaphthalene |  | 4,4'-DDD |
| ethylbenzene | 4-chlorophenyl phenyl ether |  | dieldrin |
| methyl bromide | chrysene |  | alpha-endosulfan |
| methyl chloride | dibenzo(a,h)anthracene |  | beta-endosulfan |
| methylene chloride | 1,2-dichlorobenzene |  | endosulfan sulfate |
| 1,1,2,2-tetrachloroethane | 1,3-dichlorobenzene |  | endrin |
| tetrachloroethylene | 1,4-dichlorobenzene |  | endrin aldehyde |
| toluene | 3,3-dichlorobenzidine |  | heptachlor |
| 1,2-trans-dichloroethylene | diethyl phthalate |  | toxaphene |
| 1,1,1-trichloroethane | dimethyl phthalate |  |  |
| 1,1,2-trichloroethane | di-n-butyl phthalate |  |  |
| trichloroethylene | 2,4-dinitrotoluene |  |  |
| vinyl chloride | 2,6-dinitrotoluene |  |  |
|  | di-n-octyl phthalate |  |  |
|  | 1,2-diphenylhydrazine (as azobenzene) |  |  |
|  | fluorene |  |  |
|  | fluoranthene |  |  |
|  | hexachlorobenzene |  |  |
|  | hexachlorobutadiene |  |  |
|  | hexachlorcyclopentadiene |  |  |
|  | hexachloroethane |  |  |
|  | indeno(1,2,3-cd)pyrene |  |  |
|  | isophorone |  |  |
|  | naphthalene |  |  |
|  | nitrobenzene |  |  |
|  | N-nitrosodimethylamine |  |  |
|  | N-nitrosodi-n-propylamine |  |  |
|  | N-nitrosodiphenylamine |  |  |
|  | phenanthrene |  |  |
|  | pyrene |  |  |
|  | 1,2,4-trichlorobenzene |  |  |