

Office Use	
Application No	
Date Received	

SECTION A – GENERAL INFORMATION

1. Name of facility: _____

2. Name of operator: _____

3. Physical Address of Facility

Street: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

Email: _____

4. Business Mailing Address

Street or PO Box: _____

City: _____ State: _____ Zip: _____

5. Designated signatory authority of the facility:
(Attach similar information for each authorized representative)

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ FAX: _____

Email: _____

6. Designated facility contact:

Name: _____

Title: _____

Phone Number: _____ FAX: _____

Email: _____ Emergency Phone Number: _____

7. Is the operator the owner of the facility? Yes No

If the answer is "no", submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

SECTION B – SEWER CONNECTIONS

1. Will you be connected to the public sanitary sewer system? Yes No

If no, skip to Section J, sign the application, and return it to the City.

2. Check one: Existing discharge Proposed discharge

If this application is for a proposed discharge, indicate the anticipated date of discharge commencement:

Month Day Year

3. Does or will this facility discharge any wastewater other than from rest rooms to the City sewer? Yes No

If no, skip to Section H, sign the application, and return it to the City.

4. Identify which POTW your facility discharges to:

Villa Rica North WPCP Villa Rica West WPCP

5. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. If more than three, attach additional information on another sheet.
Sewer Size Descriptive Location of Sewer Connection Average Flow (gpd)

Table with 3 columns: Sewer Size, Descriptive Location of Sewer Connection, Average Flow (gpd). It contains three empty rows for data entry.

SECTION C – WATER SUPPLY

1. Water sources: (check all that apply)

- Private well
- Surface water
- Water utility (specify): _____
- Other (specify): _____

2. List average usage on premises (new facilities should estimate):

	Type	Average Water Usage (GPD)	Estimated or Measured ("E" or "M")
a.	Contact cooling water		
b.	Non-contact cooling water		
c.	Boiler Feed		
d.	Process		
e.	Sanitary		
f.	Air pollution control		
g.	Contained in product		
h.	Plant & equipment wash down		
i.	Irrigation & lawn watering		
j.	Other		
k.	Total (a-j)		

SECTION D – BUSINESS ACTIVITY

1. If your business employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category. Check all that apply.

	Industrial Categories	SIC Ref #
<input type="checkbox"/>	Aluminum Forming	467
<input type="checkbox"/>	Asbestos Manufacturing	427
<input type="checkbox"/>	Battery Manufacturing	461
<input type="checkbox"/>	Canned & Preserved Fruits & Vegetables Processing	407
<input type="checkbox"/>	Canned & Preserved Seafood Processing	408
<input type="checkbox"/>	Carbon Black Manufacturing	458
<input type="checkbox"/>	Cement Manufacturing	411

<input type="checkbox"/>	Coal Mining	434
<input type="checkbox"/>	Coil Coating	465
<input type="checkbox"/>	Copper Forming	468
<input type="checkbox"/>	Dairy Products Processing	405
<input type="checkbox"/>	Electrical & Electronic Components Manufacturing	469
<input type="checkbox"/>	Electroplating	413
<input type="checkbox"/>	Explosives Manufacturing	457
<input type="checkbox"/>	Feedlots	412
<input type="checkbox"/>	Ferroalloy Manufacturing	424
<input type="checkbox"/>	Fertilizer Manufacturing	418
<input type="checkbox"/>	Glass Manufacturing	426
<input type="checkbox"/>	Grain Mills	406
<input type="checkbox"/>	Gum & Wood Chemicals Manufacturing	454
<input type="checkbox"/>	Hospital	560
<input type="checkbox"/>	Ink Formulating	447
<input type="checkbox"/>	Inorganic chemicals Manufacturing	415
<input type="checkbox"/>	Iron & Steel Manufacturing	420
<input type="checkbox"/>	Leather Tanning & Finishing	425
<input type="checkbox"/>	Meat Products	432
<input type="checkbox"/>	Metal Finishing	433
<input type="checkbox"/>	Metal Molding & Casting	464
<input type="checkbox"/>	Mineral Mining & Processing	436
<input type="checkbox"/>	Nonferrous Metals Forming & Metal Powders	471
<input type="checkbox"/>	Nonferrous Metals Manufacturing	421
<input type="checkbox"/>	Oil & Gas Extraction	435
<input type="checkbox"/>	One Mining & Dressing	440
<input type="checkbox"/>	Organic Chemicals, Plastic & Synthetic Fibers	414
<input type="checkbox"/>	Paint Formulating	446
<input type="checkbox"/>	Paving & Roofing Materials	443
<input type="checkbox"/>	Pesticides Chemicals	455
<input type="checkbox"/>	Petroleum Refining	419
<input type="checkbox"/>	Pharmaceutical Manufacturing	439
<input type="checkbox"/>	Phosphate Manufacturing	422
<input type="checkbox"/>	Photographic	459
<input type="checkbox"/>	Plastic Molding & Forming	463
<input type="checkbox"/>	Porcelain Enameling	466
<input type="checkbox"/>	Pulp, Paper & Paperboard	430
<input type="checkbox"/>	Rubber Manufacturing	428
<input type="checkbox"/>	Soap & Detergent Manufacturing	417
<input type="checkbox"/>	Steam Electric Power Generation	423
<input type="checkbox"/>	Sugar Processing	409
<input type="checkbox"/>	Textile Mills	410
<input type="checkbox"/>	Timber Products Processing	429
<input type="checkbox"/>	The Builders' Paper & Board Mills	431

A facility with process inclusive in the above areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical users".

2. Give a brief description of all operations at this facility including primary products or services (includes principal raw materials, catalysts, and intermediates used in the process).

3. Indicate applicable Standard Industrial Classification (SIC) for all processes. If more than one applies, list them in descending order of importance.

a.	b.	c.
d.	e.	f.

4. Product Volume

Product (Brand Name)	Past Calendar Year		Estimate for This Calendar Year	
	Amount Per Day (Daily Units)		Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Provide the following information on wastewater flow rate (new facilities should estimate):

a. Hours of discharge (e.g., 9am to 5pm)

From: M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

To: M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

b. Total hours discharged per day (e.g., 8 hours per day)

M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

c. Peak hourly flow rate (gpd)

d. Maximum daily flow rate (gpd)

e. Annual daily average (gpd)

2. If batch discharges occur or will occur, indicate (new facilities should estimate):

a. Total number of batch discharges per day _____

b. Average discharge per batch _____ (gpd)

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate during batch discharge _____ (gpm)

e. Percent of total discharge _____ %

3. Schematic flow diagram – For each major activity in which wastewater is or will be generated and treated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastewater. Include the average daily volume and maximum daily volume of each waste stream (new facilities should estimate). If estimates are used for flow data, this must be indicated. *Number each unit process* having wastewater discharges to the community sewer. Use these numbers when showing these unit processes in the building layout in section H.

4. ANSWER QUESTION 4 ONLY IF YOU ARE NOT SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each of your processes or proposed processes. Include the reference number from the schematic flow diagram that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Regulated Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, both, none)

5. ANSWER QUESTIONS 5 & 6 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each of your processes or proposed processes. Include the reference number from the schematic flow diagram that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Regulated Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (batch, continuous, both, none)

6. All categorical users subject to Total Toxic Organic (TTO) requirements should provide the following TTO information:

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the EPA? Yes No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information? Yes No

c. Has a toxic organics management plan (TOMP) been developed (if yes, please attach)? Yes No

7. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow measuring equipment at this facility?

	Currently	Planned
Flow metering equip	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sampling equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If so, please indicate the present or future location of this equipment on the schematic flow diagram and describe the equipment:

If flow metering equipment is not installed, will water use records or another method be used and be representative of the discharged flow? Explain:

8. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

If yes, then briefly describe these changes and their affects on the wastewater volume and characteristics (attach additional sheets if necessary): Yes No

10. Do you know if you discharge any listed or characteristic hazardous wastes as specified in 40 CFR 261 to a POTW sanitary sewer system? Yes No
If yes, please complete the following:

a. Name of the hazardous waste as set forth in 40 CFR 261:

b. EPA hazardous waste number: _____

c. Type of discharge to the sewer (continuous, batch, or both): _____

d. A certification should be provided below that you have a program in place to reduce the volume and toxicity of hazardous wastes generated to the extent determined to be economically practical:

e. Describe the program components:

11. Do you discharge more than 100 kilograms of hazardous waste per calendar month to the POTW sewer? Yes No

If yes, please report the following:

a. An identification of the hazardous constituents contained in the hazardous waste as specified in 40 CFR 261:

b. An estimation of the mass and concentration of the constituents in the waste stream discharged during the calendar month:

c. An estimation of the mass of constituents in the waste stream expected to be discharged during the next twelve months:

12. Have you had to submit a hazardous waste notification to the POTW you discharge to based on the requirements of 40 CFR 403.12(p)? Yes No
If yes, provide the POTW name, address, and date of notification.

SECTION F – TREATMENT

1. Is any form of wastewater treatment practiced at this facility? Yes No

2. Is any form of wastewater treatment or any changes to existing wastewater treatment planned for this facility in the next three years? Yes No

If yes, describe:

3. Which of these treatment devices or processes are used for or proposed for treating wastewater or sludge at your facility (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Septic tank |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Biological treatment |
| <input type="checkbox"/> Grease and oils separation
type _____ | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Other chemical treatment |
| <input type="checkbox"/> Grinding filter <input type="checkbox"/> type _____ | |
| <input type="checkbox"/> Grit removal | |
| <input type="checkbox"/> Neutralization, pH correction type _____ | |
| <input type="checkbox"/> Ozonation <input type="checkbox"/> Other | |
| <input type="checkbox"/> Reverse osmosis type _____ | |

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. (Attach additional sheets if necessary.)

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal methods, waste and by-product volumes, , and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment plant operator? No Yes
(If yes:)

Name: _____

Title: _____

Phone: _____

Full Time: (specify hours) _____ Part Time: (specify hours) _____

8. Is the treatment plant operator certified? No Yes
(If yes:)

State of Certification: _____

Certification Type: _____

Certification Date: _____

Certification Number: _____

SECTION G – FACILITY OPERATIONAL CHARACTERISTICS

1. Indicate whether the facility discharge is:

Continuous throughout the year, or

Seasonal (Circle the months of the year during which business activity occurs)

J F M A M J J A S O N D

COMMENTS:

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

No Yes (If yes, indicate reasons and period when shutdown occurs:

3. List types and quantity of raw materials, catalysts, intermediates, and other chemicals used or planned for use (attach list if needed).

Chemical	Quantity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

4. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram in Section E-31), public sewers, and each facility sewer line connected to the public sewers. Number each sewer. (A blueprint of the facilities showing all of the above items may be attached in lieu of submitting a drawing.)

SECTION H – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

No Yes

If yes, please give a description of their location, contents, size, type, frequency, and method of cleaning. Also, indicate in a diagram, or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage areas?

- No Yes If yes, where do they discharge to?

3. 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 on-site disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other (specify) _____
- not applicable – no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the City's collection system?

- No
- Yes (please enclose a copy with this application)
- not applicable – facility discharges only domestic wastes
- not applicable – no possible discharges per Section H-3 (above)

SECTION I – NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- No (if no, please skip to question 5)
- Yes (if yes, please enclose a copy with this application)

Waste Generated	Quantity	Disposal Method	Treatment Facility On-site/Off-site
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. If any of your wastes identified in Section I-1 (above) are sent to an off-site centralized waste treatment facility, identify the facility's name and location.

3. If an outside firm removes any of the waste described in Section I-1 (above), state the names and addresses of all waste haulers:

a. _____

Permit No. (if applicable): _____

b. _____

Permit No. (if applicable): _____

4. If any wastes are stored on site for greater than 90 days, provide the following:

- Storage method: drum
 roll-off container
 tank
 lagoon
 other (specify) _____

Typical length of time waste is stored: ___ days ___ weeks ___ months

Typical volume of waste stored: ___ tons ___ gallons

Is storage site diked? Yes No

Surface drainage collection? Yes No

5. Have you been issued any Federal, State, or local environmental permits?

- No Yes (If yes, attach copies.)

6. In the event of discharge to storm sewer or surface water, has an NPDES permit been applied for? No Yes

If yes, please indicate the permit number or application date: _____

SECTION J – COMPLIANCE CERTIFICATION

1. Are all Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

No Yes Not yet discharging

2. If the answer to Section J-1 (above) is NO, provide the following information:

a. What additional operations and maintenance procedures are being considered to bring the facility in compliance? Also, list additional treatment technology or practices being considered to bring the facility into compliance.

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Georgia Environmental Protection Division issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION K – AUTHORIZED SIGNATURES

Authorized Representative Statement

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 or imprisonment for knowing violations.

Name

Title

Signature

Date

Phone