

DIMONDALE/ WINDSOR WWTP

INDUSTRIAL USER DISCHARGE PERMIT APPLICATION FORM

FOR ALL NON-DOMESTIC, INDUSTRIAL USERS

This application for permit **MUST** be:

1. Submitted with all appropriate materials to the Village of Dimondale no later than 90 days prior to date of discharge to the WWTP.
2. Accompanied by a fee of \$100 (non-refundable)

Connection to, and usage of, sewer utilities without an approved permit is a civil infraction punishable by a \$500 fine or imprisonment, or both; 1040.99 Codified Ordinances.

SECTION 1 – GENERAL INFORMATION

A. General

Parcel code:	
Facility Name:	

B. Facility Address

Facility Physical Address:	
Mailing Address:	

C. Designated signatory authority of the facility (must be responsible for overall operation of the facility)

Name (print):	
Title:	
Address:	

D. Designated Facility Contact

Name (print):	
Title:	
Phone/ Email:	

E. List any environmental control permits held for or by the facility (include any permits expected to be issued)

F. Have you applied for sanitary sewer hookup?

Yes No

G. Will you be occupying an existing vacant building?

Yes No

H. List the area of the facility in square feet by use as follows:

Location	Sq. Ft.
Process/ Production	
Office/ Clerical	
Other (Please specify):	

SECTION 2 – SIC NUMBER

A. Indicate applicable Standard Industrial Classification Code(s) SIC from “Attachment B” for all processes (if more than one applies, list in descending order of importance):

A.	
B.	
C.	
D.	

SECTION 3 – WASTEWATER CONSTITUENTS

Report detailing the precise wastewater constituents and characteristics, including, but not limited to, those mentioned in Chapter 1040 as determined by reliable bona fide chemical and biological analysis. Sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(g) of the Act and contained in 40 CFR, Part 136, as amended.

Locally limited parameters can be found in the Dimondale Code of Ordinances; Title Four; Chapter 1040; Paragraphs 1040.07-1040.10 or in the attached list “Attachment A”. Test results MUST show any presence of and potency of substances contained in this list.

SECTION 4 – TIME OF DISCHARGES

A. Will the facility discharge any wastewater (other than sanitary) to the WWTP?

Yes No

B. Provide measured or estimated non-sanitary wastewater flow rates for each process wastestream that will be discharged to the POTW:

a. Total hours per day discharging

MON	TUE	WED	THU	FRI	SAT	SUN

SECTION 5 – AVERAGE DAILY AND PEAK FLOW

A. Time frame discharging (e.g. 8 AM – 5 PM)

MON	TUE	WED	THU	FRI	SAT	SUN

1. Peak hourly flow rate during discharge:

Gallons per minute:	
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2. Maximum daily flow rate:

Gallons per day:	
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B. If batch discharge occurs or will occur, please indicate the following:

Number of batch discharges per day	
Average volume of batch discharge (gallons)	

SECTION 6 – SITE PLANS

Include stamped “Approved” by the County Inspection Department floor plans of the facility containing the following information: building layout, building location, water meters, storm drains, sewer connections, public sewers, location of regulated process stream, information from Section 10A regarding chemical storage location, and location of regulated process discharge point.

SECTION 7 – BUSINESS ACTIVITIES

A. Shift Information

1. Work Days – Please indicate the hours for each weekday that the facility will be in operation

MON	TUE	WED	THU	FRI	SAT	SUN

2. Number of shifts per work day

MON	TUE	WED	THU	FRI	SAT	SUN

3. Number of employees per shift

Day	1 st	2 nd	3 rd
MON			

TUE			
WED			
THU			
FRI			
SAT			
SUN			

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

C. Does your facility include any non-production food preparation areas?

- Yes No

D. Product Volume Estimation:

Product	Past Calendar Year Amounts (per month)		This Calendar Year Amounts (per month)	
	Average	Maximum	Average	Maximum

SECTION 8 – LOCALLY LIMITED PARAMETERS

Locally limited parameters outlined in “Attachment A” are to be reported in test results as required in Section 3.

SECTION 9 – PRE-TREATMENT

A. 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 WWTP at least 10 days prior to schedule.

B. Treatment devices or processes used or proposed for treating wastewater or sludge (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Air Floatation | <input type="checkbox"/> Oil Separation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Sand Interceptor | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> pH Correction | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Ozonation | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Rainwater | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Diversion or Storage | <input type="checkbox"/> Spill Protection |

C. Please list all processes and operations that will be used (physical, chemical, biological) in addition to those checked above.

D. Does the facility have a dedicated treatment operator?

- Yes No

If yes, complete the following

Name:		Title:	
Phone:		Email:	
Full Time (hours):		Part Time (hours):	

E. Is there a reference manual/standard operating procedure for the treatment equipment?

- Yes No

F. Is there a written maintenance schedule for the treatment equipment?

- Yes No

SECTION 10 – REQUIRED SUPPLEMENTAL INFORMATION

SPILL PREVENTION

A. 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 Section 6.

B. 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:
 Not applicable. No possible discharge to any of the above routes.

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

- Yes No

If yes, where do the drains discharge to?

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D. 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 accidental spill prevention plan. Submission does not alleviate your facility from enforcement actions taken in response to violations.*

E. 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.

TOXIC POLLUTANTS

A. Does, or will, the facility use any of the toxic pollutants listed in "Table 1"?

- Yes No

If yes, please indicate on a separate sheet which toxic organics are used, how they are used, if they will be discharged to the WWTP, and which toxic organics will be stored on site.

B. 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 that may be required for the IUDP or from enforcement actions for TTO violations.

C. List all chemicals, oils, solvents, metals, cutting fluids, etc. used at this facility:

NON DISCHARGED WASTES

A. Are any other solid, liquid, or sludge wastes generated at the site?

- Yes No

B. How are these wastes disposed of?

If yes to 1, 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).

C. Your facility is designated as:

- Large quantity hazardous waste generator
- Small quantity hazardous waste generator
- Conditionally exempt hazardous waste generator
- No designation

WATER SUPPLY

A. Water Sources/Supply to Facility:

- Private Well
- Surface Water
- Community Distribution System

B. Water Bill Information

Name on Bill:	
Address on Bill:	

C. Water Service Account

Account Number:	
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D. List average water usage on premises (estimate if necessary):

Type	Estimated (gpd)	Measured (gpd)
Contact Cooling Water		
Non-contact Cooling Water		
Boiler Feed		
Process		
Sanitary		
Plant/Equipment Wash-Down		
Other (Explain)		
TOTAL		

CATEGORICAL ACTIVITY

The list of industrial/commercial/business categories below has been developed by the EPA and are classified as Categorical. Facilities that match the description are Categorical Industrial Users. If your facility/business 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):

- | | |
|---|--|
| <input type="checkbox"/> Food: Dairy, Grains, Preserved Foods, Sugar (40 CFR 405-409) | <input type="checkbox"/> Transportation Equipment Cleaning (40 CFR 442) |
| <input type="checkbox"/> Textile Mills (40 CFR 410) | <input type="checkbox"/> Paving and Roofing Materials (40 CFR 443) |
| <input type="checkbox"/> Cement Manufacturing (40 CFR 411) | <input type="checkbox"/> Waste Combustors or Landfill (40 CFR 444-445) |
| <input type="checkbox"/> Feedlots (40 CFR 412) | <input type="checkbox"/> Paint and Ink Formulating (40 CFR 446-447) |
| <input type="checkbox"/> Electroplating (40 CFR 413) | <input type="checkbox"/> Gum and Wood Chemical Manufacturer (40 CFR 454) |
| <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers (40 CFR 414) | <input type="checkbox"/> Pesticide Chemicals (40 CFR 455) |
| <input type="checkbox"/> Inorganic Chemical Manufacturer (40 CFR 415) | <input type="checkbox"/> Explosive Manufacturing (40 CFR 457) |
| <input type="checkbox"/> Soap & Detergent Manufacturer (40 CFR 417) | <input type="checkbox"/> Carbon Black Manufacturing (40 CFR 458) |
| <input type="checkbox"/> Fertilizer Manufacturer (40 CFR 418) | <input type="checkbox"/> Photographic (40 CFR 459) |
| <input type="checkbox"/> Petroleum Refining Point Source Category (40 CFR 419) | <input type="checkbox"/> Hospital (40 CFR 460) |
| <input type="checkbox"/> Iron and Steel Manufacturing (40 CFR 420) | <input type="checkbox"/> Battery Manufacturing (40 CFR 461) |
| <input type="checkbox"/> Nonferrous Metals Manufacturer (40 CFR 421) | <input type="checkbox"/> Plastic Molding and Forming (40 CFR 463) |
| <input type="checkbox"/> Phosphate Manufacturer (40 CFR 422) | <input type="checkbox"/> Metal Molding and Casting (40 CFR 464) |
| <input type="checkbox"/> Steam Electric Power Generator (40 CFR 423) | <input type="checkbox"/> Coil Coating (40 CFR 465) |
| <input type="checkbox"/> Ferroalloy Manufacturer (40 CFR 424) | <input type="checkbox"/> Porcelain Enameling (40 CFR 466) |
| <input type="checkbox"/> Leather Tanning & Fishing (40 CFR 425) | <input type="checkbox"/> Aluminum Forming (40 CFR 467) |
| <input type="checkbox"/> Glass Manufacturer (40 CFR 426) | <input type="checkbox"/> Copper Forming (40 CFR 468) |
| <input type="checkbox"/> Asbestos Manufacturer (40 CFR 427) | <input type="checkbox"/> Electrical & Electronic Components (40 CFR 469) |
| <input type="checkbox"/> Rubber Manufacturer (40 CFR 428) | <input type="checkbox"/> Nonferrous Metal Forming & Metal Powders (40 CFR 471) |
| <input type="checkbox"/> Timber & Paper Products (40 CFR 429-430) | |
| <input type="checkbox"/> Meat Products (40 CFR 432) | |
| <input type="checkbox"/> Metal Finishing (40 CFR 433) | |
| <input type="checkbox"/> Coal Mining (40 CFR 434) | |
| <input type="checkbox"/> Oil and Gas Extraction (40 CFR 435) | |
| <input type="checkbox"/> Mineral Mining and Processing (40 CFR 436) | |
| <input type="checkbox"/> Centralized Waste Treatment (40 CFR 437) | |
| <input type="checkbox"/> Metal Products and Machinery (40 CFR 438) | |
| <input type="checkbox"/> Pharmaceutical Manufacturer (40 CFR 439) | |
| <input type="checkbox"/> Ore Mining and Dressing (40 CFR 440) | |
| <input type="checkbox"/> Dental Office (40 CFR 441) | |

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.

Name (print):			
Title:			
Phone:		Email:	
Signature:		Date:	

Forms and all supplementary materials must be returned to:

Street Address:

136 N. Bridge
Dimondale, MI 48821

Mailing Address:

P.O. Box 26
Dimondale, MI 48821