

**CITY OF LA JUNTA
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION**

Please complete the following application as accurately as possible. The information supplied within this application will be used to formulate the wastewater discharge permit for you facility. This application must be submitted at least ninety days prior to commencement of discharge or present permit expiration. If there are any questions concerning this application, please contact Joe Kelley or Todd Davidson at 1 (719) 384-7358.

(Please Type or Print)

SECTION A – GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

Phone Number(s): _____

FAX Number(s): _____

Facility Address: _____

(location) _____

Name of person(s) authorized to represent this facility in official correspondence with the Wastewater Authority and/or the City of La Junta: _____

Title: _____

Phone Number(s): _____

Alternate person to contact concerning information herein: _____

Title: _____

Name of operator: _____

Name of owner: _____

Standard Industrial Classification (SIC) numbers for you facility: _____

List type and number of all environmental control permits held by or for this facility: _____

SECTION B – FACILITY OPERATIONS

Number of employee shifts worked per 24-hour day: _____

Average number of employees per shift: _____

Starting times of each shift: 1st _____ 2nd _____ 3rd _____

Do shifts vary by department? () yes () no

Are any process changes or expansions planned during the next five-year? () yes () no

If yes, please attach a separate sheet to this form describing the nature of planned changes or expansions.

Note: The following information in this section must be completed for each product line. Please make a copy of this page as needed.

Principal product: _____

Amount of finished product: per month _____

Per year _____

Raw materials and process additives used: _____

Production process is:

() Batch () Continuous () Both _____ % batch, _____ % continuous

Average number of batches per 24-hour day: _____

Estimated wastewater discharge per production process (gpd).

Daily average: _____ daily maximum: _____

Hours of operation: _____ a.m. to _____ p.m. or _____ continuous

Are there scheduled shutdown periods? () yes () no

Explain: _____

Is production subject to season variations: () yes () no

If yes, describe the seasonal production cycle: _____

Average rate of production: Per month _____

Per year _____

SECTION C – WASTE MANAGEMENT

Check any of the following wastes, which are generated by this facility:

	Avg. gal/day	estimated	measured
<input type="checkbox"/> Sanitary waste	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water (non-contact)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water (contact)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/tower blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/Facility washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
TOTAL	_____		

Check all applicable points to where wastes are discharged.

	Avg. gal/day	estimated	measured
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Groundwater	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

Name & address of waste hauler(s), if used.

Does your facility use solvents, chemicals or degreasers to clean floors, equipment, raw materials or final products?

yes no Describe: _____

How are they disposed of? _____

Does your facilities solvent management plan to reduce solvent waste?

yes no Describe: _____

For the previous checked wastes, does you facility practice:

- on-site storage
- on-site disposal
- off-site storage
- off-site disposal

Briefly describe the method(s) of storage and disposal checked above: _____

Please attach a list of materials used in manufacture, chemicals and petroleum products which are kept at you facility in quantities greater than twenty gallons or pounds at any time. Include maximum volume or quantities, site of storage, list of ingredients and disposal methods for each item. If you are unable to identify the chemical constituents of products you use, please attach copies of all Material Safety Data Sheets (MSDS) for such products.

Has a Spill Prevention Plan been prepared for this facility? yes no

If yes, when was it submitted? _____

To whom was it submitted? _____

Who prepared the document? _____

If no, do you intend to prepare a Spill Prevention Plan? yes no

If yes, estimated date of completion: _____

SECTION D – WASTEWATER TREATMENT

Pretreatment devices or processes used for treating wastewater or sludge's (check all that are appropriate).

- Air flotation
- Chemical precipitation
- Cyclone
- Flow equalization
- Grit removal
- Neutralization, pH correction
- Reverse Osmosis
- Sedimentation
- Solvent separation
- Sump
- Grease/Oil separation, type: _____
- Biological treatment, type: _____
- Rainwater diversion or storage (describe): _____
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____
- No pretreatment provided.
- Centrifuge
- Chlorination
- Filtration
- Grease trap
- Ion exchange
- Ozonation
- Screen
- Septic tank
- Spill protection

When was the pretreatment system installed? _____

Has it been modified since installation? () yes () no

How many gallons per day was it designed to handle? _____

How many gallons per day are actually treated? _____

What chemicals or reagents are used? _____

What are the usage rates of these chemicals? _____

Is discharge batch or continuous? _____

What is the operating schedule for the pretreatment system?

Hours/day _____ days/week _____

Is there an alarm or backup system available? () yes () no

Describe: _____

What type of sampling is used to monitor the pretreatment system? _____

What type of monitoring devices are used for pretreatment? _____

How often are monitoring devices cleaned, calibrated, maintained or standardized? _____

Are operational and maintenance policies and procedures available? () yes () no

Is your facility a Categorical Industry under the code of Federal Regulations, Chapter 40?

() yes () no

Please attach detailed drawings of the following:

- a. Schematic process diagram indicating points where discharge of wastewater occurs.
- b. Site plan-indicating location of outside clean-outs or manholes.
- c. Floor plan indicating sewer lines and all floor drains.

SECTION E – AUTHORIZED SIGNATURE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an executive officer of the company responsible for the operation of the facility after adequate completion and review of this form.

“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 other are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.”

Name (Print)

Title

Signature

Date