CITY OF SHEBOYGAN
WASTEWATER DISCHARGE PERMIT APPLICATION

Facility _____

Address _____

City, State, Zip _____

In consideration for granting this permit, the undersigned agrees:

1. To furnish any additional information relating to the installation or use of the sanitary sewer for which this permit is sought as may be requested by the City.

2. To accept and abide by all provisions of Chapter 122 of the Municipal Code of the City of Sheboygan or equivalent codes for respective municipalities, and of all other pertinent Ordinances or regulation that may be adopted in the future.

3. To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the POTW of the industrial wastes involved, in an efficient manner at all times, and at no expense to the City.

4. To cooperate at all times with the City and its representatives in their inspecting, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.

5. To notify the City immediately in the event of any accident, or other occurrence that contributes to the wastewater treatment system any wastewater or substances prohibited or not covered by this permit.

6. To update the City in the event of changes, additions, or deletions to reported information.

7. To submit all required reports and information in a timely manner.

8. To fulfill all obligations and meet the limits of the resulting industrial discharge permit, if granted.

Section I: Wastestreams

Facility Owner: Facility Contact:

Name_____ Name_____

Title_____ Title_____

Phone_____ Phone_____

Business Activity_____

Process Wastestreams: (All process wastewater discharged. Do not include sanitary wastes, non-contact cooling or boiler blowdown).

Line	Process	Continuous Discharge Flow (gallons per day) Average	Maximum	Batch Flow (gallons)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Total Flow Balance:	Gallons per day [3] Average	Maximum	Estimate (E) or Measured (M)
A. Water consumption [1]	_____	_____	_____
B. Process wastewater (from above)	_____	_____	_____
C. Sanitary wastewater [2]	_____	_____	_____
D. Non-contact cooling water	_____	_____	_____
E. Boiler blowdown water	_____	_____	_____
F. Evaporation	_____	_____	_____
G. Other_____	_____	_____	_____
TOTAL Lines B-G (Should equal Line A)	_____	_____	_____

Total number of employees_____ Average number of work days per year_____

[1] Water consumption may be obtained through review of water usage bills
[2] If sanitary wastewater volume in not measured, use 10-20 gallons per employee per day
[3] Average and maximum flow data should be based on measurements taken over at least one year

Section II: Process Wastestreams - use one page per process

Line #_____ Process_____ Date Installed_____

Description of Operation_____

Average Production Rate_____ SIC Code_____

Normal Discharge: Hrs/day_____ Days/week_____ Time of discharge_____

Volume of Discharge:

Continuous Flow_____gallons/day

Batch Flow_____gallons # of tanks/stages_____

1st tank/stage_____gallons 2nd tank/stage_____gallons

3rd tank/stage_____gallons 4th tank/stage_____gallons

Normal frequency for batch discharges_____

Material Summary:

Raw Materials	Wastewater Contact	Chemicals	Wastewater Contact
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____
_____	Yes____ No____	_____	Yes____ No____

Wastes and bi-products produced_____

_____

Is the process regulated by Categorical Pretreatment Standards? Yes_____ No_____

Industrial Category_____

Pretreatment Standards: (If unknown, you may leave blank)

Pollutant	_____	_____	_____	_____	_____	_____	_____	_____	_____
Daily Max.	_____	_____	_____	_____	_____	_____	_____	_____	_____
Monthly Ave.	_____	_____	_____	_____	_____	_____	_____	_____	_____

Section III: Sampling - use one page per sample point

Line #(s)_____ Process(es)_____

Description of sample point_____

_____

Discharge location to public sanitary sewer_____

_____

Flow Summary <u>at sample point</u>:

Type	Daily Flow (gal/day) Average	Maximum	Estimate (E) or Measured (M)
Process wastewater	_____	_____	_____
Sanitary wastewater	_____	_____	_____
Other_____	_____	_____	_____
TOTAL	_____	_____	_____

Do you have automatic sampling equipment or continuous wastewater flow metering equipment installed? Yes_____ No_____

Does the designated sample point allow for a flow proportional sample or do you have sampling techniques that will provide a representative sample of the daily discharge? Yes_____ No_____

When wastewater is being discharged, is it discharged at a uniform flow rate or a variable flow rate? Uniform_____ Variable_____

Section IV: General

Briefly describe any existing or proposed wastewater pretreatment equipment.

_____

_____

_____

_____

_____

_____

_____

Describe the disposal method of any hazardous wastes or pretreatment sludges.

_____

_____

_____

_____

_____

_____

_____

List any toxic organic compounds used at your facility. Eg. solvents, flammable compounds, etc.

_____

_____

_____

Does your facility have a written spill control plan? Yes_____ No_____

If yes, please submit a copy.

List any environmental control permits held by your facility. Eg. WPDES noncontact cooling water, etc.

_____

_____

_____

As part of the permit application, include a schematic diagram of the facility and property, showing the flow of all wastestreams (Eg. process wastewater, sanitary wastewater, cooling water, boiler blowdown, etc..) from their point of generation to their point of discharge to the public sanitary or storm sewer. Label the process or source of each wastestream. The flow monitoring locations(s), sample point(s) and any pretreatment equipment should also be included.

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.

_____ _____

Authorized Representative Title

_____ _____

Signature Date