USE PERMIT APPLICATION

CITY OF JACKSON WASTEWATER SYSTEM

Note: Please read all attached instructions prior to completing this application. Type your responses in the column on the left, unless otherwise instructed.

********** Section A: General Information **********

Questions:	Type your answers in this column:
1.) Facility Name:	
1a.) Chief Executive Operator Name:	
1b.) Is the chief executive operator identified in 1a the owner of the facility? (yes or no)	
1c.) If no, provide the name and address of the owner and submit a copy of the contract and/or other documents indication the chief executive operator's scope of responsibility for the facility.	
2.) Facility address:	
3.) Business Mailing Address (if different from #2):	
4.) Designated signatory authority of the facility (attach similar information for each authorized representative):	Name: Title: Address: City: State: Zip Code: Phone Number:
5.) Designated Facility contact:	Name: Title: Contact:
6.) Is the owner a: • Corporation • Proprietorship • Partnership • Other	
7.) Is the operator a: • Corporation • Proprietorship • Partnership • Other	

********** Section B: Business Activity **********

1.) If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place an "X" in the first column next to the category of business activity (check all that apply):

"X" all that apply	Industrial Categories
	Aluminum Forming
	Asbestos Manufacturing
	Battery Manufacturing
	Can Making
	Carbon Black
	Coal Mining
	Coil Coating
	Copper Forming
	Electric and Electronic Components Manufacturing
	Electroplating
	Feedlots
	Fertilizer Manufacturing
	Foundries (Metal Molding and Casting)
	Glass Manufacturing
	Grain Mills
	Inorganic Chemicals Manufacturing
	Iron and Steel
	Leather Tanning and Finishing
	Metal Finishing
	Nonferrous Metals Forming
	Nonferrous Metals Manufacturing
	Organic Chemical Manufacturing
	Paint and Ink Formulating
	Paving and Roofing Manufacturing
	Pesticides Manufacturing
	Petroleum Refining
	Pharmaceutical
	Plastics and Synthetic Materials Manufacturing
	Plastics Processing Manufacturing
	Porcelain Enamel
	Pulp, Paper, and Fiberboard Manufacturing
	Rubber
	Soap and Detergent Manufacturing
	Steam Electric
	Sugar Processing
	Textile Mills
	Timber Products
	Other – Specify
	Other – Specify

A facility with processes inclusive in these business areas (those listed above) may be covered by Environmental Protection Agency's (EPA) categorical pre-treatment standards. These facilities are termed "categorical users".

2.) Give a brief description of all operations at this facility including primary products or services:	
3.) Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance):	a.) b.) c.) d.)

4.) Product Volume:

Products (Brand Name)	**Calendar Year 200_ Amounts Per Day (Daily Units)**		**Estimate Calendar Year 200_ Amounts Per Day (Daily Units)**	
	Average	**Maximum**	**Average**	**Maximum**

********** Section C: Water Supply **********

1.) Water sources – which of the following apply (list all that are applicable): • Private well • Surface water • Municipal Water Utility **(specify municipality)** • Other (specify)	
2.) Information on water bill:	Name: Street: City: State: Zip code:
3.) Water service account number:	

4.) List average water usage on premises (new facilities may estimate):

Type:	Average Water Usage (GPD)	Indicate Estimate (E) or Measured (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 and equipment wash down		
i.) Irrigation and lawn watering		
j.) Other		
k.) TOTAL OF A-J:		

********** Section D: Sewer Information **********

1a.) **For an existing building**:	Responses:
Is the building presently connected to the public sanitary sewer system?	If yes: List sanitary sewer account number: If no: Have you applied for a sanitary sewer hook-up? (Y or N) _____
Are building roof drains, yard drains or foundation drains connected to the sanitary sewer system?	____Yes: If yes, list the following: Approx. roof area drained (sf): Approx. yard area drained (sf): ____ No
1b.) **For a new business:**	
Will you be occupying an existing vacant building?	Yes or no:
Will you be connected to the public sanitary sewer system?	Yes or no:

2.) List size, descriptive location, and flow of each facility sewer, which connects to the storm or sanitary sewer system. (Note: If estimates are given, you may be required to measure the flow)

Sewer size; Storm or Sanitary	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)	Indicate Estimate (E) or Measured (M)

********** Section E: Wastewater Discharge Information **********

1.) Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?	_____: yes or no **If yes**: complete the remainder of the application **If no**: skip to Section I
2.) Provide the following information on facility wastewater flow rate, based on measured flow, unless another technique is approved by the City. (New facilities may estimate)	
2a.) Hours/Day discharged (e.g., 8 hours/day)	M: T: W: TH: F: SAT: SUN:
2b.) Hours of discharge (e.g., 9 am to 5 pm)	M: T: W: TH: F: SAT: SUN:
2c.) Peak hourly flow rate (GPH):	
2d.) Maximum daily flow rate (GPD):	
2e.) Annual daily flow average (GPD):	
2f.) Peak instantaneous flow rate (GPM):	
2g.) Describe seasonal variations:	
3.) If batch discharge occurs or will occur, indicate: (new facilities may estimate)	
3a.) Number of batch discharges per day:	
3b.) Average discharge per batch (GPD):	
3c.) Time of batch discharges:	Days of week: at what hours of day:
3d.) Flow rate: (gallons/minute)	
3e.) Percent of total discharge:	

4.) Building Layout -- Draw to approximate scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, public sewers, and each facility sewer line connected to the public sewers. Letter each sewer and show existing and proposed sampling locations and manholes. Show all unit processes; number each unit process.

A blueprint or drawing of the facilities showing the above items should be certified by a State Registered Professional Engineer.

Schematic Flow Diagram(s) – For each numbered unit process (from Building Layout) in which wastewater is or will be generated, draw a schematic diagram of the flow of materials, products, water, and wastewater from the start of the process to its completion showing all sources of wastewater. Indicate which activities use water and which generate wastestreams. Include the flow rates of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated.

This drawing(s) should be certified by a State Registered Professional Engineer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5.) For Non-Categorical Users only: List average wastewater discharge, maximum discharge and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Process Description	Avg. Flow (GPD)	Max. Flow (GPD)	Peak Instantaneous Flow (GPD)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRE-TREATMENT STANDARDS.

6.) For Categorical Users: Provide the wastewater discharge flows for each of your activities or proposed processes. Include the reference number from the activity schematic that corresponds to each activity. (New facilities should provide estimates for each discharge.)

No.	Regulated Process	Avg. Flow (GPD)	Max. Flow (GPD)	Peak Instantaneous Flow (GPD)	Type of Discharge (batch, continuous, none)
No.	**Unregulated Process**	**Avg. Flow (GPD)**	**Max. Flow (GPD)**	**Peak Instantaneous Flow (GPD)**	**Type of Discharge (batch, continuous, none)**

7.) For Categorical Users Subject to Total Toxic Organic (TTO) Requirements (See appropriate 40 CFR for reporting requirements.): Provide the following (TTO) information.

7a.) Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pre-treatment standards published by EPA? (yes or no)	
7b.) Has a baseline monitoring report (BMR) been submitted which contains TTO information? (yes or no)	
7c.) Has a toxic organics management plan (TOMP) been developed? (yes or no)	

8.) Do you have automatic sampling equipment or continuous wastewater flow metering equipment at this facility?	Current- Answer yes or no to the following: Flow metering: Sampling Equipment:
If you have this equipment, please indicate the location on the sewer schematic and describe the equipment:	
***Please note that you may be required to install flow monitoring equipment and/or sampling equipment as a condition of your permit	

9.) 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. (Answer yes or no)	* If no, skip question #10
10.) Briefly describe these changes and their effects on the wastewater volume and characteristics:	
11.) Are any materials or water reclamation systems in use or planned? (Answer yes or no)	
12.) Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process.	

********** Section F: Characteristics of Discharge **********

Users are required to submit all available monitoring data on all pollutants related to each sewer discharge. For pollutants for which analytical data is not available, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O) by placing the appropriate letter in the column for average reported values. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. Indicate on either the top of each table or on a separate sheet if necessary the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136.

Please note that you may be required to provide additional analytical data based on a review of your application.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a "P" (expected to be present), "S" (may be present), or "O" (will not be present) under the average reported values.

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
Acenaphthene					
Acrolein					
Acrylonitrile					
Benzene					
Benzidine					
Carbon tetrachloride					
Chlorobenzene					
1, 2, 4–Trichlorobenzene					
Hexachlorobenzene					
1, 2–Dichloroethane					
1, 1, 1–Trichloroethane					
Hexachloroethane					
1, 1–Dichloroethane					
1, 1, 2–Trichloroethane					
1, 1, 2, 2–Tetrachloroethane					
Chloroethane					
Bis(2-chloroethyl) ether					
17 Bis (chloro methyl) ether					
2-Chloroethyl vinyl ether					
2-Chloronaphthalene					
2, 4, 6-Trichlorophenol					
Parachlorometa cresol					
Chloroform					
2-Chlorophenol					
1, 2-Dichlorobenzene					
1, 3-Dichlorobenzene					

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
1, 4-Dichlorobenzene					
3, 3-Dichlorobenzidine					
1, 1-Dichloroethylene					
1, 2-Trans-dichloroethylene					
2, 4-Dichloropheno					
1, 2-Dichloropropane					
1, 2-Dichloropropylene					
1, 3-Dichloropropylene					
2, 4-Dimethylphenol					
2, 4-Dinitrotoluene					
2, 6-Dinitrotoluene					
1, 2-Diphenylhydrazine					
Ethylbenzene					
Fluoranthene					
4-Chlorophenyl phenyl ether					
4-Bromophenyl phenyl ether					
Bis(2-chlorisopropyl) ether					
Bis(2-chloroethoxy) methane					
Methylene chloride					
Methyl bromide					
Bromoform					
Dicholorobromomethane					
Chlorodibromomethane					
Hexachlorobutadiene					
Hexachlorocyclopentadiene					
Isophorone					

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
Naphthalene					
Nitrobenzene					
Nitrophenol					
2-Nitrophenol					
4-Nitrophenol					
2, 4-Dinitrophenol					
4, 6-Dinitro-o-cresol					
N-nitrosodimethylamine					
N-nitrosodiphenylamine					
N-nitrosodi-n-propylamine					
Pentachlorophenol					
Phenol					
Bis(2-ethylhexyl) phthalate					
Butyl benzyl phthalate					
Di-n-butyl phthalate					
Di-n-octyl phthalate					
Diethyl phthalate					
Dimethyl phthalate					
Benzo(a)anthracene					
Benzo(a)pyrene					
3, 4-benzofluoranthene					
Benzo(k) fluoranthane					
Chrysene					
Acenaphthylene					
Anthracene					
Benzo(ghi)perylene					

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
Fluorene					
Phenanthrene					
Dibenzo(a,h)anthracene					
Imdeno(1,2,3-cd)pyrene					
Pyrene					
Tetrachloroethylene					
Toluene					
Trichloroethylene					
Vinyl chloride					
Aldrin					
Dieldrin					
Chlordane					
4,4'-DDT					
4,4'-DDE					
4,4'-DDD					
Alpha-endosulfan					
Beta-endosulfan					
Endosulfan sulfate					
Endrin					
Endrin aldehyde					
Heptachlor					
Heptachlor epoxide					
Alpha-BHC					
Beta-BHC					
Gamma-BHC					
Delta-BHC					

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
PCB-1242					
PCB-1254					
PCB-1221					
PCB-1232					
PCB-1248					
PCB-1260					
PCB-1016					
Toxaphene					
(TCDD)					
Asbestos					fibers/liter
Alkalinity					mg $CaCO_3$/l
Bacteria					**#3/100 ml**
BOD					mg/l
COD					mg/l
Chloride					mg/l
Chlorine					mg/l
Fluoride					mg/l
Hardness					mg $CaCO_3$/l
Magnesium					ug/l
NH_3-N					mg/l
Oil and Grease					**mg/l**
TSS					mg/l
TOC					mg carbon/l
Kjeldalj N					mg/l
Nirtrate N					mg/l
Nitrite N					mg/l

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units ug/l
		Conc.	Conc.		Conc.
Organic N					mg/l
Orthophosphate P					mg/l
PH					pH Units
Phosphorous					mg/l
Sodium					mg/l
Specific Conductivity					umho/cm
Sulfate (SO_4)					mg/l
Sulfide (S)					mg/l
Sulfite (SO_3)					mg/l
Antimony					ug/l
Arsenic					ug/l
Barium					ug/l
Beryllium					ug/l
Cadmium					ug/l
Chromium					ug/l
Copper					ug/l
Cyanide					ug/l
Lead					ug/l
Mercury					ug/l
Nickel					ug/l
Selenium					ug/l
Silver					ug/l
Thallium					ug/l
Zinc					ug/l

OTHER POLLUTANTS KNOWN OR SUSPECTED TO BE PRESENT IN THE DISCHARGE

Pollutant	Detection Method Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
		Conc.	Conc.		Conc.

********** Section G: Treatment **********

1.) Is any form of wastewater treatment (see list below) practiced at this facility? (Answer yes or no)	
2.) Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years? (Answer yes or no)	(*If yes, describe)

3.) Treatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

Place "X" if appropriate	Device/Process
	Air Flotation
	Centifuge
	Chemical precipitation
	Chlorination
	Cyclone
	Filtration
	Flow equalization
	Grease or oil separation (list type in previous column)
	Grease trap
	Grinding filter
	Grit removal
	Ion exchange
	Neutralization, pH correction
	Ozonation
	Reverse osmosis
	Screen
	Sedimentation
	Septic tank
	Solvent separation
	Spill protection
	Sump
	Biological treatment (list type in previous column)
	Rainwater diversion or storage
	Other chemical treatment (list type in previous column)
	Other physical treatment (list type in previous column)
	Other (list type in previous column)

4.) Description: Provide design data and operating procedures for each treatment system.	(Attach)
5.) Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes.	(Attach)

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 waste treatment operator (yes or no)?	
7a.) If yes, complete column to the right.	Name: Title: Phone: Full time (specify hours): Part time (specify hours):
8.) Do you have a manual on the correct operation of your treatment equipment? (yes or no)?	
9.) Do you have a written maintenance schedule for your treatment equipment? (yes or no)	

********** Section H: Facility Operational Characteristics **********

1.) Shift Information:	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Place an "X" under the days worked							
Shifts worked per day							
1st shift start and end times							
2nd shift start and end times							
3rd shift start and end times							

2.) **Indicate whether the business activity is:**	
Continuous through the year - or – Seasonal	
2a.) If seasonal, which months of the year does business activity occur:	**Place an "X" in this column to indicate the month's business activity occurs.**

January	
February	
March	
April	
May	
June	

July	
August	
September	
October	
November	
December	

Comments:	

3.) **Indicate whether the facility discharge is:**	
Continuous through the year - or – Seasonal	
3a.) If seasonal, which months of the year does the facility discharge:	**Place an "X" in this column to indicate the months your facility discharges.**

January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	

Comments:	

4.) Does operation shut down for vacation, maintenance, or other reasons? (yes or no)	(*If yes, indicate reasons and periods when shutdown occurs.)
5.) List types and amount (mass or volume per day) of raw materials used or planned for use if new business (attach list if necessary).	

6.) List types and quantity of chemicals used or planned for use. Manufacturer's Safety Data Sheets may be required upon request for all chemicals identified:

Chemical	**Quantity**

********** Section I: Spill Prevention **********

1.) Do you have chemical storage containers, bins, or ponds at your facility? (yes or no)	
1a.) If yes to #1, please give a description of their location, contents, size, type, frequency, method of cleaning, and disposal method. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain.	
2.) Do you have floor drains in your manufacturing or chemical storage area(s)? (yes or no)	
2a.) If yes to #2, where do the floor drains 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: ("X" all that apply in next column)	_____ Public sanitary sewer system (eg., through a floor drain) _____ Storm drain _____ Not applicable, no possible discharge to either of the above routes
4.) Do you have a spill prevention plan to prevent spills of chemicals or slug discharges from entering the sewer?	_____ Yes (enclose a copy with application) _____ No _____ N/A (not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes)
5.) Please describe any previous spill events, which caused a discharge to the sanitary sewer or the storm drain, and remedial measures taken to prevent their reoccurrence.	

********** Section J: Other Wastes **********

1.) Are any waste liquids or sludges generated which are disposed of in the sanitary sewer system? (yes or no)	• if yes, please describe in 1a below. • If no, explain how you dispose of your waste liquids and/or sludges.

1a.) Describe waste liquids or sludges generated which are disposed of in sanitary sewer system.

Waste Generated	Quantity (per year)	Disposal Method

2.) Have you been issued any Federal, State, or Local environmental permits? (yes or no)	* If yes, list the permit(s) and attach a copy of each permit.

********** Section K: Authorized Signatures **********.

Compliance certification:

1.) Are all applicable Federal, State, or Local pre-treatment standards and requirements being met on a consistent basis?(yes, no, or not yet discharging)	*If no, complete 1a and 1b.
1a.) What additional operations and maintenance procedures or capital improvements are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.	
1b.) Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if a permit is issued to the applicant, the permit may establish a schedule for compliance different from the one submitted by the facility.	Provide schedule in the table below.

Milestone Activity	Completion Date

Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared by me or 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 knowledge or 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.

_____	_____
Name of Facility	Phone Number
_____	_____
Name(s) (Please Print)	Title
_____	_____
Authorized Signature	Date

After the form(s) is completed and sign send to:

Francis Nwachukwu

City of Jackson WWTP

161 W. Michigan

Jackson, MI 49201