INSTRUCTIONS FOR COMPLETING
PRETREATMENT PERMIT APPLICATION

All Questions must be answered. DO NOT LEAVE BLANKS. If you answer "no" to question E.1., you may skip to Section I, otherwise, if a question is not applicable, indicate so on the form. Instructions to some questions on the permit application are given below.

SECTION A – INSTRUCTIONS (GENERAL INFORMATION)

Q1. Enter the facility's official or legal name. Do not use a informal name.

a. Operator name: give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same as the facility.

b. Indicate whether the entity which operates the facility also owns it by marking the appropriate box:

i. If the response is "no", clearly indicate the operator's name and address and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

Q2. Provide the physical location of the facility that is applying for a discharge permit.

Q3. Provide the mailing address where correspondence from the Control Authority may be sent.

Q4. Provide the names of the authorized signatories for this facility for the purpose of signing all reports. The designated signatory is defined as:

a. A responsible corporate officer, if the industrial user submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:

i. A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or (ii) The manager of one or more manufacturing, production, or operation.

ii. The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship respectively.

c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State or local government entity, or their agents.

d. A duly authorized representative of the individual designated in the paragraph (a), (b), or (c) of this section if:

i. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company and

ii. the written authorization is submitted to the City.

Q5. Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by the Control Authority (e. g., the plant manager).

SECTION B – INSTRUCTIONS (BUSINESS ACTIVITY)

Q 1. Check off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.

Q3. For all processes found on premises, indicate the North American Industrial Classification System (NAICS) code number, as found in the most recent edition of NAICS Manual. This document is available by calling NTIS at (800) 553-6847 or online at http://www.census.gov/epcd/www/naics.html. Copies of the manual are also available at most public libraries.

Q4. List the type of products, giving the common or brand name and the proper or scientific name. Enter from your records the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated total daily production for this calendar year. Be sure to specify the daily units of production. Attach additional pages as necessary

SECTION C – INSTRUCTIONS (WATER SUPPLY)

Q5. Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.

SECTION E – INSTRUCTIONS (WASTEWATER DISCHARGE INFORMATION)

Q1. If you answer "no" to this question, skip to section I, otherwise complete the remainder of the application.

Q4. A schematic flow diagram is required to be completed and certified for accuracy by a State Registered professional engineer. Assign a sequential reference number to each process starting with No. 1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

Q5. Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility. Categorical users should skip to question 6.

Q6. Categorical users should report average daily and maximum daily wastewater flows from each regulated, unregulated, and dilution process. A regulated waste stream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste streams are waste streams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution waste stream. Dilution waste streams include sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams, demineralizer backwash streams and process waste streams from certain industrial subcategories exempt by EPA from categorical pretreatment standards. For further details see 40 CFR 403.6 (e).

Q7. Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific toxic organic compound found in the industrial user's process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category see applicable categorical pretreatment standards, 40 CFR part 405-471.

SECTION H – INSTRUCTIONS (FACILITY OPERATIONAL CHARACTERISTICS)

Q2. Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which the Revision 5/18/17 discharge occurs. Make comments you feel are required to describe the variation in operation of your business activity.

Q4. Indicate any shutdowns in operation which may occur during the year and indicate the reasons for shutdowns.

Q5. Provide a listing of all primary raw materials used or planned in the facility's operations. Indicate amount of raw materials used in daily units.

Q6. Provide a listing of all chemicals used or planned in the facility's operations. Indicate the amount used or planned in daily units.

Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. Provide copies of all available manufacturer's safety data sheets (MSDS) for all chemicals identified.

Q7. A building layout or plant site plan of the premises is required to be completed and certified for accuracy by a State registered professional engineer. Approved building plans may be substituted. An arrow showing the North as well as the map scale must be shown. The location of each existing and proposed sampling location and facility sewer line must be clearly identified as well as all sanitary and wastewater drainage plumbing. Number each process discharging wastewater to the public sewer. Use the same numbering system used in the schematic flow diagram.

SECTION I – INSTRUCTIONS (SPILL PREVENTION)

Q6. Describe how the spill occurred, what was spilled, when the spill occurred, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a reoccurrence or what measures have been taken to limit damage if another spill occurs.

SECTION J – INSTRUCTIONS (NON-DISCHARGED WASTES)

Q1 For wastes not discharged to the Control authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e. g. incinerated, hauled, etc.,), and the location of disposal.

Q2. Onsite disposal system could be a septic system, lagoon, holding pond evaporative type, etc.

Q5. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES for discharges to surface water, etc. Include permit numbers.

SECTION K – INSTRUCTIONS (AUTHORIZED SIGNATURES)

See Question 4 in section A for a definition of an authorized representative.

CITY ORDINANCES

For information pertaining to the City of Paris Water and Sewer ordinances, please refer to Chapter 33 of the City Code of Ordinances.

PRETREATMENT
PERMIT APPLICATION

6500 Martin Luther King Blvd. - Paris, KY 40361
Phone (859) 987-2116; Fax (859) 987-6872

An application for this individual wastewater discharge permit or general permit must be filed at least thirty (30) days before any discharge is set to begin or resume. Submission of an application does not guarantee permit approval.

Any user required to obtain an individual wastewater discharge permit or a general permit who proposes to begin or recommence discharging into the Publicly Owned Treatment Works "POTW" must obtain such permit prior to the beginning or recommencing of such discharge.

An individual wastewater discharge permit or a general permit shall be issued for a specified time period, not to exceed five (5) years from the effective date of the permit. An individual wastewater discharge permit or a general permit may be issued for a period of less than five (5) years, at the discretion of the Wastewater Superintendent or Designee. Each individual wastewater discharge permit or a general permit will indicate a specific date upon which it will expire.

SECTION A. GENERAL INFORMATION

1. Facility Name:	
a. Operator Name:	

b. Is the operator the owner of the facility? ☐ Yes ☐ No

If No, provide the name and address of the operator and submit a copy of the contract and or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:					
Street or PO Box:					
City		State		Zip	

3. Business Mailing Address:						
Street or PO Box:						
City			State		Zip	

4. Designated Signatory Authority of The Facility

Name:	
Title:	
Contact Number:	
Email Address:	
Mailing Address	

5. Designated Facility Contact

Name:	
Title:	
Contact Number:	
Email:	
Address:	

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. Please check the categories of business activities that apply.

☐ Aluminum Forming
☐ Asbestos Manufacturing
☐ Battery Manufacturing
☐ Can Making
☐ Cannabis
☐ Carbon Black
☐ Coal Mining
☐ Coil Coatings
☐ Copper Forming
☐ Electric and Electronic Components for Manufacturing
☐ Electroplating
☐ Feedlots
☐ Fertilizer Manufacturing
☐ Foundries (Metal Molding and Casting)
☐ Glass Manufacturing
☐ Grain Mills
☐ Inorganic Chemicals
☐ Iron and Steel
☐ Leather Tanning and Finishing
☐ Metal Finishing
☐ Nonferrous Metals Forming
☐ Nonferrous Metals Manufacturing
☐ Organic Chemicals Manufacturing
☐ Paint and Ink Formulating
☐ Paving and Roofing Manufacturing
☐Pesticides Manufacturing
☐ Petroleum Refining
☐ Pharmaceutical
☐ Plastic and Synthetic Materials Manufacturing
☐ Plastic Processing Manufacturing
☐ Porcelain Enamel
☐ Pulp, Paper, and Fiberboard Manufacturing
☐ Rubber
☐ Soap and Detergent Manufacturing
☐ Steam Electric
☐ Sugar Processing
☐ Timber Products

A facility which processes inclusive in these business areas may be covered by 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.

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

1.
2.
3.
4.
5.

4. Product Volume:

Product Brand Name Levels w/others and no u.l.	**Past Calendar Year Amounts Per Day**		**Estimate This Calendar Year Amounts Per Day**	
	Average	**Maximum**	**Average**	**Maximum**

SECTION C. WATER SUPPLY

1. Water Sources: *(Check all that apply)*

☐ Private Well
☐ Surface Water
☐ Municipal Water Utility *(Specify City)* _____
☐ Other *(Specify)* _____

2. Name on Water Bill: _____

Business Name:					
Street Address:					
City:		State:		Zip:	

3. Waster Service Account Number: _____

4. Average daily consumption? _____

5. List the average water usage on premises: *(New facilities may estimate)*

Type	**Average Water Usage (GPD)**	**Indicate Estimated (E) Measured (M)**
Contact Cooling Water		
Non-Contact Cooling Water		
Boiler Feed		
Process		
Sanitary		
Air Pollution Control		
Contained in Product		
Plant and Equipment Washdown		
Irrigation and Lawn Watering		
Other		
TOTAL *(all types combined)*		

SECTION D. SEWER INFORMATION

1. *For an Existing Business:*
Is the building presently connected to the public sanitary sewer system?

☐ Yes, Sanitary Sewer Account Number: _____ Name on Account: _____
☐ No: Have you applied for a sanitary sewer hookup? ☐Yes ☐No

For a New Business:
Will you be occupying an existing vacant building? ☐Yes ☐No

Have you applied for a building permit if a new facility will be constructed? ☐Yes ☐No

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

2. List the size, descriptive location, and flow of each facility sewer that connects to the City's sewer system.

Sewer Size	**Descriptive Location of Sewer Connection or Discharge Point**		**Average Flow (GPD)**	

SECTION E. WASTEWATER DISCHARGE INFORMATION

1. Does or will this facility discharge any wastewater other than from restrooms to the city sewer?

☐ Yes, If the answer to this question is "Yes" complete the remainder of this section.
☐ No, If the answer to this question is "No" skip to Section I.

2. Provide the following information on wastewater flow rate. New facilities may be estimated.

Hours/Day discharged, (i.e. 8 hours/day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Peak Hourly Flow Rate (GPD)	Maximum Daily Flow Rate (GPD)	Annual Daily Average (GPD)

3. If batch discharge occurs or will occur, indicate N/A. New facilities may be estimated.

Number of Batch Discharges Per Day	Average Discharge Per Batch (GPD)	Time of Batch Discharge Day of Week | Hours of Day		Flow Rate Gallons Per Minute	Percent of Total Discharge

4. *Schematic Flow Diagram* – For each major activity in which wastewater is or will be generated attach a diagram of the flow of materials, products, water, and wastewater from the start of the activity until its completion, showing all unity processes.

a) Include the average daily volume and maximum daily volume of each waste stream new facilities may estimate.
b) If estimates are used for flow data this MUST be indicated.
c) Number each unit process having wastewater discharges to the community sewer.
d) Use these numbers when showing these unit processes in the building layout in Section H.
e) This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in Section B Business Activity section 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 process. Include the reference number from the new process schematic that corresponds to each process. New facilities should provide estimates for each discharge.

Number	**Process Description**	**Average Flow**	**Maximum Flow**	**Type of Discharge** ***batch, continuous, none***

ANSWER QUESTIONS 6 AND 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

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

Number	**Regulated Process**	**Average Flow**	**Maximum Flow**	**Type of Discharge** ***batch, continuous, none***

Number	**Unregulated Process**	**Average Flow**	**Maximum Flow**	**Type of Discharge** ***batch, continuous, none***

Number	**Dilution**	**Average Flow**	**Maximum Flow**	**Type of Discharge** ***batch, continuous, none***

7. For Categorial Users subject to Total Toxic Organic Requirements (TTC): Provide the following TTC 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? ☐Yes ☐ No

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

Current:	Flow Metering	☐Yes	☐ No	☐ N/A
	Sampling Equipment	☐Yes	☐ No	☐ N/A
Planned:	Flow Metering	☐Yes	☐ No	☐ N/A
	Sampling Equipment	☐Yes	☐ No	☐ N/A

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

9. Are any process changes or expansions planned during the next three years that could alter volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.
☐ Yes ☐ No, *if no skip question 10*

10. Briefly describe these changes and their effects on wastewater volume and characteristics.

11. Are any materials or water reclamation systems in use or planned? ☐ Yes ☐ No, *if no skip question 12*

12. Briefly describe recovery processes, substances recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process.

SECTION F. CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other nonregulated pollutants, indicate whether the pollutants are known to be present (P), suspected (S), or known not to be present (O), by placing the appropriate letter in the column for the average report values. Indicate on either the top of the table or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure months conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected of being present in proposed waste streams 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 Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	*Mass*	*Conc*	*Mass*		*Conc*	*Mass*
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4 Trichloroethane								
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								
1,4 Dichlorobenzene								
3,3 Dichlorobenzene								
1,1 Dichlorobenzene								
1,2 Trans Dichloroethylene								
2,4 Dichlorobenzene								
1,2 Di chloropropane								
1,2 Dichloropropylene								
1,3 Dichloropropylene								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	*Mass*	*Conc*	*Mass*		*Conc*	*Mass*
2,4 Dimethylphenol								
2,4 Dinitro toluene								
1,2 Diphenyl hydrazine								
Ethylbenzene								
Fluoranthene								
4 Chlorophenyl phenyl ether								
4 Bromo phenyl ether								
Bis (2 chlorisoproply) ether								
Bis (2 chloroethoxy) methane								
Methylene Chloride								
Methyl Chloride								
Methyl Bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2 Nitrophenol								
4 Nitrophenol								
2, 4 Dinitrophenol								
4,6 Dinitro-o-cresol								
N- Nitroso dimethylamine								
N- Nitroso diphenylamine								
N- Nitro Sodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	*Mass*	*Conc*	*Mass*		*Conc*	*Mass*
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo (a) anthracene								
Benzo (a) pyrene								
3, 4 benzo fluoranthene								
Benzo (k) fluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo (ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo (a,h) anthracene								
Indeno (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								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	*Mass*	*Conc*	*Mass*		*Conc*	*Mass*
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gama-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Organic N								
Orthophosphate P								
Phosphorous								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc	*Mass*	*Conc*	*Mass*		*Conc*	*Mass*
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G. TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility? ☐ Yes ☐ No

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

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

☐ Air Flotation
☐ Centrifuge
☐ Chemical Precipitation
☐ Chlorination
☐ Cyclone
☐ Filtration
☐ Flow Equalization
☐ Grease or Oil Separation Type: _____
☐ 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, Type: _____
☐ Other Chemical Treatment, Type: _____
☐ Other Physical Treatment, Type: _____
☐ Other, Type: _____
☐ Rainwater Diversion or Storage

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures of each treatment facility checked.

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

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

7. Do you have a treatment operator? ☐ Yes ☐ No

If yes:

Name:		Title:	
Phone:		Email:	
Full-Time	Specify hours:	Part-Time:	Specify hours:

8. Do you have a manual on the correction operation of your treatment equipment? ☐ Yes ☐ No
9. Do you have a written maintenance schedule for your treatment equipment? ☐ Yes ☐ No

SECTION H. FACILILTY OPERATIONAL CHARACTERISTICS

1. Shift Information

Workdays	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Shifts per workday:							
Employees Per 1st Shift							
Employees Per 2nd Shift							
Employees Per 3rd Shift							
Shift Start and End Times 1st Shift							
Shift Start and End Times 2nd Shift							
Shift Start and End Times 3rd Shift							

2. Indicate whether the business activity is:
☐ Continuous through the year, or
☐ Seasonal – Check the months of the year during which the business activity occurs:

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Comments:

3. Indicate whether the facility discharge is:
☐ Continuous through the year, or
☐ Seasonal – Check the months of the year during which the business activity occurs:

☐ Jan ☐ Feb ☐ March ☐ April ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Comments:

4. Does the operation shut down for vacation, maintenance or other reasons? ☐ Yes ☐ No
If yes, Indicate the reason and period when shutdown occurs: _____

List types and amounts Mass or volume per day of raw materials used or planned for use.

Material Type:		Volume:	

5. List of types and quantities of chemicals used or planned for use. Include copies of Manufacturers Safety Data Sheets for all chemicals identified.

Chemical:		Quantity:	

6. *Building layout* – Attach to this application the scale drawing of 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), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

SECTION I. SPILL PREVENTION

1. 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. Also, indicate in a diagram or comment on the proximity of these containers to 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? ☐ Yes ☐ No

If yes, Where do they discharge to:

3. Do you have floor drains in your manufacturing or chemical storage area, could an accidental spill lead to discharge to:

Check all that apply:
☐ An on-site disposal site ☐ Public sanitary sewer (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 sludge discharges from entering the Control Authority's collection system?

☐ Yes, please enclose a copy with the application.
☐ No
☐ NA, Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J. NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
☐ Yes, please describe below
☐ No, skip the remainder of this Section J

Waste Generated	Quantity Per Year	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

4. If an outside firm removes any of the above checked wastes, state the names and addresses of all waste haulers:

Name	**Address**	**Permit No.**

5. Have you been issued any Federal, State, or local environmental permits? ☐ Yes ☐ No

If yes, please list the permits:

SECTION K. AUTHORIZED SIGNATURES

Compliance Certification:

1. Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis?
☐ Yes ☐ No ☐ Not yet discharging.

If no:

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

b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable competition dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different than the one submitted by the facility.

Milestone Activity	**Completion Date**

AUTHORIZED REPRESENTATIVE STATEMENT:

I hereby certify, under penalty of law, that this document and all accompanying attachments have been prepared under my direction and supervision, in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the individuals directly responsible for gathering the information, I affirm that, to the best of my knowledge and belief, the information provided is true, accurate, and complete.

I am fully aware that submitting false information carries significant penalties, including the possibility of fines and imprisonment for knowingly providing false or misleading information.

Name: Title:

Signature Date: Phone:

Return Application to:

The City of Paris
Wastewater Department
6500 Martin Luther King Blvd.
Paris, KY 40361
Attn: Pretreatment