

I. COMPANY IDENTIFICATION

- 1. Land Owner: _____
Site Location: _____

- 2. Land Owner's Authorized Representative:
Mailing Address: _____

Phone Number: _____ Ext. _____ Fax: _____

- 3. Consultant: _____
Contact Person: _____
Mailing Address: _____

Phone Number: _____ Ext. _____ Fax: _____

- 4. Contractor: _____

Note: The Applicant's Authorized Representative represents the Facility in dealings with the City of Kansas City, Missouri. Fill out Attachment A to properly identify the Authorized Representative.

Applicant must answer all questions. DO NOT LEAVE BLANKS. The term "nonapplicable" should be used to show that the item was considered, but was not pertinent to the facility.

City representatives may conduct an on-site inspection of your facility to determine whether the information on the application is complete.

The City may require any supplementary information needed to develop the Wastewater Discharge Permit or to determine whether a Permit is necessary.

If any information does not have sufficient space on this form it should be placed on a separate sheet and attached. Please reference attachments.

II. SITE DESCRIPTION

A. General Information

1. Type of activity currently being performed:
Underground Storage Tank Removal: _____ Excavation: _____
Other: _____

2. Reason for these activities:
Remediation Project: _____ New Construction: _____ Renovation: _____
Demolition: _____ Other: _____

B. History

1. Nature of Business Previously on the site: _____

2. Has there ever been a spill or any other problem at the site that may have adversely impacted the environment? Yes _____ No _____
If yes, describe: _____

C. Provide a site plan that includes the following information:

1. Locations of the wastewater and the treatment unit(s).
2. Water flow from storage unit to discharge point with the direction of flow.
3. Location of sampling point(s).
4. Location of sanitary sewer manholes and stormwater inlets.
5. Location of discharge point(s) and manhole number if applicable.
6. Location and size of the sanitary sewer to receive the discharge.

D. List all environmental control permits held for the location:

III. PRETREATMENT FACILITY

A. Is there Pretreatment at this Site? ____ Yes ____ No

1. Describe the pretreatment facility and treatment method(s) performed:

2. What is the designed flow capacity of the treatment system? _____ GPD

IV. SAMPLING AND MONITORING PROCEDURES

A. Has the wastewater been analyzed? ____ Yes ____ No

1. Submit results of previous sampling and analysis identifying the nature and concentration of pollutant/parameter(s). Samples shall be obtained through proper composite/grab sampling techniques.

2. All representative sampling analysis shall be in accordance with methods listed in 40 CFR Part 136.

List parameters analyzed: _____

B. Additional sampling required in conjunction with the issuance of a Wastewater Discharge Permit will be determined by the City of Kansas City, Missouri, based on the information provided herein. Testing must be performed on the discharge for any pollutant believed to be present.

V. DISCHARGE DESCRIPTION

A. Provide the total quantity of wastewater to be discharged in gallons: _____

B. How is the wastewater stored (i.e. size and number of containers, in tanks or drums, in an open pit): _____

C. List the frequency and duration of the discharge(s): _____

D. Taking into account weather conditions and construction/scheduling delays, give the estimated date of completion for the discharge(s): _____

E. List all chemicals or contaminants that have or may come in contact with the wastewater that is to be discharged to the POTW (i.e. contaminants that may migrate from previous operations, spills, etc.).

VI. CERTIFICATION

A. Compliance Certification:

1. Are all applicable Federal, State or local pretreatment standards and requirements being met? Yes _____ No _____
2. If no, what procedures are being considered to bring the facility into compliance? List additional treatment technology or practice being considered in order to bring the facility into compliance.

B. Authorized Representative Statement:

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. I have personally examined and am familiar with the information submitted in the report. Based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that it is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including fines and imprisonment.

C. We further acknowledge that in consideration of the granting of a wastewater Discharge Permit, the undersigned agrees to:

1. Furnish any additional information relating to the installation or use of the industrial sewer for which this Permit is sought as may be requested by the City.
2. Accept and abide by the Sewer Use Ordinance as ordained in Chapter 60, Kansas City, Missouri Code of Ordinances or regulations that may be adopted in the future.
3. Operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the wastewater treatment system of the industrial wastes involved, in an efficient manner at all times and at no expense to the City.
4. Cooperate at all times with the City and its representatives in their inspection, sampling, and studying of the industrial wastes and any facilities provided for pretreatment.
5. Notify the City immediately in the event of any accident or other occurrence that occasions contributor to the wastewater treatment system of any wastewater or substances prohibited or not covered by their Permit.

Date: _____ Signature: _____

Authorized Representative

Printed Name: _____

IDENTIFICATION OF AUTHORIZED REPRESENTATIVE

NAME: _____ DOB: _____

HOME ADDRESS: _____

COMPANY NAME: _____

COMPANY ADDRESS: _____

IDENTIFYING CHARACTERISTICS:

HT. _____ WT. _____ SEX (M/F) _____ **ATTACH PHOTOGRAPH**

HAIR _____ EYES _____

Designation as the Authorized Representative is given to _____
Individual described above

from _____ until _____
Date

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.

Corporate Officer's Signature Date: _____

_____ Position currently held by corporate officer