

INSTRUCTIONS

Applicants must answer all questions. **DO NOT LEAVE BLANKS.** The term “not applicable” 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. Indicate any Personal Protective Equipment required for accessing all areas of your facility: _____

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

If any section does not provide sufficient space in this form for facility information, then the additional information should be placed on a separate sheet and attached to the permit. Please reference attachments in each appropriate permit section.

Note: The Applicant’s Authorized Representative acts as the point of contact for the Facility in dealings with Regulatory Compliance Division regarding this Permit. Fill out Attachment A to properly identify the Authorized Representative(s).

I. COMPANY IDENTIFICATION

Facility Name: _____

Facility Street Address: _____

Facility City, State, Zip Code: _____

Mailing Street Address: _____

Mailing City, State Zip Code: _____

Authorized Representative(s): _____

Phone Number: _____ Ext.: _____ Cell: _____

Email: _____ Fax: _____

II. FACILITY AND OPERATIONS

A. General Information

_____ New Facility _____ Existing Permittee _____ Non-permitted facility in operation

Nature of Business: _____

Operating Schedule: _____ hours/day _____ days/week _____ shifts/day

Staff Size: _____

Scheduled Shutdowns: _____

B. Classification (Refer to 40 CFR 403.3 (t))

SIC Code(s): _____

Check (✓) if the following apply:

_____ Facility discharges an average of 25,000 gpd or more of process wastewater to the POTW

_____ Subject to Categorical Pretreatment Standards under 40 CFR 403.6

List applicable standard(s), if known: _____

_____ Baseline Monitoring Report completed on: _____

C. Provide a schematic that includes the following information. Each major activity in which wastewater is or will be generated must be on the schematic:

1. Locations of process equipment, wastewater treatment operations, chemical and waste storage areas;
2. Water flow throughout the facility with the direction of flow;
3. Location of wastewater sampling points;
4. Location of floor drains and indication of whether drains are operational or plugged;
5. Location of all wastewater discharge points, and;
6. Location and size of connections to the sanitary sewer.

G. List all environmental control permits held by the facility: _____

III. WATER BALANCE

A. Water Consumption

Source	Average Water Usage ¹ by Supply Source (gallons per day)			Estimated	Measured
	Municipal	Well	Other	Indicate by "X"	
Sanitary					
Process(es)					
Boiler Feed					
Cooling					
Equipment/Facility Washdown					
Other ²					
Total					

¹ Water usage should be averaged over the actual number of working days in a typical operating month.

² Describe "Other" source(s): _____

Agency water is purchased from: _____

Water Account Number(s): _____

B. Wastewater Disposal

Purpose	Average Discharge by Disposal Method (gal/day or gal/batch) ¹		Contin uous	Batch	Estimated	Measured
	Sewer	Hauled off- site	Indicate by "X"		Indicate by "X"	
Sanitary						
Process(es)						
Boiler Blowdown						
Cooling						

Colling Tower Blowdown						
Equipment/Facility Washdown						
Other						
Total						

C. Provide a schematic flow diagram for each major activity in which wastewater is or will be generated and processes regulated by the pretreatment standards listed in Article II.B.2 of this application. Include the flow quantity (if possible) and direction of wastes, and wastewater, from the start of the activity to its completion, showing all unit processes. See Attachment B for an example.

IV. PRETREATMENT FACILITY

A. Is there pretreatment at this facility? Yes No (If No, go to Section VI)

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

What is the source of the wastewater that is treated in the treatment system?

Where does the wastewater treatment system discharge?

Directly to KCMO sewer system

Combines with other wastewater before discharging to POTW

Comments: _____

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

Name of Operator: _____ Full or Part Time?
(Circle One)

Is there an O & M (Operations & Maintenance) manual? Yes No

Is there a potential for untreated wastewater to bypass necessary treatment units? _____

If Yes, explain: _____

Does the treatment method generate sludge? ____ Yes ____ No

If yes, describe sludge: _____

If yes, describe sludge disposal method: _____

Are Shipping Manifests for sludge disposal on hand? ____ Yes ____ No N/A

If No, explain: _____

Is anything (other than sludge) recovered from the wastewater and shipped off-site?

____ Yes ____ No

If Yes, describe: _____

Destination: _____

V. STORAGE AREAS

A. Are there wastes stored on site? ____ Yes ____ No

If Yes, describe storage area(s): _____

Is additional containment needed? ____ Yes ____ No

If Yes, explain: _____

Are there floor drains in the area? ____ Yes ____ No

If Yes, give the location(s) and discharge destination: _____

B. Are there chemicals or compounds stored on site? Yes No [If No, go to VI]

Describe storage area: _____

Is additional containment needed? Yes No

If Yes, explain: _____

Are there floor drains in the area? Yes No

If Yes, give the location(s) and discharge destination: _____

C. Provide a list of all chemicals and/or compounds on site and the corresponding information shown in Attachment C.

VI. SAMPLING AND MONITORING PROCEDURES

Has self-monitoring occurred? Yes No [If No, go to VII]

Submit results of previous sampling and analysis identifying the nature and concentration of pollutant/parameter(s) in any regulated process. Samples should be representative of daily operations and obtained through proper composite/grab sampling techniques.

What restrictions or special procedures are necessary for the City to gain access to the sampling location(s)? none normal business hours special clearance.

Indicate any Personal Protective Equipment required for accessing all areas of your facility: _____

VII. DISCHARGE DESCRIPTION AND CONTROL PLANS

A. Is there a slug discharge control plan? Yes No

If yes, date plan was submitted to Department: _____

Do the emergency spill or discharge procedures include the notification list below?

_____ Yes _____ No

Regulatory Compliance Division (Between 8:00 a.m. and 4:30 p.m.)	(816) 513-0600
After hours emergencies call Blue River Treatment Plant	(816) 513-7200
MDNR Spill Hotline	(573) 634-2436
EPA Response Center	(800) 424-8802
RCRA Hotline	(800) 424-9346

B. Has any slug discharge or spills occurred in the last three years? _____ Yes _____ No

If Yes, explain: _____

C. Is anything put down the sewer on a regular basis that would be classified as a Hazardous Waste if it went to a landfill / incinerator or similar location? (See Attachment C)
Yes _____ No

If yes, please describe: _____

D. Does the facility have a Toxic Organic Management Plan (TOMP)? _____ Yes _____ No

If yes, date plan was submitted to Department? _____

VIII. CERTIFICATION

A. 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. 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.

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

1. To 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. To 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. To 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. To 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. To notify the City immediately in the event of any accident or other occurrence that results in the discharge of any wastewater or substance(s) prohibited or not covered by their Permit to the wastewater treatment system.

Signature: _____ Date: _____
Authorized Representative

Printed Name: _____

IDENTIFICATION OF AUTHORIZED REPRESENTATIVE

1. Individual's Name: _____ DOB: _____

Home Street Address: _____

Home City, State, Zip Code: _____

2. Company Name: _____

Company Street Address: _____

Company City, State, Zip Code: _____

Phone, Office: _____ Phone, Cell: _____

Email Address: _____

Designation as the Authorized Representative is given to the individual described above and whose picture is attached to this form, named: _____

Begin Date: _____ End Date: _____

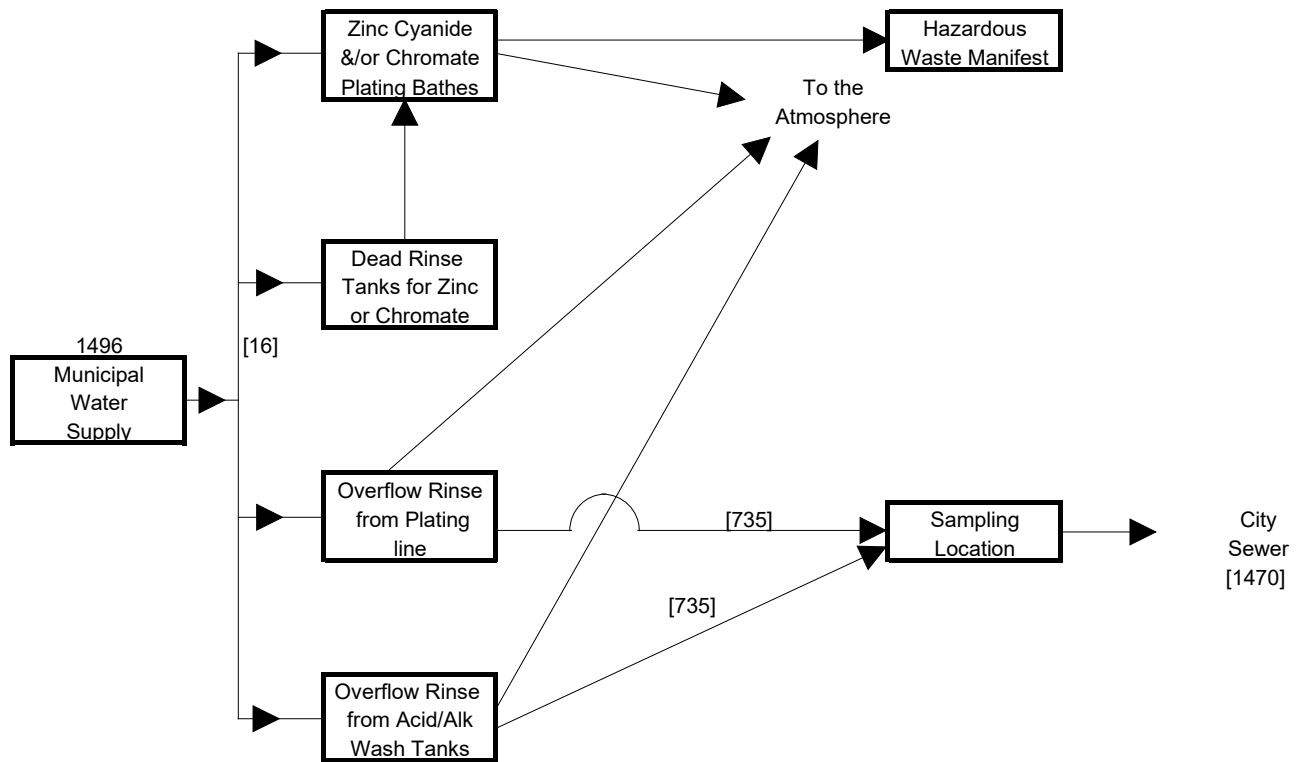
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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

Corporate Officer's Title

EXAMPLE FLOW DIAGRAM AND WATER BALANCE



Partial list of Hazardous Wastes listed in 40 CFR 261:

1. Any total toxic organics as listed in 40 CFR 433.12 , which includes, but is not limited to, pesticides, solvents, chlorinated hydrocarbons, and PCB's - (Testing methods EPA 608, 624, and 625).
2. Metals and/or cyanide associated with, but not limited to, any of the following:
 - a. categorical electroplating or metal finishing,
 - b. caustic washes, sludges and/or rinses,
 - c. metal heat treatment processes,
 - d. iron steel, or zinc production, lead smelting or aluminum reduction,
 - e. ink manufacturing and usage with chromium or lead stabilizers,
 - f. emissions control dust, or
 - g. blowdown.
3. Residues resulting from the incineration or thermal treatment of contaminated soil.
4. Inorganic wood preservation processes containing creosote and/or pentachlorophenol.
5. Petroleum refinery primary and secondary oil/water/solids separation sludge and lead tank bottoms.
6. Leachate resulting from the disposal of more than one restricted waste classified as hazardous under 40 CFR 261.
7. Explosive manufacturing sludges and wastewaters.
8. Coking operations involving naphthalene, still bottoms, or other products.
9. Other compounds listed in 40 CFR 261, which include, but are not limited to, the following:

arsenic	chlorobenzenes	methyl ethyl ketone (MEK)
barium	chlorophenols	
chlorinated fluorocarbons	cresol	