



OLDHAM COUNTY ENVIRONMENTAL AUTHORITY
INDUSTRIAL USER APPLICATION FOR DISCHARGE

SECTION A – GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

City _____ State _____ Zip Code _____
Telephone No. _____ Fax No. _____

A.2. Address of production or manufacturing facility. If same as above, check ().

City _____ State _____ Zip Code _____
Telephone No. _____ Fax No. _____

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment or other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required by your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signed official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and / or imprisonment.

Date

Signature of Official
(Seal if applicable)

A.3. Name, title, telephone number, fax number, cell number, and e-mail address of person authorized to represent this firm in official dealings with OCEA:

Name	_____	Title	_____
Telephone No.	_____	Fax No.	_____
Cell. Phone No.	_____	E-mail	_____

A.4. Alternative person to contact concerning information provided herein:

Name	_____	Title	_____
Telephone No.	_____	Fax No.	_____
Cell. Phone No.	_____	E-mail	_____

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts. Use additional sheets if necessary.

A.7. Standard Industrial Classification Number(s) (SIC code) for your facilities:

A.8. This facility generates the following types of waste (check all that apply):

	Types	Average gallons/day	Estimated	Measured
1.	<input type="checkbox"/> Domestic wastes (restrooms, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/> Boiler / Tower blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/> Equipment / facility washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/> Stormwater to sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/> Other (describe below)	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	Total gallons/day (A.8.1 – A.8.9)	_____		

A.9. Wastes are discharged to (check all that apply):

Location	Average gallons/day	Estimated	Measured
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste hauler	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe below)	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used. Use additional sheet if necessary.

Name _____
 Address _____
 City _____ State _____ Zip _____

Name _____
 Address _____
 City _____ State _____ Zip _____

A.10. Are any of the following prepared for the facility? (check all that apply)

- Slug Control Plan
- Spill Prevention Control and Countermeasure Plan
- Toxic Organic Management Plan

SECTION B – FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is: _____
Average number of employees per shift is: _____

B.2. Starting times of each shift:

1st shift _____ am pm 2nd shift _____ am pm 3rd shift _____ am pm

B.3. Days of operation (check all that apply):

Mon. Tue. Wed. Thu. Fri. Sat. Sun.

NOTE: The following information in this section must be completed for each product line if there is more than one. Simply copy the sheet and complete one for each product line.

B.4. Principal product produced:

B.5. Raw materials and process additives used (include average and maximum per day):

B.6. Provide a brief description of the nature, average rate of production (including each product produced by type, amount, processes, and rate of production), and standard industrial classifications of the operation(s) carried out by such User. This description should include a schematic process diagram, which indicates points of discharge to the POTW from the regulated processes.

B.7. Production process is:

Batch Continuous Both _____ % Batch _____ % Continuous

Average number of batches per 24-hour day: _____

B.8. Hours of operation:

_____ a.m. to _____ p.m. Continuous

B.9. Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle.

B.10. Are any process changes or expansions planned during the next three years? Yes No
If yes, describe the nature of planned changes or expansions below or attach a separate sheet to this form.

SECTION C – WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and if any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

A. 34 Industrial Categories

- 1. Adhesives
- 2. Aluminum Forming
- 3. Auto & Other Laundries
- 4. Battery Manufacturing
- 5. Coal Mining
- 6. Coil Coating
- 7. Copper Forming
- 8. Electric & Electronic Components
- 9. Electroplating
- 10. Explosives Manufacturing
- 11. Foundries
- 12. Gum & Wood Chemicals
- 13. Inorganic Chemicals
- 14. Iron & Steel
- 15. Leather Tanning & Finishing
- 16. Mechanical Products
- 17. Nonferrous Metals
- 18. Ore Mining
- 19. Organic Chemicals
- 20. Paint & Ink
- 21. Pesticides
- 22. Petroleum Refining
- 23. Pharmaceuticals
- 24. Photographic Supplies
- 25. Plastic & Synthetic Materials
- 26. Plastics Processing
- 27. Porcelain Enamel
- 28. Printing & Publishing
- 29. Pulp & Paper
- 30. Rubber
- 31. Soaps & Detergents
- 32. Steam Electric
- 33. Textile Mills
- 34. Timber

B. Other Business Activity

- Dairy Products
- Slaughter / Meat Packer / Rendering
- Beverage Bottler
- Other _____

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply).

- Air Flotation
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation, type _____
- Grease Trap
- Grit Removal
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Biological Treatment, type _____
- Rainwater diversion or storage
- Other Chemical Treatment, type _____
- Other Physical Treatment, type _____
- Other, type _____
- No Pretreatment Provided

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this application. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Briefly describe the plant sanitary sewer system to include outlets, line sizes, traps, and other applicable system structures and details. A plat may be submitted as a support document.

C.5. Is there a sample point where a representative sample of process wastewater discharge can be collected? If so, please describe (include location).

C.6. Is this plant, or any process thereof subject to an existing Federal Categorical Pretreatment Standard? Yes No

C.7. Wastewater Characteristics: Please indicate the presence of any of the parameters listed below in your wastewater discharge by checking the appropriate box on the left. If the quantity or concentration of any parameter is known, please so indicate by writing that quantity in the appropriate blank on the right.

CHEMICAL PARAMETERS

PARAMETER	QUANTITY
<input type="checkbox"/> Flammable or explosive	_____
<input type="checkbox"/> Temperature greater than 150°F (65°C)	_____
<input type="checkbox"/> Oil & Grease	_____
<input type="checkbox"/> BOD5 (Biochemical Oxygen Demand)	_____
<input type="checkbox"/> COD (Chemical Oxygen Demand)	_____
<input type="checkbox"/> TSS (Total Suspended Solids)	_____
<input type="checkbox"/> TDS (Total Dissolved Solids)	_____
<input type="checkbox"/> pH less than 5.5	_____
<input type="checkbox"/> pH greater than 11.5	_____
<input type="checkbox"/> Nitrogen, Ammonia	_____
<input type="checkbox"/> Nitrogen, Nitrite	_____
<input type="checkbox"/> Nitrogen, Nitrate	_____
<input type="checkbox"/> Organic Nitrogen	_____
<input type="checkbox"/> Total Nitrogen or TKN	_____
<input type="checkbox"/> Orthophosphate	_____
<input type="checkbox"/> Total Phosphate	_____
<input type="checkbox"/> Total Sulfide	_____
<input type="checkbox"/> Sulfite	_____
<input type="checkbox"/> Sulfate	_____
<input type="checkbox"/> Chloride	_____
<input type="checkbox"/> Cyanide	_____
<input type="checkbox"/> Fluoride	_____
<input type="checkbox"/> Chlorine Residual	_____
<input type="checkbox"/> Phenols	_____
<input type="checkbox"/> Surfactants	_____
<input type="checkbox"/> Algicides	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Herbicides	_____
<input type="checkbox"/> Fungicides	_____
<input type="checkbox"/> Other (identify below)	_____
_____	_____
_____	_____
_____	_____
_____	_____

C.8. Priority Pollutant Information: Please indicate by placing an “X” in the appropriate box by each listed chemical whether it is “Known to be Present”, “Suspected to be Present”, “Known to be Absent”, or “Suspected to be Absent” in your wastewater discharge. Indicate concentration(s) if known. Do not mark if chemical is not on site.

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
I. METALS & INORGANICS					
1. Antimony					
2. Arsenic					
3. Asbestos					
4. Beryllium					
5. Cadmium					
6. Chromium					
7. Copper					
8. Cyanide					
9. Lead					
10. Mercury					
11. Nickel					
12. Selenium					
13. Silver					
14. Thallium					
15. Zinc					
II. PHENOLS & CRESOLS					
16. Phenol(s)					
17. Phenol, 2-chloro					
18. Phenol, 2,4-dichloro					
19. Phenol, 2,4,6-trichloro					
20. Phenol, pentachloro					
21. Phenol, 2-nitro					
22. Phenol, 4-nitro					
23. Phenol, 2,4-dinitro					
24. Phenol, 2,4-dimethyl					
25. m-Cresol, p-chloro					
26. o-Cresol, 4,6-dinitro					
III. MONOCYCLIC AROMATICS (Excluding Phenols, Cresols, & Phthalates)					
27. Benzene					
28. Benzene, chloro					
29. Benzene, 1,2-dichloro					
30. Benzene, 1,3-dichloro					
31. Benzene, 1,4-dichloro					
32. Benzene, 1,2,4-trichloro					
33. Benzene, hexachloro					
34. Benzene, ethyl					
35. Benzene, nitro					
36. Toluene					
37. Toluene, 2,4-dinitro					
38. Toluene, 2,6-dinitro					
IV. PCBs & RELATED COMPOUNDS					
39. PCB-1016					
40. PCB-1221					
41. PCB-1232					
42. PCB-1242					
43. PCB-1248					
44. PCB-1254					
45. PCB-1260					
46. 2-Chloronaphthalene					
V. ETHERS					
47. Ether, bis(chloromethyl)					
48. Ether, bis(2-chloroethyl)					
49. Ether, bis(2-chloroisopropyl)					

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
50. Ether, 2-chloroethyl vinyl					
51. Ether, 4-bromophenyl phenyl					
52. Ether, 4-chlorophenyl phenyl					
53. Bis(2-chloroethoxy) methane					
VI. NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS					
54. Nitrosamine, dimethyl					
55. Nitrosamine, diphenyl					
56. Nitrosamine, di-n-propyl					
57. Benzidine					
58. Benzidine, 3,3'-dichloro					
59. Hydrazine, 1,2-diphenyl					
60. Acrylonitrile					
VII. HALOGENATED ALIPHATICS					
61. Methane, bromo-					
62. Methane, chloro-					
63. Methane, dichloro					
64. Methane, chlorodibromo					
65. Methane, dichlorobromo					
66. Methane, tribromo					
67. Methane, trichloro					
68. Methane, tetrachloro					
69. Methane, trichlorofluoro					
70. Methane, dichlorodifluoro					
71. Ethane, 1,1-dichloro					
72. Ethane, 1,2-dichloro					
73. Ethane, 1,1,1-trichloro					
74. Ethane, 1,1,2-trichloro					
75. Ethane, 1,1,2,1-tetrachloro					
76. Ethane, hexachloro					
77. Ethene, chloro					
78. Ethene, 1,1-dichloro					
79. Ethene, trans-dichloro					
80. Ethene, trichloro					
81. Ethene, tetrachloro					
82. Propane, 1,2-dichloro					
83. Propene, 1,3-dichloro					
84. Butadiene, hexachloro					
85. Cyclopentadiene, hexachloro					
VIII. PHTHALATE ESTERS					
86. Phthalate, dimethyl					
87. Phthalate, diethyl					
88. Phthalate, di-n-butyl					
89. Phthalate, di-n-octyl					
90. Phthalate, bis-(2-ethylhexyl)					
91. Phthalate, butyl benzyl					
IX. POLYCYCLIC AROMATIC HYDROCARBONS					
92. Acenaphthene					
93. Acenaphthylene					
94. Anthracene					
95. Benzo (a) anthracene					
96. Benzo (b) fluoranthene					
97. Benzo (k) fluoranthene					
98. Benzo (ghi) perylene					
99. Benzo (a) pyrene					
100. Chrysene					

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
IX. POLYCYCLIC AROMATIC HYDROCARBONS (cont.)					
101. Dibenzo (a,h) anthracene					
102. Fluoranthene					
103. Fluorene					
104. Indeno (1,2,3-cd) pyrene					
105. Naphthalene					
106. Phenanthrene					
107. Pyrene					
X. PESTICIDES					
108. Acrolein					
109. Aldrin					
110. BHC (Alpha)					
111. BHC (Beta)					
112. BHC (Gamma) or Lindane					
113. BHC (Delta)					
114. Chlordane					

CHEMICAL COMPOUND	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Concentration/day
115. DDD					
116. DDE					
117. DDT					
118. Dieldrin					
119. Endosulfan (Alpha)					
120. Endosulfan (Beta)					
121. Endosulfan Sulfate					
122. Endrin					
123. Endrin aldehyde					
124. Heptachlor					
125. Heptachlor epoxide					
126. Isophorone					
127. TCDD or Dioxin					
128. Toxaphene					

C.9. If you are unable to identify the chemical constituents of products you use that are discharged, or subject to being discharged in your wastewater, attach copies of the Material Safety Data Sheets for such products.

SECTION D – OTHER WASTE

D.1. Are any liquid wastes or sludges from this facility disposed of by means other than discharges to the sewer system? Yes No

If "No", skip remainder of Section D.
 If "Yes", complete items D.2. & D.3.

D.2. These wastes may best be described as (check all that apply):

Types of Waste	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids & Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks / Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents / Thinners	_____
<input type="checkbox"/> Other Hazardous Waste (specify below)	_____
_____	_____
_____	_____
<input type="checkbox"/> Other Wastes (specify below)	_____
_____	_____
_____	_____
_____	_____

D.3. For the above checked wastes, does your facility practice:

- | | |
|---|--|
| <input type="checkbox"/> On-site Storage | <input type="checkbox"/> On-site Disposal |
| <input type="checkbox"/> Off-site Storage | <input type="checkbox"/> Off-site Disposal |

D.4. Briefly describe the method(s) of storage or disposal checked above.

SECTION E – ENVIRONMENTAL CONTROL PERMITS

Describe all environmental control permits held by or for the facility:

Permit Title	Permit Number	Issuing Agency	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____