

OFFICIAL USE ONLY: TO BE COMPLETED BY CITY	
DATE APPLICATION RECEIVED	
DATE PERMIT ISSUED	
DATE PERMIT EXPIRES	
PERMIT NUMBER	

**CITY OF FORT SMITH UTILITY
WASTEWATER CONTRIBUTION
PERMIT APPLICATION FORM**

Note: Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

- 1. Facility Name: _____
 - a. Operator Name: _____
 - b. Is the operator identified in 1.a., 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: _____
 City: _____ State: _____ Zip: _____
- 3. Business Mailing Address:
 Street or P.O. Box: _____
 City: _____ State: _____ Zip: _____
- 4. Designated signatory authority of the facility:
 [Attach similar information for each authorized representative]
 Name: _____
 Title: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone#: _____ Email: _____
- 5. Designated facility contact:
 Name: _____
 Title: _____
 Phone#: _____ Email: _____

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 a check beside the category of business activity (check all that apply).

Industrial Categories*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Canned and Preserved Fruit & Vegetable Processing
- Canned and Preserved Seafood
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining
- Coil Coating
- Concentrated Animal Feeding Operation and Feedlots
- Concentrated Aquatic Animal Production
- Copper Forming
- Dairy Product Processing or Manufacturing
- Electric and Electronic Components Manufacturing
- Electroplating
- Explosives Manufacturing
- Fertilizer Manufacturing
- Ferroalloy Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Gum and Wood Chemical Manufacturing
- Hospital
- Ink Formulation
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Meat and Poultry Products
- Metal Finishing
- Metal Products and Machinery
- Mineral Mining and Processing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Oil & Gas Extraction
- Ore Mining
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Chemical Manufacturing, Formulation, and/or Packaging
- Petroleum Refining
- Pharmaceutical Manufacturing
- Phosphate Manufacturing
- Photographic Processing

- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Printed Circuit Board Manufacturing
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric Power Generation
- Sugar Processing
- Textile Mills
- Timber Products
- Transportation Equipment Cleaning
- Waste Combustors
- Other (Describe): _____

A facility with processes inclusive in these business areas may be covered by the 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 (attach additional sheets if necessary):

3. Indicate applicable North American Industry Classification System (NAICS) Code for all processes (If more than one applies, list in descending order of importance.):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. PRODUCT RATE:

PRODUCT	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

5. For production-based categorical IUs only:

What is the facility's long-term average categorical production rate for the past 5 years?

Categorical Process	5 Year Average	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Rain Water
- Municipal Water Utility (Specify City): _____
- Other (specify): _____

2. Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Water service account number(s): _____

4. List average water usage on premises:
[New facilities may estimate]

TYPE	AVERAGE WATER USAGE (GPD)	INDICATE ESTIMATED (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 & equipment washdown		
i. Irrigation & lawn watering		
j. Other		
k. Total of A-J		

SECTION D - SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number(s): _____

No: Have you applied for a sanitary sewer hookup?

Yes No

b. For a new business:

I. Will you be occupying an existing vacant building (such as in an industrial park)?

Yes No

II. Have you applied for a building permit if a new facility will be constructed?

Yes No

III. Will you be connected to the public sanitary sewer system?

Yes No

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than four, attach additional information on another sheet.)

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’s sewer?
 Yes If the answer to this question is “yes”, complete the remainder of this application.
 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 estimate]
 - a. Hours/Day Discharged (e.g. 8 hours/day) :
M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____
 - b. Hours of Discharge (e.g. 9 a.m. to 5 p.m.) :
M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____
 - c. Peak hourly flow rate (GPD): _____
 - d. Maximum daily flow rate (GPD): _____
 - e. Annual daily average (GPD): _____

3. If batch discharge occurs or will occur, indicate: [New facilities may estimate]
 - a. Number of batch discharges _____ (per day)
 - b. Average discharge per batch _____ (GPD)
 - c. Time of batch discharges _____ at _____
(days of week) (hours of day)
 - d. Flow rate _____ gallons/minute
 - e. Percent of total discharge _____

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

5. 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	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., none)

6. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each of nonprocess flows (i.e. cooling tower blowdown, boiler blowdown, etc). [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., none)

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) 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 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 (please attach a copy) No

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

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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

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.

Yes No (If no, skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials recycling or water reclamation systems in use or planned?

Yes No (If no, skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed).

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 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. 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; 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 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 Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4- Trichloroethane								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,1,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl) ether								
1,7 bis (chloro methyl) ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlororometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzene								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichlorophenol								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 - Chlorophenyl phenyl ether								
4 - Bromophenyl phenyl ether								
Bis (2-chloroisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene Chloride								
Methyl Chloride								
Methyl Bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2- Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dini-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-Nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethyl hexyl) phthalate								
Butyl Benzyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo (a) anthracene								
Benzo(a) pyrene								
3,4-Benzofluoranthene								
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								
Heptachlor Epoxide								

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Alpha BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1260								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD (5)								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH(3)-N								
Oil & Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								

Pollutant	Detection Level Used	Maximum Daily Value		Average Analysis		Units		Number of Analyses
		Conc.	Mass	Conc.	Mass	Conc.	Mass	
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO(4))								
Sulfide (S)								
Sulfite (SO(3))								
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 an existing wastewater treatment) planned for this facility within the next three years?

Yes: Describe: _____

No

3. Treatment devices or processes used or proposed 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

Grinding Filter

Grit removal

Ion Exchange

Neutralization, pH correction

Ozonation

Reverse osmosis

Screen

Sedimentation

Septic Tank

Solvent separation

Spill protection

Sump

Rainwater diversion or storage

Biological treatment, type: _____

Other chemical treatment, type: _____

Other physical treatment, type: _____

Other, type: _____

4. Is process wastewater mixed with nonprocess wastewater prior to the sampling point?

Yes: Describe: _____

No

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

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

7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion date(s).

8. Do you have a treatment operator? Yes No

(if yes,) Name: _____
Title: _____
Phone: _____
Full Time: _____ (specify hours)
Part Time: _____ (specify hours)

9. Do you have a manual on the correct operation of your treatment equipment?

Yes No

10. Do you have a written maintenance schedule for your maintenance equipment?

Yes No

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information

Work Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shift per Work Day	_____	_____	_____	_____	_____	_____	_____
Empls per Shift	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____
Shift Start and End Times	1 st	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____

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:

J F M A M J J A S O N D

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:

J F M A M J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

Yes, indicate reasons and period when shutdown occurs:

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. **Building Layout** - Draw to scale 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.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?

- Yes No

If yes, (on another sheet), please give a description of their location, contents, size, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to sewer or storm drains. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

- Yes No

If yes, where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- an onsite disposal system
- public sanitary sewer system (e.g. 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 slug discharges from entering the Approving Authority's collection system?

- Yes - **(Please enclose a copy with the application)**
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

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

SECTION J - BEST MANAGEMENT PRACTICES

- 1. Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a facility’s wastestream or from reaching a discharge point. BMPs are management and operational procedures such as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw materials storage.

- 2. Do you have the potential for a slug discharge to the sewer system? A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the POTW’s regulations, local limits, or permit conditions [40 CFR 403.8(f)(2)(v)].

- Yes
- No

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

- II. Please describe current mechanisms for prevention of slug discharges.

- III. Please describe where and how raw materials are stored.

SECTION K - 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 Section K.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. 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 facility.
4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. _____ _____ _____ Permit No. (if appl.): _____	b. _____ _____ _____ Permit No. (if appl.): _____
---	---

5. Have you been issued any Federal, State, or local environmental permits?
 - Yes
 - No
 If yes, please list the permit(s):

6. Describe where and how waste liquids and sludges are stored.

SECTION L - 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

2. **If No:**

- a. What additional operations and maintenance procedures 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.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Approving Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity

Completion Date

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____

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, 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(s)

Title

Signature

Date

Phone