



6450 York Street • Denver, Colorado 80229-7499
 (303) 286-3000 • Telefax (303) 286-3030

METRO WASTEWATER RECLAMATION DISTRICT

PERMIT APPLICATION

1. Facility Name: _____

Mailing Address: _____

Facility Location: _____

Facility Owner: _____

Facility Operator: _____

Individual Responsible for Facility Operations: _____

| Name | Title | Phone No. |
|-------|-------|-----------|
| _____ | _____ | _____ |

Individual Providing Information: _____

| Name | Title | Phone No. |
|-------|-------|-----------|
| _____ | _____ | _____ |

2. SIC number(s) according to the Standard Industrial Classification Manual, Bureau of the Budget, 1972, as amended, or NAICS number(s) according to the North American Industrial Classification System.

| <u>SIC or NAICS Number</u> | <u>Description</u> |
|----------------------------|--------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. Time, duration, and volume of wastewater discharges.

| Disch | Brief Process Description | Time & Duration of Discharge | Gallons per | | Maximum/Minimum Flow Rates (Gallons per minute) | Batch or Continuous Discharge | Seasonal Variations, if any |
|-------|---------------------------|------------------------------|---------------|-------|---|-------------------------------|-----------------------------|
| | | | Operating Day | Month | | | |
| A | | | | | | | |
| B | | | | | | | |
| C | | | | | | | |
| D | | | | | | | |
| E | | | | | | | |
| F | | | | | | | |

4. Attach site plan, floor plans, mechanical and plumbing plans, and details to show all sewers, sewer connections, and appurtenances by the size, location, and elevation.

5. Description of activities, facilities, and plant processes on the premises including all materials which are or could be discharged to the sanitary sewer system.

6. List each product produced by type, amount, process or processes, and rate of production.

| Product | Amount Produced | Process(es) Product Undergoes | Rate of Production |
|---------|-----------------|-------------------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

7. List the type and amount of raw materials processed (average and maximum) per day.

8. Hours of Operation and Shift Information.

Shifts normally worked (check):

| | <u>Sun</u> | <u>Mon</u> | <u>Tues</u> | <u>Wed</u> | <u>Thurs</u> | <u>Fri</u> | <u>Sat</u> |
|-----|------------|------------|-------------|------------|--------------|------------|------------|
| 1st | | | | | | | |
| 2nd | | | | | | | |
| 3rd | | | | | | | |

Shift Times:

| | |
|-----|--|
| 1st | |
| 2nd | |
| 3rd | |

| Average number of employees per shift: | |
|--|------------------------|
| | Office Production |
| 1st | |
| 2nd | |
| 3rd | |

Normal operating months (circle): J F M A M J J A S O N D or Full Year

9. Attach a chemical/product inventory list and all analytical data to properly characterize wastewater constituents including, but not limited to, those limited by Sections 6.17 and 6.18 of these *Rules and Regulations*, as determined by a reliable analytical laboratory. Sampling and analysis shall be performed in accordance with procedures established by the EPA pursuant to Section 304(g) of the act and contained in 40 CFR, Part 136, as amended.
10. Statement of Compliance:

Additional O&M and/or additional pretreatment required to meet the applicable standards and ensure consistent compliance will be as follows:.

Pretreatment standards for this facility are are not (check one box) being met on a consistent basis.

| Name | Title |
|------|-------|
|------|-------|

11. If additional pretreatment and/or O&M will be required to meet the discharge standards and pollutant limitations, a compliance schedule will need to be completed and sub-mitted. A compliance schedule specifies the additional operation & maintenance and/or additional pretreatment needed to meet Pretreatment Standards and Regulations and the shortest schedule by which the industry will provide such additional O&M and/or pretreatment. For state or national pretreatment standards, the completion date in this schedule shall not be later than the compliance date established for the applicable pretreatment standard. You will be notified in writing of the requirement to submit a compliance schedule, if necessary.
12. Attach other information that is relevant to this permit application; i.e., other environmental control permits held by permit applicant.
13. CERTIFICATION

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 information submitted is true, accurate, and complete, and that sampling and analysis is representative of normal work cycles, production rates and expected pollutant discharges to the sanitary sewer. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| Name | Date |
|------|------|
|------|------|