

Industrial Pretreatment Program **Wastewater Discharge Permit Application**



Metro Wastewater Reclamation District
6450 York Street
Denver, CO 80229-7499

INTRODUCTION

A Wastewater Discharge Permit ('Permit') issued by the Metro Wastewater Reclamation District (Metro District) Industrial Waste Pretreatment Program provides authorization for the discharge of industrial/commercial wastewater to the Metro District, in accordance with the *Metro Wastewater Reclamation District Rules and Regulations Governing the Operation, Use, and Services of the System ('Rules and Regulations')*, and Federal Pretreatment Regulations (40 CFR 403). The Permit program provides a means for protection of the Publicly Owned Treatment Works (POTW) facility, including appurtenances, POTW workers, the public and the environment through the regulation of industrial wastewater discharges. Industrial wastewater is defined as all wastewater from any manufacturing, processing, institutional, commercial, or agricultural operation or any operation where the wastewater discharged includes any quantity of non-domestic wastewater.

In order to apply for a Permit, you must fully complete a Wastewater Discharge Permit Application. This application requires a significant amount of information regarding your business and its waste generation and disposal activities. No application fee is required.

All questions/blanks must be filled-out completely and must include all specified enclosures. If you do not have an answer for any requested information, or if a section does not apply to your operations, indicate this and provide an explanation for each instance. If needed, you can add lines to the information tables or attach additional pages.

Send the original, completed application and all required enclosures to:

ATTN: **Metro Rep, Title**
Metro Wastewater Reclamation District
6450 York Street
Denver, CO 80229-7499

For any questions regarding completion of the Permit application, please contact:

Metro Rep at 303-286-XXXX.

SECTION A - GENERAL BUSINESS INFORMATION

Item A-1

DATE: _____

APPLICANT BUSINESS NAME:	
ADDRESS OF SITE DISCHARGING WASTEWATER:	BUSINESS MAILING ADDRESS:
<i>Street Address</i>	<i>Street Address</i>
<i>City, State</i>	<i>City, State</i>
<i>Phone Number</i>	<i>Phone Number</i>
<i>Email Address:</i>	<i>Fax Number:</i>
<i>Company website address:</i>	
<i>How many years has the facility been operating at this address: _____</i>	

Item A-2

Company-Facility Owner/President/Chief Executive Officer/Responsible official Information:	
<i>Name</i>	<i>Title</i>
<i>Street Address</i>	<i>Direct Phone Number</i>
<i>City, State</i> <i>Zip Code</i>	<i>24-hour Emergency Phone Number</i>
<i>e-mail address</i>	<i>Fax Number</i>

Item A-3

Authorized Representative Information:		
<i>Name</i>		<i>Title & Company (if Consultant)</i>
<i>Street Address</i>		<i>Direct Phone Number</i>
<i>City, State</i>	<i>Zip Code</i>	<i>24-hour Emergency Phone Number</i>
<i>e-mail address</i>		<i>Fax Number</i>

Other Facility Contact Information:		
<i>Name</i>		<i>Title & Company (if Consultant)</i>
<i>Street Address</i>		<i>Direct Phone Number</i>
<i>City, State</i>	<i>Zip Code</i>	<i>24-hour Emergency Phone Number</i>
<i>e-mail address</i>		<i>Fax Number</i>

Item A-4 PERTINENT IDENTIFICATION NUMBERS AND PERMIT INFORMATION

Applicable Standard Industrial Classification (SIC)Number(s): _____

Water Supply Agency Name & Account No.: _____ **Sewer Agency Name & Account No.:** _____

Other Environmental Control Permits Issued for Applicant Site – Check appropriate box and list corresponding Issuing Agency and Permit #(s) for each.

- Air** _____
- NPDES (or CDPS)** _____
- Storm Water (MS4)** _____
- Other** _____

Does your facility currently generate and dispose of any hazardous wastes ?

YES NO

If yes, what is your EPA Identification Number _____

If yes, list the wastes: _____

If yes, is your facility classified as a (check one)--

- conditionally exempt small quantity generator (CESQG)
- small quantity generator (SQG)
- Large quantity generator (LQG) ?

If yes, who are your waste haulers/transporters? _____

Item B-3 HOURS/DAYS OF NORMAL OPERATION

Number of Operating Days Per Year: Average _____ **Maximum** _____

Normal Days of Operation: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Normal Hours of Operation: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.
_____ Sat. _____ Sun.

Do you discharge industrial/commercial wastewater every operating day? YES NO

If NO, on which days do discharges normally occur? _____

Is the wastewater discharged continuously or in batches? _____

If the wastewater is batch-discharged, how many batches per day? _____

Number of Employees: _____ TOTAL _____ Days _____ Afternoons _____ Nights

Other Operating Information:

SECTION C - FACILITY INFORMATION

Item C-1 FACILITY INFORMATION

1.0 Sanitary Sewer Outfalls (Where your facility’s sewer piping ties into the Metro District’s sewer system)

How many sanitary sewer outfalls does your facility have? _____

For each outfall, complete the following information:

Outfall Number	Legal Description of Location of Tie-In to the sewer system, Including Manhole Numbers

2.0 Floor Drains

How many floor drains (including trenches) does your facility have? _____

For each floor drain, complete the following information:

Floor Drain Number	Location of Floor Drain Within Facility	Is the Floor Drain Permanently Capped/Plugged?	To Which Sanitary Sewer Outfall Does this Floor Drain Discharge?*	Is this a trench drain?	Are any industrial/commercial wastewaters or chemicals discharged to this floor drain?

**** If you do not have drawings or plans of your facility’s sewer piping, you may need to perform dye testing of the lines in order to obtain this information. Contact the Metro District for information on dye testing. *If this drain does not discharge to the sanitary sewer, specify exactly where the discharge goes.***

3.0 Sinks

How many sinks (including floor and janitor sinks) does your facility have? _____

For each sink, complete the following information:

Sink Number	Location of Sink Within Facility	Is this Sink Used Exclusively for Hand-Washing?	Is this Sink Used for Hand-Washing and Floor/Facility Cleaning Uses (dumping of mop water, etc?)	Are any industrial/commercial wastewaters or chemicals discharged to this sink?	To Which Sanitary Sewer Outfall Does this Sink Discharge?

4.0 General Facility Information

How many individual buildings comprise your facility at the premise address? _____

Which buildings contain industrial/commercial processes or operations? _____

Which buildings contain only office space and/or domestic areas (bathrooms, showers, breakroom/kitchen)? _____

Do you store any raw materials or waste materials within 25 feet of any open floor drain? _____
 If yes, identify the material(s) stored and drain location(s).

Item C-2 SITE LAYOUT

DO NOT PREPARE YOUR SITE LAYOUT ON THIS PAGE. THE SITE LAYOUT MUST BE PREPARED ON A SEPARATE PIECE OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION. The Schematic Flow Diagram must be legible and must be no smaller than 8 x 11 inches, and no larger than 11 x 17 inches. At a minimum, the SITE LAYOUT must include the following:

- Building outlines, including identifying names/numbers
- Property lines
- North Direction Arrow
- All floor drains in the facility – specify whether they are open, permanently capped, or capped w/removable plug
- All sinks in the facility
- All bathrooms/showers in the facility
- Storm Drains
- Wastewater routing (piping)
- Wastewater Drainage discharge points and manholes – include domestic wastewater discharge points
- Locations of all wastewater generating processes or activities, **including domestic wastewater**
- Monitoring Point(s)/Sampling Location – indicate the physical location(s) for all existing monitoring points **and** for any new processes/activities that you plan to operate at your facility within the next 1 year, indicate your proposed monitoring point/sampling location for each new process

SECTION D - PROCESS INFORMATION – SUPPLY (INPUTS)

RAW MATERIALS AND CHEMICALS USED AT THE FACILITY / SITE

All raw materials and chemicals used at the facility/site must be listed below. **A legible copy of the SDS sheet for each material/chemical must also be provided.** Attach additional sheets if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format that includes all of the specified information

Raw Material #	Name of Raw Material	Are any Components of this Material Listed on Enclosed TTO List ? ⁽¹⁾	Specific Purpose or Use at Facility (Processes in which it is used)	Daily Quantity Used		Is this material stored in drums or tanks?	List all areas where this material is used/stored at the facility
				Average. ⁽²⁾	Maximum ⁽²⁾		
1							
2							
3							
4							
5							
6							
7							
8							
9							

⁽¹⁾ Refer to the MSDS/SDS information to determine if any components are TTOs – contact manufacturer for detailed compositional information, if necessary. **If detailed compositional information is unavailable, you may be required to perform analyses.**

⁽²⁾ Must be reported in gallons for liquid raw materials and pounds for solid raw materials.

SECTION E - PROCESS INFORMATION – PROCESS AND OPERATIONAL ACTIVITY DESCRIPTIONS

Item E-1 **PROCESS AND OPERATIONAL ACTIVITY DESCRIPTIONS – for Products/Services/Activities listed in Item B-2**

DO NOT PREPARE THE PROCESS DESCRIPTIONS ON THIS PAGE. THE DESCRIPTIONS MUST BE PREPARED ON SEPARATE PIECES OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION. The DESCRIPTIONS must be typewritten; handwritten versions cannot be accepted. Process Descriptions are narrative explanations of how a process works. You will use the information in the process descriptions in developing the Schematic Flow Diagram in Section H.

At a minimum, the DESCRIPTIONS must include the following:

- A specific explanation of the process/activity;
 - If the site includes multiple buildings and/or outside areas, a description of the location of each process/activity;
 - Describe all **major** pieces of equipment that are used;
 - How are raw materials transported to the process/activity area ?
 - How are raw materials added/used in the process ?
 - How often the process/activity is operated/performed (number days/week and number hours/day)?
 - Describe whether the process/activity is performed as a *batch* or *continuous* operation?
 - Describe the purpose of the process/activity within the facility – identify the products and wastes generated as a result of performing each process/activity.

SECTION F - PROCESS INFORMATION – WASTES & PRODUCTS (OUTPUTS)

Item F-1 LIQUID AND SOLID INDUSTRIAL/COMMERCIAL WASTES GENERATED–

All liquid and solid wastes, excluding domestic wastes that are generated **by the products/services/activities listed in Item B-2** at the facility/site must be listed below. Attach additional sheets if necessary. Alternatively, this information can be submitted in a spreadsheet, database, or other format provided that it includes all of the specified information.

Waste Identification	Name/Identity of Waste	Daily Quantity Generated/Discharged (If estimated, please indicate by including an 'E'; if measured please include an 'M')		What is the means for disposal/discharge of this waste? ⁽²⁾	If waste is hauled, what is the name of the Hauler/Disposal Co.?	If the waste is hauled, what is the frequency of disposal? ⁽³⁾
		Average ⁽¹⁾	Maximum ⁽¹⁾			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

⁽¹⁾ Must be reported in gallons for liquid wastes and pounds for solid wastes. ⁽²⁾ Discharge to sanitary sewer drain (SSD); disposal via waste hauler (WH); Evaporation (EV); Contained in Product (CP); Discharged to surface or ground waters (PWD); Domestic Trash (DT); Other (Y) _____ [specify] ⁽³⁾ Specify how often each waste is hauled (i.e., weekly, monthly, every 2 months, etc.)

**SECTION G - PROCESS INFORMATION –
WASTE STORAGE, HANDLING, & DISPOSAL DESCRIPTIONS**

Item G-1 – Waste Storage, Handling, & Disposal Descriptions

On a separate sheet(s) of paper, provide a detailed description of the waste storage, handling, and disposal activities for your facility. The following must be specifically addressed in your descriptions:

- *How are wastes handled (transported within facility/stored/disposed of)?*
 - *For each waste stream listed in F-1, specify how the waste is collected, where it is stored prior to disposal, how it is transported from the process/activity area to the storage area and how it is disposed of.*

**SECTION H - PROCESS INFORMATION -
WATER BALANCE**

This section addresses water consumption (usage) and discharge (wastewater) from your facility.

Item H-1 WATER BALANCE INFORMATION- SUPPLY

LEGIBLE COPIES OF YOUR MOST RECENT (3) WATER BILLS MUST BE INCLUDED WITH THIS APPLICATION.

Water Supply Information from Attached Water Bills:

	<i>Date Range/Period of Bill</i>	<i>Volume/Flow reported on Bill</i>	<i>Volume/Flow (gallons per day)</i>
<i>Water Consumption - Bill #1</i>			
<i>Water Consumption - Bill #2</i>			
<i>Water Consumption - Bill #3</i>			
<i>Average</i>			

Item H-2 WATER BALANCE INFORMATION- **DISCHARGE**

FOR THIS SECTION, YOU MUST USE THE FLOW INFORMATION FROM YOUR LAST (3) COMPLIANCE REPORTS. For each report, enter the dates of the report period (in the first column) and the total monthly and daily average flows that were reported for each month of the reporting period (in the second column).

Water Discharge Information from Self-Monitoring Flow Records:

	Dates of Reporting Period	Daily Average Flow (gallons per day)	Total Monthly Flow (gallons)
Compliance Report #1			
Month 1			
Month 2			
Month 3			
Compliance Report #2			
Month 1			
Month 2			
Month 3			
Compliance Report #3			
Month 1			
Month 2			
Month 3			
Overall Average* (average of flows reported for the 3 compliance reports)			

*This is a single number (a 9-month average) for the Daily Average Flow and a single number (a 9-month average) for the Total Monthly Flow

Are your reported discharge flow rates for regulated (categorical or locally regulated) process wastewaters only (do not contain domestic wastewater from bathrooms, showers, kitchens, etc.)?

YES NO

Item H-3 WATER BALANCE - **SUMMARY** The purpose of this section is to summarize and compare the information that you have supplied for the Water Supply and Discharge tables.

1. TOTAL WATER FLOW (gal/day) INTO YOUR FACILITY (from the yellow cell in H-1):			
2. TOTAL REPORTED WATER FLOW (gal/day) DISCHARGED FROM YOUR FACILITY (from the yellow cell in H-2)			
3. TOTAL WATER FLOW IN - TOTAL WATER FLOW OUT [#1 - #2]			
<p>4. If the value calculated in 3 above is <u>not</u> equal to zero, you are required to provide a detailed technical explanation* for the difference in the consumption and discharge flows.</p> <p>Provide the average flow information for <u>each</u> discharge type indicated.</p> <p>Include an explanation of your assumptions and your calculations for <u>each</u> discharge type on a separate page and attach that page to this application.</p>	Type of Discharge*	Average (gallons per day)	E or M**
	Domestic Water*** (bathrooms, sinks, showers, kitchen)		
	Evaporative Losses		
	Non-Contact Cooling Water		
	Contact Cooling Water		
	Boiler, Cooling Tower, Scrubber Blow down; Compressor Condensate		
	Other (specify)		
5. Recalculate the TOTAL WATER FLOW DISCHARGED FROM YOUR FACILITY [value entered for #2. above + the pink cell in #4. above]	TOTAL		
6. Recalculate the TOTAL WATER FLOW IN - TOTAL WATER FLOW OUT [#1. - #5.]			

If all water consumption and discharge are properly accounted for, the recalculated value in #6. Above [the **green** cell] should be zero (0). If for any reason your calculations do not result in a value of 'zero' for #6, you are required to include an explanation of this issue as part of this section of the Application.

* You must include an explanation for how you have quantified the evaporative losses, or how you have quantified any other water losses (or surplus) in your explanation. **If the Metro District determines that additional water balance information is necessary, you may be required to complete and submit a detailed water balance. In the event that you are required to submit the detailed water balance, a Water Balance package will be provided to you by the Metro District.**

** Indicate whether the value supplied is estimated - indicated by 'E', or measured - indicated by 'M'.

*** Refer to the Instructions and Guidelines Section for item H-3 for information on how to determine domestic water discharge for your facility.

SECTION I - SCHEMATIC FLOW DIAGRAM

DO NOT PREPARE YOUR SCHEMATIC FLOW DIAGRAM ON THIS PAGE. THE DIAGRAM MUST BE PREPARED ON A SEPARATE PIECE OF PAPER AND INCLUDED IN THIS SECTION OF THE APPLICATION. The Schematic Flow Diagram must be legible and must be no smaller than 8 x 11 inches, and no larger than 11 x 17 inches. At a minimum, the flow diagram must include the following:

- ❑ Each manufacturing process or activity at your facility that generates wastewater, **excluding domestic wastewater**. All raw materials, wastes, and processes represented in Items D-1, E-1, F-1, F-2, G-1, and water from H-3 must be shown on the diagram.
- ❑ Each manufacturing process or activity at your facility that does not generate wastewater.
- ❑ A sub-schematic of each pretreatment process, showing all treatment tanks, pumps, piping, and control features.
- ❑ Discharge points for each waste listed in Items F-1, G-1, and water from H-3.
- ❑ Input/feed points for each raw material listed in Items D-1, including water from H-3.
- ❑ Monitoring Point(s)/Sampling Location – indicate the location(s) for all existing monitoring points **and** for any new processes that you plan to operate at your facility within the next one (1) year, indicate your proposed monitoring point/sampling location for each new process.

SECTION J - ANALYTICAL DATA (WASTEWATER CHARACTERISTICS)

As an existing Permittee, submission of analytical data may not be required, depending on the specific technical needs in assessing and developing your new Permit. The technical requirements will be determined by the Metro District. Please refer to the table below for a list of analyses that the Metro District has determined necessary for your Permit renewal.

<input checked="" type="checkbox"/> No Analyses Necessary at this time [to be determined by the Metro District]
<input type="checkbox"/> pH
<input type="checkbox"/> <u>Total</u> Metals (Cadmium, Chromium, Hexavalent Chromium, Copper, Lead, Nickel, Silver, Zinc, Arsenic, Mercury, Molybdenum, Selenium)
<input type="checkbox"/> Hexane Extractable Material (HEM- Total Oil & Grease)
<input type="checkbox"/> Hexane Extractable Material-Silica Gel Clean-Up (SGT-HEM; Non-Polar Material)
<input type="checkbox"/> Total Cyanide
<input type="checkbox"/> BOD ₅
<input type="checkbox"/> TSS
<input type="checkbox"/> COD
<input type="checkbox"/> BTEX
<input type="checkbox"/> Volatile Organics
<input type="checkbox"/> Semi-Volatile Organics
<input type="checkbox"/> Pesticides/PCBs
<input type="checkbox"/> Other _____

All analyses must be performed in accordance with 40 CFR 136 or another method approved by the Metro District. Analytical results submitted that are not in accordance with 40 CFR 136, or Metro District approved, are considered invalid and will not be accepted. A minimum of two (2) sampling events must be performed and the results submitted with this application. Each sampling event must occur on an individual business day and must be performed on a day that represent normal processes, activities and operating hours to ensure that the samples are representative of all processes and activities that generate wastewater from your facility.

For each sample collected and analyzed, the following information must also be included:

- Sample type (flow-proportional, time composite, manual grab)
- Frequency of samples taken (i.e., every 2 hrs, every 100 gallons, etc.)
- Time, date, and location(s) of sample collection
- Method of analysis for each sample
- Wastewater flow rate(s) on the day of each sample collection (indicate whether estimated or measured)
- All associated laboratory QC data
- Copies of completed chain-of-custody forms for each sample (blank COC forms can be obtained from most analytical laboratories)

Each sample must be analyzed for the following parameters, with the results reported in mg/L for all parameters except pH, which is reported in standard units:

Grab Sample: A sample that is taken from a waste stream on a one-time basis with no regard to the flow in the waste stream and without consideration of time.

Composite Sample: A representative flow proportioned [or time proportioned] sample collected over a 24-hour period consisting of a minimum of four (4) individual samples collected at equally spaced intervals and combined according to flow [or time].

SECTION K - OTHER REQUIRED INFORMATION

Pursuant to Section 6.22.2(13), the Metro District has deemed that the following information is necessary to evaluate the permit Application and therefore must be included with this Application:

SECTION L - SIGNATORY REQUIREMENTS

All reports and information submitted to the requirement of this permit must be signed and certified by an authorized representative of the Permittee as defined in Section 2.10 of the Rules and Regulations.

SIGNATORY REQUIREMENTS

Signatory of the Wastewater Discharge Permit must provide the following:

Printed Name	Title
Date of Birth	Signature

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.

Signature of Authorized Representative	Date

Total Toxic Organics

Total Toxic Organics (TTO): Shall mean the summation of all quantifiable values greater than 0.01 mg/l for the following toxic organics:

ORGANIC TOXIC POLLUTANTS IN EACH OF FOUR FRACTIONS IN ANALYSIS BY GAS CHROMATOGRAPHY/MASS SPECTROSCOPY (GC/MS)

Volatiles	Base/Neutral	Acid Compounds	Pesticides/PCBs
acrolein	acenaphthene	2-chlorophenol	aldrin
acrylonitrile	acenaphthylene	2,4-dichlorophenol	alpha-BHC
benzene	anthracene	2,4,-dimethylphenol	Aroclor 1016
bromoform	benzidine	4,6-dinitro-o-cresol	Aroclor 1221
carbon tetrachloride	benzo(a)anthracene	2,4-dinitrophenol	Aroclor 1232
chlorobenzene	benzo(a)pyrene	2-nitrophenol	Aroclor 1242
chlorodibromomethane	3,4-benzofluoranthene	4-nitrophenol	Aroclor 1248
chloroethane	benzo(ghi)perylene	p-chloro-m-cresol	Aroclor 1254
2-chloroethylvinyl ether	benzo(k)fluoranthene	pentachlorophenol	Aroclor 1260
chloroform	bis(2-chloroethoxy)methane	phenol	beta-BHC
dichlorobromomethane	bis(2-chloroethyl)ether	2,4,6-trichlorophenol	gamma-BHC
1,1-dichloroethane	bis(2-chloroisopropyl)ether		delta-BHC
1,2-dichloroethane	bis(2-ethylhexyl)phthalate		chlordane
1,1-dichloroethylene	4-bromophenyl phenyl ether		4,4'-DDT
1,2-dichloropropane	butylbenzyl phthalate		4,4'-DDE
1,3-dichloropropylene	2-chloronaphthalene		4,4'-DDD
ethylbenzene	4-chlorophenyl phenyl ether		dieldrin
methyl bromide	chrysene		alpha-endosulfan
methyl chloride	dibenzo(a,h)anthracene		beta-endosulfan
methylene chloride	1,2-dichlorobenzene		endosulfan sulfate
1,1,2-tetrachloroethane	1,3-dichlorobenzene		endrin
tetrachloroethylene	1,4-dichlorobenzene		endrin aldehyde
toluene	3,3-dichlorobenzidine		heptachlor
1,2-trans-dichloroethylene	diethyl phthalate		toxaphene
1,1,1-trichloroethane	dimethyl phthalate		
1,1,2-trichloroethane	di-n-butyl phthalate		
trichloroethylene	2,4-dinitrotoluene		
vinyl chloride	2,6-dinitrotoluene		
	di-n-octyl phthalate		
	1,2-diphenylhydrazine (as azobenzene)		
	fluorene		
	fluoranthene		
	hexachlorobenzene		
	hexachlorobutadiene		
	hexachlorocyclopentadiene		
	hexachloroethane		
	indeno(1,2,3-cd)pyrene		
	isophorone		
	naphthalene		
	nitrobenzene		
	N-nitrosodimethylamine		
	N-nitrosodi-n-propylamine		
	N-nitrosodiphenylamine		
	phenanthrene		
	pyrene		
	1,2,4-trichlorobenzene		