



South Central Wastewater Authority
900 Magazine Road
Petersburg, VA 23803

Phone: (804) 861-0111

APPLICATION FOR INDUSTRIAL USER DISCHARGE PERMIT

Section A

General Information

1.)

Facility Name _____

Plant/Division (if different from facility name) _____

Facility Street Address _____

City _____

State _____

Zip Code _____

Facility Mailing Address (if different from above) _____

City _____

State _____

Zip Code _____

Name of Authorized Company Representative _____

Title _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

Name of Facility Representative/Contact _____

Title _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

2.) Date Operations Commenced at this Facility: _____

3.) Describe any significant changes to production or equipment since commencement of operations:

Section B

Business Activity

1.) Give a brief description of all operations at this facility including primary products or services.
Attach additional sheets and diagrams if necessary.

2.) For all processes, list the applicable Standard Industrial Classification (SIC) code numbers and NAICS Codes with titles

	<i>SIC CODES</i>	<i>NAICS Codes</i>	<i>Code Titles/ Descriptions</i>
1.	____ , ____ , ____	____ , ____ , ____	_____
2.	____ , ____ , ____	____ , ____ , ____	_____
3.	____ , ____ , ____	____ , ____ , ____	_____

3.) Identify applicable Industrial Categories from the following list

- | | |
|---|---|
| <input type="checkbox"/> Aluminum Forming (40 CFR 467) | <input type="checkbox"/> Metal Finishing (40 CFR 433) |
| <input type="checkbox"/> Battery Manufacturing (40 CFR 461) | <input type="checkbox"/> Metal Molding and Casting (40 CFR 464) |
| <input type="checkbox"/> Builders' Paper and Board Mill (40 CFR 431) | <input type="checkbox"/> Nonferrous Metals Forming / Powders (40 CFR 471) |
| <input type="checkbox"/> Carbon Black Manufacturing (40 CFR 458) | <input type="checkbox"/> Nonferrous Metals Manufacturing (40 CFR 421) |
| <input type="checkbox"/> Coil Coating (40 CFR 465) | <input type="checkbox"/> Organic Chemicals/Plastics/Syn. Fibers (40 CFR 414) |
| <input type="checkbox"/> Copper Forming (40 CFR 468) | <input type="checkbox"/> Paint Formulating (40 CFR 446) |
| <input type="checkbox"/> Electrical/ Electrical Components (40 CFR 469) | <input type="checkbox"/> Paving and Roofing Materials (Tar/Asph) (40 CFR 443) |
| <input type="checkbox"/> Electroplating (40 CFR 413) | <input type="checkbox"/> Pesticide Chemicals (40 CFR 455) |
| <input type="checkbox"/> Feedlot (40 CFR 412) | <input type="checkbox"/> Petroleum Refining (40 CFR 419) |
| <input type="checkbox"/> Fertilizer Manufacturing (40 CFR 418) | <input type="checkbox"/> Pharmaceutical Manufacturing (40 CFR 439) |
| <input type="checkbox"/> Glass Manufacturing (40 CFR 426) | <input type="checkbox"/> Porcelain Enameling (40 CFR 466) |
| <input type="checkbox"/> Grain Mill (40 CFR 406) | <input type="checkbox"/> Pulp, Paper, and Paperboard (40 CFR 430) |
| <input type="checkbox"/> Ink Formulating (40 CFR 447) | <input type="checkbox"/> Rubber Manufacturing (40 CFR 428) |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing (40 CFR 415) | <input type="checkbox"/> Soap and Detergents Manufacturing (40 CFR 417) |
| <input type="checkbox"/> Iron and Steel Manufacturing (40 CFR 420) | <input type="checkbox"/> Steam Electric Power Generation (40 CFR 423) |
| <input type="checkbox"/> Leather Tanning and Finishing (40 CFR 425) | <input type="checkbox"/> Timber Products Processing (40 CFR 429) |

Section C

Water Use and Discharge

1.) What is the source(s) of your process water?

2.) Is it metered? YES NO

Water Use:	Daily Average Flow	_____	gal./Day
	Daily Maximum Flow	_____	gal./Day
	Monthly Maximum Flow	_____	gal./Month

3.) Wastewater Discharge Points:

- | | |
|--|--|
| <input type="checkbox"/> Surface Water | <input type="checkbox"/> Number of Outfalls _____ |
| <input type="checkbox"/> Sewer | <input type="checkbox"/> Number of Sewer Connections _____ |
| <input type="checkbox"/> Other (Please Describe) | |

4.) Describe the location and conditions of your wastewater discharge location(s).
Attach a map if available.

5.) What is your operating schedule?

<input type="checkbox"/>	<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Hours of Discharge</u>
<input type="checkbox"/>	Sunday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Monday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Tuesday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Wednesday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Thursday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Friday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/>	Saturday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM

Shifts per day	Shift times	Employees/Shift
<input type="checkbox"/> 1 st	_____ AM / PM to _____ AM / PM	_____
<input type="checkbox"/> 2 nd	_____ AM / PM to _____ AM / PM	_____
<input type="checkbox"/> 3 rd	_____ AM / PM to _____ AM / PM	_____

6.) Is your operation subject to seasonal variation? If so, please describe.

7.) Wastewater Sources:

	<u>Industrial Process</u>	<u>Avg. Daily Flow</u>	<u>Pretreated?</u>	<u>Outfall</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
	Sanitary	_____	_____	_____
	Total	_____	_____	_____

Section D

Pretreatment

- 1.) Does your Facility provide pretreatment to its discharge? Yes No
If so, describe your pretreatment. Provide schematic, if available.

- 2.) Is your facility subject to Air Pollution Control? Yes No
If so, please describe.

- 3.) Has your facility wastewater been analyzed during the past 6 months? Yes No
If so, provide copy of Report of Analysis.

Section E

Other Wastes

- 1.) Examine the Priority Pollutant list on the next 2 pages. Check the appropriate boxes.
If any pollutants are believed to be present, how are these disposed of?

- Does your facility have floor drains or slop sinks? Yes No
If so, how are they controlled so that Priority Pollutants are not discharged?

Priority Pollutant Information: Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

CHEMICAL COMPOUND	Known or Suspected Concentration/day				Known or Suspected Concentration/day			
	Known	Suspected	Absent	Concentration/day	Known	Suspected	Absent	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 AND 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 AND PHTHALATES)

27. Benzene								
28. Benzene, chloro								
29. Benzene, 1,2-dichloro								
30. Benzene, 1,3-dichloro								
31. Benzene, 1,4-dichloro								

VI. NITROSAMINES AND 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								

CHEMICAL COMPOUND	Known	Suspected	Present	Absent	Known or Suspected Concentration/day
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. Propene, 1,2-dichloro	()	()	()	()	()
83. Propene, 2,4-dichloro	()	()	()	()	()
84. Butadiene, hexachloro	()	()	()	()	()
85. Cyclopentadiene, hexachloro	()	()	()	()	()

VII. HALOGENATED ALIPHATICS

CHEMICAL COMPOUND	Known	Suspected	Present	Absent	Known or Suspected Concentration/day
95. Benzo (a) anthracene	()	()	()	()	()
96. Benzo (b) fluoranthene	()	()	()	()	()
97. Benzo (k) fluoranthene	()	()	()	()	()
98. Benzo (ghi) perylene	()	()	()	()	()
99. Benzo (a) pyrene	()	()	()	()	()
100. Chrysene	()	()	()	()	()
101. Dibenzo (a,n) anthracene	()	()	()	()	()
102. Fluoranthene	()	()	()	()	()
103. Fluorene	()	()	()	()	()
104. Indeno (1,2,3-cd) pyrene	()	()	()	()	()
105. Naphthalene	()	()	()	()	()
106. Phenanthrene	()	()	()	()	()
107. Pyrene	()	()	()	()	()

X. PESTICIDES

CHEMICAL COMPOUND	Known	Suspected	Present	Absent	Known or Suspected Concentration/day
108. Acrolein	()	()	()	()	()
109. Aldrin	()	()	()	()	()
110. BHC (Alpha)	()	()	()	()	()
111. BHC (Beta)	()	()	()	()	()
112. BHC (Gamma) or Lindane	()	()	()	()	()
113. BHC (Delta)	()	()	()	()	()
114. Chlordane	()	()	()	()	()
115. DDD	()	()	()	()	()
116. DDE	()	()	()	()	()
117. DDT	()	()	()	()	()
118. Dieldrin	()	()	()	()	()

VIII. PHTHALATE ESTERS

CHEMICAL COMPOUND	Known	Suspected	Present	Absent	Known or Suspected Concentration/day
86. Phthalate, di-c-methyl	()	()	()	()	()
87. Phthalate, di-n-ethyl	()	()	()	()	()
88. Phthalate, di-n-butyl	()	()	()	()	()
89. Phthalate, di-n-octyl	()	()	()	()	()
90. Phthalate, bis(2-ethylhexyl)	()	()	()	()	()
91. Phthalate, butyl benzyl	()	()	()	()	()

IX. POLYCYCLIC AROMATIC HYDROCARBONS

CHEMICAL COMPOUND	Known	Suspected	Present	Absent	Known or Suspected Concentration/day
92. Acenaphthene	()	()	()	()	()
93. Acenaphthylene	()	()	()	()	()
94. Anthracene	()	()	()	()	()

If you are unable to identify the chemical constituents of products you use that discharged in your wastewater, attach copies of the materials safety data sheets for such products.

Section F

Signatory Responsibility

This Application and all other official communication with South Central Wastewater Authority must be signed by an authorized official of your firm only after adequate examination and review of the information provided. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.13, information provided in this Application that identifies the nature and frequency of discharge is available to the public without restriction. Requests for confidential treatment of other information is governed by procedures specified in 40 CFR Part 2.

This Application will become a part of any Discharge Permit granted to your facility.

I have personally examined and am familiar with the information submitted in this document and its 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.

Signature of Authorized Company Official

Date