



INDUSTRIAL PRETREATMENT

INDUSTRIAL USER DISCHARGE PERMIT (IUDP) APPLICATION

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

SECTION A. GENERAL INFORMATION

1. Facility Name:

2. Facility Address:

City:

State:

Zip:

3. Mailing Address:

City:

State:

Zip:

4. Designated authorized representative(s) of the facility (attach similar information for each authorized representative):

Name:

Title:

Address:
(if different from above)

City:

State:

Zip:

Phone #:

Fax #:

E-Mail:

5. Designated Facility Contact (must be locally based):

Name:

Title:

Phone #:

Fax #:

E-Mail:

6. Year facility was established at present location:

7. Please check one of the following:

Existing Industrial Discharger.

Proposed Industrial Discharger. Anticipated date of first discharge:

8. Is this application submittal for a permit renewal?

Yes

No

SECTION B. PRODUCT OR SERVICE INFORMATION

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 waste), place a check beside the category or business activity (check all that apply). Please note, a facility with processes listed below may be covered by Federal pretreatment standards. These facilities are known as "Categorical Users". If the categories or activities are not listed below, please check "Other" and fill in the blank(s).

Aluminum Forming	Battery Manufacturer
Builders Paper/Board Mills	Canned/Preserved Fruit/Veg.
Canned/Preserved Seafood	Cement
Centralized Waste Treatment	Coil Coating
Copper Forming	Dairy Products
Electronics/Semi-conductors	Electroplating/Metal Finishing
Equipment/Transportation Cleaning	Equipment/ Transportation Repair
Feed Lots/Grain Mills	Ferroalloys
Fertilizer/Pesticides	Food/Beverage Products
Glass Making	Hospital/Medical Care
Inorganic Chemicals	Iron & Steel
Laboratory (medical)	Laboratory (non-medical)
Laundries (commercial)	Laundries (industrial)
Leather Tanning & Finishing	Meat Products
Metal Molding & Casting	Misc. Chemicals
Nonferrous Metals	Organic Chemicals
Paint/Ink Formulation	Paving & Roofing Materials
Petroleum	Pharmaceuticals
Phosphates	Photographics/Printing
Plastics Molding/Forming	Plastics/Synthetic Fibers
Pulp/Paper/Paperboard	Rubber Products
Soap/Detergents	Steam Electric
Sugar Processing	Textiles
Timber	Warehouse/Distribution
Other:	

2. On a separate sheet, please describe (in detail) all industrial processes, including those that generate wastewater.

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

a) b) c)

SECTION C. FACILITY OPERATIONAL CHARACTERISTICS

1. What is the average number of employees per shift?

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
1st Shift							
2nd Shift							
3rd Shift							

2. What are the start and end times for each shift (military time only):

1st - 2nd - 3rd -

3. Indicate date(s) and reason(s) for any scheduled shutdowns (Vacation, Holiday, Maintenance, etc.):

Date(s)	Reason(s)
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4. Are there any peak periods associated with production?

Yes: Indicate when:
No

5. a) Please indicate if major processes/operations are:

Batch Continuous or Both

b) If both, please indicate the approximate percentage of each:

Batch Continuous

6. On a separate sheet, please list ALL chemicals used and/or stored on site. Include ALL hazardous, corrosive, explosive, flammable, or toxic materials. Indicate storage location(s) and approximate quantity of each chemical. If trade names are used, list the chemical constituents and indicate if Material Safety Data Sheets are available for these products.

7. Please submit a detailed facility diagram showing the water into and out of the facility. Show map orientation and include location of water meters, sewer lines, floor drains, sinks, and lavatories. Number each unit process and specify where operating, cooling, or rinse waters (contact/non-contact) are used at this facility. Mark point(s) of discharge into the sewer system. NOTE: A blueprint of the facility showing the above listed items may be submitted in lieu of a drawing.

SECTION D. WATER USAGE

1. Describe water supply source(s). Include account numbers where applicable. Do not include information on irrigation meters or fire protection meters.

SOURCE	QUANTITY (gal/month)	ACCOUNT # (if applicable)
Municipal water supply		
Private well		
Surface water		
Other (specify)		

2. Provide the following information for each water meter:

#	MAKE	MODEL #	SIZE

The location of each meter should be indicated by number on the facility diagram required in Section C (7).

3. List average water usage at this facility.

TYPE	AVERAGE WATER USAGE (gal/day)	SPECIFY ESTIMATED (E) OR MEASURED (M)
Contact Cooling Water		
Non-contact Cooling Water		
Boiler Feed		
Process/Operation		
Sanitary		
Plant/Equipment Cleaning		
Contained in Product		
Other(s) (specify):		

Total Usage

4. Describe any water treatment or conditioning processes applied to incoming water ONLY. (Use additional sheets if necessary.)

5. a) Is any water recycled? Yes No

b) If yes, please describe each recycling process. (Use additional sheets if necessary.)

SECTION E. WASTEWATER DISCHARGE

1. Does (or will) this facility discharge any wastewater other than from restrooms to the JEA's sewer system?

Yes: Please complete remainder of this Section.

No: Please skip to SECTION F.

2. Does this facility have a "Sewer Only" account?

Yes: Provide the following information:

#	ACCOUNT	MAKE/MODEL #	SIZE
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The location of each meter should also be indicated by number on the facility diagram required in Section C (7).

No

3. Please indicate if process wastewater discharge (i.e. do not include wastewater from restrooms) is: Batch , Continuous , or Both (if both, complete (a) & (b) below).

a) If wastewater discharge is batch, please provide the following information:

1) Frequency: times per day.

2) Average volume: gallons per day.

3) Flow rate: gallons/minute.

4) Percent of total discharge: .

5) Time of discharge(s): (days of week) at (hours of day)

b) If wastewater discharge is continuous, please provide the following information (new facilities may estimate).

1) Hours of discharge (ex: 0700-1500, 0700-0700):

Sun.	Mon.	Tues.	Wed.
Thur.	Fri.	Sat.	

2) a. Peak hourly flow rate (gph):

b. Maximum daily flow rate (gpd):

c. Annual daily average (gpd):

d. For facilities subject to Federal Categorical production based standards, please attach long term production and flow data for this facility, for the fiscal year preceding this application. (New facilities in operation less than 1 year must comply with this requirement by the 14th month of operation.)

4. Please submit a process flow diagram for each major activity in which wastewater is (or will be) generated. These diagrams should depict the flow of materials, products, water, and wastewater from the start of each activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily and maximum daily volume of each waste stream. (New facilities may estimate). If estimates are used for flow data, this MUST be indicated by an "E". Number each unit process having wastewater discharges to the sewer system. Use these numbers when showing unit processes in the facility diagram in SECTION C.

5. **CATEGORICAL USERS ONLY:** List the average and maximum discharge flows, and type of discharge for each process or proposed process. Include the reference number from the process flow diagram that corresponds to each process. New facilities may estimate each discharge. (Use additional sheets if necessary.)

#	REGULATED PROCESS	AVERAGE FLOW (gpd)	MAXIMUM FLOW (gpd)	TYPE OF DISCHARGE (batch, continuous, none)
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#	UNREGULATED PROCESS	AVERAGE FLOW (gpd)	MAXIMUM FLOW (gpd)	TYPE OF DISCHARGE (batch, continuous, none)
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#	DILUTION	AVERAGE FLOW (gpd)	MAXIMUM FLOW (gpd)	TYPE OF DISCHARGE (batch, continuous, none)
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6. **CATEGORICAL USERS ONLY:** Please provide the following information if you are subject to Total Toxic Organic (TTO) requirements:

a) Does (or will) this facility use any of the organics listed under the TTO standards of the applicable categorical pretreatment standards published in the Code of Federal Regulations? Yes No

b) Is a Baseline Monitoring Report (BMR) on file? Yes No

c) Has a Toxic Organic Management Plan (TOMP) been developed?
 Yes: Copy is on file with Industrial Pretreatment.
 No

7. **NON-CATEGORICAL USERS ONLY:** List the average and maximum discharge flows, and type of discharge for each process or proposed process. Include the reference number from the process flow diagram that corresponds to each process. New facilities may estimate each discharge. Indicate estimates with an "E".

#	PROCESS DESCRIPTION	AVERAGE FLOW (gpd)	MAXIMUM FLOW (gpd)	TYPE OF DISCHARGE (batch, continuous, none)
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8. a) Do you have (or plan to have) the following equipment at this facility's sample point?

Present: Sampling Equipment	Yes	No	N/A
pH monitor	Yes	No	N/A
Flow Meter	Yes	No	N/A
Planned: Sampling Equipment	Yes	No	N/A
pH monitor	Yes	No	N/A
Flow Meter	Yes	No	N/A

b) If you answered YES to any of the above, please indicate the present and/or planned location of the equipment on the facility diagram (Section C, 7), and describe the equipment below:

9. a) Are any process changes or expansions planned during the next year that would change volume or flow characteristics? (Consider all processes: production, recovery, etc.) Yes No

b) If yes, describe these changes and their effects on present volume and flow characteristics. (Use additional sheets if necessary).

10. a) Does this facility currently reuse or plan to reuse materials, and/or use or plan to use a water reclamation system?

Yes: Please complete the remainder of this Section.

No: Skip to Section F.

b) If yes, on a separate sheet, please describe the recovery process(es), substance(s) recovered, percent recovered and the concentration in the spent solution(s). Use the reference number from the process flow diagram that corresponds to the process(es) being described.

SECTION F. CHARACTERISTICS OF WASTEWATER DISCHARGE

1. All Existing & New Industrial Users are to complete the list below by indicating what pollutants will be present or are suspected to be present in the waste streams. Please place a **P** (expected to be present), **S** (may be present), or **O** (will not, be present) in the column across from each parameter. DO NOT LEAVE ANY BLANKS.

Acenaphthene
Acenaphthylene
Acrolein
Acrylonitrile
Aldrin
Anthracene
Benzene
Benzidine
Benzo (a) anthracene
Benzo (a) pyrene
Benzo (b) fluoranthene
Benzo (g,h,i) perylene
Benzo (k) fluoranthene
a-BHC (alpha)
b-BHC (beta)
d-BHC (delta)
g-BHC (gamma)
Bis (2-chloroethyl) ether
Bis (2-chloroethoxy) methane
Bis (2-chloroisopropyl) ether
Bis (chloromethyl) ether
Bis (2-ethylhexyl) phthalate
Bromodichloromethane
Bromoform
Bromomethane
4-bromophenylphenyl ether
Butylbenzylphthalate
Chlordane
4-chloro-3-methylphenol
Chlorobenzene
Chloroethane
2-chloroethylvinyl ether
Chloroform
Chloromethane
2-chloronaphthalene
2-chlorophenol
4-chlorophenylphenyl ether
Chrysene
4,4'-DDD
4,4'-DDE
4,4'-DDT
Dibenzo (a,h) anthracene
1,2-dichlorobenzene
1,3-dichlorobenzene
1,4-dichlorobenzene
3,3-dichlorobenzidine
Dichlorodifluoromethane
1,1-dichloroethane
1,2-dichloroethane
1,1-dichloroethene
trans-1,2-dichloroethene

2,4-dichlorophenol
1,2-dichloropropane
1,3-dichloropropene (cis & trans)
Dieldrin
Diethyl phthalate
2,4-dimethylphenol
Dimethyl phthalate
Di-n-butyl phthalate
Di-n-octyl phthalate
4,6-dinitro-2-methylphenol
2,4-dinitrophenol
2,4-dinitrotoluene
2,6-dinitrotoluene
1,2-diphenylhydrazine
Endosulfan I
Endosulfan II
Endosulfan sulfate
Endrin
Endrin aldehyde
Ethylbenzene
Fluoranthene
Heptachlor
Heptachlor epoxide
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorocyclopentadiene
Hexachloroethane
Indeno (1,2,3-cd) pyrene
Isophorone
Methylene chloride
Naphthalene
Nitrobenzene
2-nitrophenol
4-nitrophenol
N-nitrosodimethylamine
N-nitrosodi-n-propylamine
N-nitrosodiphenylamine
PCB-1016
PCB-1221
PCB-1232
PCB-1242
PCB-1248
PCB-1254
PCB-1260
Pentachlorophenol
Phenanthrene
Phenol
Pyrene
2,3,7,8-tetrachlorodibenzo-
p-dioxin (TCDD)
1,1,2,2-tetrachloroethane
Tetrachloroethene
Toluene
Toxaphene
1,2,4-trichlorobenzene
1,1,1-trichloroethane
1,1,2-trichloroethane
Trichloroethylene

Trichlorofluoromethane
2,4,6-trichlorophenol
Vinyl chloride

Antimony (Total)
Arsenic (Total)
Beryllium (Total)
Cadmium (Total)
Chromium (Total)
Copper (Total)
Lead (Total)
Mercury (Total)
Molybdenum (Total)
Nickel (Total)
Selenium (Total)
Silver (Total)
Thallium (Total)
Zinc (Total)

Oil/Grease (Petroleum)
Cyanide (Total)

Acid/Alkaline Solutions (specify):

Radioactive Material /Other (specify):

2. a) Are samples collected by this facility , by an outside laboratory , or by both ?
b) Are sample analyses performed at this facility , by an outside laboratory , or by both ?
c) Please complete the following if an outside laboratory is used for any monitoring activities:

Name:

Address:

City:

State:

Zip:

Phone #:

Parameter(s) collected and/or analyzed:

3. Indicate method(s) used to collect wastewater discharge sample(s) (composite or grab) and describe where sample(s) is(are) collected (end of pipe, end of process, dedicated sample point, sump, etc.). The sample collection point should be indicated by number on the facility diagram required in Section C (7). Use additional sheets if necessary.

SAMPLE METHOD

SAMPLE COLLECTION POINT

SECTION G. WASTEWATER TREATMENT

1. a) Is any form of wastewater treatment used prior to discharge?

Yes: Complete remainder of this Section.

No: Skip to SECTION H.

b) If yes, check the appropriate type of treatment used for each waste stream treated prior to discharge.

- | | |
|---|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Chemical Precipitation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Cyclone Separator |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Flow Equalization |
| <input type="checkbox"/> Oil/Water Separation | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Neutralization |
| <input type="checkbox"/> Ozonation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Spill Protection | <input type="checkbox"/> Other (specify): |

2. On a separate sheet, briefly describe the operation of the wastewater treatment system(s). Include chemicals used and what they are used for.

3. a) Please indicate if wastewater treatment is Batch , Continuous , or Both .

b) If batch, specify frequency, duration and volume of each discharge:

4. Please submit a detailed process flow diagram of the wastewater treatment system. Include process equipment, by-product disposal method, waste/by-product volumes, design and operating conditions, etc. Mark point(s) of discharge into the sewer system.

5. a) Do you have a treatment operator? Yes No

b) If yes, please fill in the following for each operator:

Name:

Title:

Phone #:

Full Time (specify hours):

Part Time (specify hours):

6. Do you have a standard operation/maintenance (O&M) manual on the correct operation of your treatment equipment?

- Yes: (If yes, submit a copy with this application)
 No

SECTION H. SPILL PREVENTION

1. a) Does this facility have floor drains in the manufacturing, chemical storage or pretreatment area(s)?

Yes No

b) If yes, where do these floor drains discharge to:

2. Does this facility have an Accidental Discharge & Slug Control Plan (ADSCP) designed to prevent or minimize the potential of spills or slug discharges from entering the sewer system?

Yes

No

SECTION I. NON-DISCHARGED WASTE

1. Are any liquid or solid wastes generated that are NOT discharged to the sanitary sewer system?

Yes: Complete the remainder of this Section.

No: Skip to SECTION J.

2. Check the appropriate waste generated, and indicate the quantity and disposal method used (hauled off-site, recycled/reused, incinerated, etc.).

TYPE OF WASTE GENERATED	ESTIMATED QUANTITY (gal/year)	DISPOSAL METHOD USED
Acids, Alkalies		
Dyes, Inks		
Heavy Metals		
Inorganic Compounds		
Oil/Grease		
Organics (Solvents)		
Paints		
Pesticides		
Petroleum Waste		
Sludge		
Other (specify):		

3. On a separate sheet, list the following information for each hauling firm that is used to dispose of the above listed wastes: company name, address, applicable permit #, type waste handled, and final disposal site.

SECTION J. 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, or those persons directly responsible for gathering the information, 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

Signature

(Seal)

Title

Date

INSTRUCTIONS FOR THE IUDP APPLICATION

The applicant is required to supply information regarding ALL processes at this facility. All questions MUST be answered. If a question is not applicable, please clearly indicate so by placing **N/A** next to the question. Each attachment should be clearly marked as to the Section and question # that it pertains to; please do not insert attachments between application pages.

The application may be typed or neatly printed. If the application is incomplete or not legible, it will be returned to the applicant upon noting the deficiency. In accordance with JEA's *Rules and Regulations for Water and Sewer Service*, the applicant shall be given thirty (30) days to correct the deficiency. If the applicant does not correct the application within that period of time, the application will be submitted to the Vice President, Environmental Group, with a recommendation that it be denied. The applicant will be notified of this action in writing. Upon receipt of such notice, the applicant has ten (10) days to submit a written request for an administrative hearing to discuss this action.

SECTION A. GENERAL INFORMATION

1. Enter the facility's legal name. Do not use an informal name.
2. This is the physical location of the facility to be permitted.
3. Provide the mailing address where correspondence from the Office of Industrial Pretreatment may be sent.
4. Please refer to the handout on "Signatory Requirements for Industrial Users" for completing this question. Provide all the names of the authorized representatives for this facility. All permit-related correspondence submitted to the Office of Industrial Pretreatment must be signed by one of these representatives.
5. Provide the name of a person who is thoroughly familiar with the operations of this facility. This person should be a local representative of the company (i.e.: Plant Manager, Environmental Safety Officer, etc.).

SECTION B. PRODUCT AND SERVICE INFORMATION

1. If you have any questions about how to categorize your business activity, contact the Office of Industrial Pretreatment for technical guidance.
3. Indicate the North American Industry Classification System (NAICS) code number for all applicable processes. Refer to most recent Edition of the *NAICS United States* manual. Note: NAICS(1997) replaces SIC(1987).

SECTION C. FACILITY OPERATIONAL CHARACTERISTICS

7. An arrow showing north, as well as the map scale must be shown. The location of each existing and proposed sampling location and facility sewer lines must be clearly identified, as well as all sanitary and wastewater discharge lines. Number each unit process discharging wastewater to the JEA's sewer system.

SECTION D. WATER USAGE

3. Contact cooling water is water that comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary only includes water used for hygiene purposes. Plant and equipment wash down includes water specifically used for cleaning the facility. If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee. Indicate estimates of usage with an "E".

SECTION E. WASTEWATER DISCHARGE

3. (b) Please use the following abbreviations for the days of the week: Sunday (U), Monday (M), Tuesday (T), Wednesday (W), Thursday (R), Friday (F), and Saturday (S).
4. Assign a sequential reference number to each process starting with #1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable. Indicate estimates of flow with an "E".
5. Categorical Users are to report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. Regulated waste stream - wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste stream - wastewater from an industrial process that is not regulated by a categorical pretreatment standard and is not defined as a dilution waste stream. Dilution waste streams - include sanitary wastewater, boiler blow down, non-contact cooling water, stormwater streams, demineralizer backwash streams, and process waste streams from certain industrial subcategories exempted by EPA from categorical pretreatment standards.
6. The individual organic compounds that make up the Total Toxic Organic (TTO) value and the minimum reportable quantities differ according to the particular industrial category. For additional information, refer to 40 CFR 405-471 for your specific pretreatment requirements.
8. Indicate the equipment used or planned to be used to monitor the facility's final effluent. Do not list equipment internal to the pretreatment system.

SECTION J. AUTHORIZED SIGNATURES

The application must be signed by one of the representatives listed in Section A(4) and in accordance with the handout on "Signatory requirements for Industrial Users". Please print your proper name and title in the appropriate spaces. If you have a company seal, please attach in the area designated "Seal". Please make sure the application is signed and dated before returning to our office.