



**WASTEWATER DISCHARGE
PERMIT RENEWAL APPLICATION**

Information provided in this application will be used for renewal of a Wastewater Discharge Permit, required by Salem Revised Code Chapter 74. Information on processing and compliance with standards is required to satisfy Federal General Pretreatment Regulations 403.12.

FOR OFFICE USE ONLY
SIC PERMIT # _____
DATE _____
Expiration Date _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS MAILING ADDRESS: STREET OR P.O. Box: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____ TITLE: _____ PHONE NO. _____

TYPE OF BUSINESS: _____ SIC CODE(S): _____

FACILITY OPERATOR:

NAME: _____ TITLE: _____ PHONE NO. _____

Is the operator identified above, 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.

Designated facility contact:

NAME: _____

TITLE: _____

PHONE NO. _____

EMERGENCY CONTACT AFTER BUSINESS HOURS:

NAME: _____ TITLE _____ PHONE NO. _____

Designated signatory authority of the facility: [Attach similar information for each authorized representative]

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____

over

WATER SOURCE, USE, AND DISPOSAL

The water source and use information will enable the City to determine the volume and sources of wastewater discharged to the sewer system. This information may be necessary to calculate discharge limits for applicable parameters.

WATER USE	SOURCE	GAL/DAY	DISCHARGED TO	GAL/DAY
Sanitary				
Process				
Boiler				
Contact				
Cooling				
Non-contact cooling water				
Washing				
Irrigation				
Product				
Air pollution control				
Other				
TOTAL				

DISCHARGE PERIOD

Discharge occurs daily from _____ to _____ Circle the days of the week discharge occurs. S M T W T F S	Variation of operation indicates whether business activity is throughout the year or seasonal. Circle months during which discharge occurs. J F M A M J J A S O N D
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EMPLOYEES PER SHIFT

1ST SHIFT	2ND SHIFT	3RD SHIFT

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

SCHEMATIC FLOW DIAGRAM/BUILDING LAYOUT

This permit renewal application must include any changes or updates to the facility blueprints and or changes and updates to the process flow schematic. Please submit drawings on a separate sheet of paper.

COMPLIANCE WITH PRETREATMENT STANDARDS

Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis? Yes No

I certify under penalty of law that all applicable Federal, State, or local pretreatment standards and requirements are being met on a consistent basis.

Name(s)	Title
Signature	Date

If No provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates.

<u>Milestone Activity</u>		<u>Completion Date</u>

This permit renewal application must include any changes or updates to the facility Accidental Spill Prevention Plan (ASPP).

Please describe below any spill events and remedial measures taken to prevent their reoccurrence since your last permit renewal application.

TOXIC ORGANICS MANAGEMENT PLAN AND TTO MONITORING
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Complete this page of the permit renewal application if this business is subject to Total Toxic Organic (TTO) monitoring. Submit any changes or updates to the Toxic Organics Management Plan and sign the TTO Certification.

Toxic Organics Management Plan (TOMP)--In accordance with CFR 413.03(b)

In requesting that no monitoring be required, industrial users of Publicly Owned Treatment Works (P.O.T.W.'s) shall submit a TOMP that specifies to the control authority's satisfaction:

- a. The toxic organic compounds used;
- b. The method of disposal used instead of dumping, such as reclamation, contract hauling, or incineration;
- c. Procedures for assuring that toxic organics do not routinely spill or leak into the wastewater.

TTO Certification Statement--In accordance with CFR 413.03(a)

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the Toxic Organics Management Plan submitted to the control authority.

SIGNATURE: _____

TITLE: _____

COMPANY: _____

DATE: _____

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(s)	Title	
_____	_____	_____
Signature	Date	Phone