

Wastewater Discharge Permit Renewal Application



PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

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, 40 CFR 403.12.

For Office Use Only
Permit #
Expiration Date

SECTION 1: GENERAL INFORMATION

Business Name _____

Type of Business _____ SIC Code(s) _____

Business Description or Product _____

Business Location _____

Business Mailing Address _____
Street or PO Box

City State Zip

Name of Business Owner _____

Title _____ Phone _____

Name of Facility Operator _____

Title _____ Phone _____

Address _____
Street or PO Box

City State Zip

Is the operator identified above the owner of the facility?

Yes No

If no, submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation. Also provide the name and address of the facility owner below, if other than the business owner.

Name of Property or Facility Owner _____

Title _____ Phone _____

Address _____
Street or PO Box

City State Zip

Local Designated Facility Contact

Name _____

Title _____ Phone _____

Emergency Contact After Business Hours

Name _____

Title _____ Phone _____

Designated Signatory Authority of the Facility

(Attach the information below for each additional authorized representative.)

Name _____ Title _____

Address _____
Street or PO Box

_____ City _____ State _____ Zip

SECTION 2: 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 SOURCES		
Type	Source	Gal/Day
City		
Well or other		
Total		

WATER DISCHARGES		
Type	Discharged To	Gal/Day
Sanitary		
Process		
Boiler		
Contact		
Cooling		
Non-contact cooling water		
Washing		
Irrigation		
Product		
Air pollution control		
Other		
Storm system		
Other		
Total		

Discharge Period

Discharge occurs daily from _____ to _____ .

Indicate the days of the week discharge occurs.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Indicate months during which discharge occurs.

Variation of operation indicates whether business activity is throughout the year or seasonal.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Employees Per Shift

1st Shift _____ 2nd Shift _____ 3rd Shift _____

Production Levels

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.)

SECTION 3: 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.

SECTION 4: 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 _____ Title _____

Signature Date

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

Milestone Activity _____ Completion Date _____
Milestone Activity _____ Completion Date _____
Milestone Activity _____ Completion Date _____

THIS PERMIT RENEWAL APPLICATION MUST INCLUDE ANY CHANGES OR UPDATES TO THE FACILITY ACCIDENTAL SPILL PREVENTION PLAN.

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

Event _____ Date _____

Remedial Measures _____

Event _____ Date _____

Remedial Measures _____

SECTION 5: TOXIC ORGANICS MANAGEMENT PLAN AND TTO MONITORING

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.

Has any testing for TTO been performed on the product or waste from the facility?

Yes No

If yes, indicate the test date(s) and attach a copy of the last and/or significant test results.

Toxic Organics Management Plan in accordance with 40 CFR 413.03(b)

In requesting that no monitoring be required, industrial users of Publicly Owned Treatment Works (POTWs) shall submit a toxic organics management plan 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 40 CFR 413.03(a)

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for TTO, I certify that, to the best of my knowledge and belief, no dumping of 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.

Name _____ Title _____

Company _____

Signature Date

SECTION 6: 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 _____ Title _____

Company _____ Phone _____

Signature Date

Please send the completed application to the following address:

**City of Salem
Environmental Services
1410 20th St SE Bldg 2
Salem OR 97302-1209**