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Karl E. Schreiter Jr., PE, DEE  
Schreiter Engineering Associates, Inc.  
7 Raleigh Drive  
Downingtown, PA 19335

UPPER SAUCON TOWNSHIP  
INDUSTRIAL PRETREATMENT PROGRAM  
WASTEWATER DISCHARGE APPLICATION

**GENERAL USERS**

Please complete this application as accurately as possible. The information requested in this form may be used in conjunction with results of inspections, wastewater discharge sampling and/or data provided in the Industrial/Commercial Waste Questionnaire to develop a user permit for your facility. Additional pages can be attached to elaborate on any answers.

A. GENERAL INFORMATION

User Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Name & Title of Signing Official: \_\_\_\_\_

Person to Whom Any Further Inquiries Should be Directed:

Facility Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

The information contained in this application report is familiar to me and to the best of my knowledge and belief, such information is true, complete, and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fines of up to \$25,000.00 per day and suspension or termination of sewer service.

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_

**B. OPERATION DESCRIPTION**

List brief description for each section.

Principal products or services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standard Industrial Classification Code(s) (4-digit SIC): \_\_\_\_\_

Brief description of manufacturing or service activity on premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal raw materials used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Catalysts, intermediates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of operation (check one): Batch \_\_\_\_\_ Continuous \_\_\_\_\_

If batch, describe schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is production/operation seasonal? \_\_\_\_\_

If yes, explain, indicating time(s) of peak production/operation, low production/operation and scheduled shutdowns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Average number of employees per shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Shift start times: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Shifts normally worked each day (check appropriate shifts):

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

C. WATER SUPPLY

List raw water sources (e.g., well water, stream water, purchased water, etc.):

<u>Source</u>	<u>Quantity</u>	
	<u>Gallons per Day</u>	<u>Gallons per Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____

Describe any raw water treatment processes in use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D. WATER USE AND DISPOSAL

List Water Uses:

<u>Use</u>	<u>Quantity</u>	
	<u>Gallons per Day</u>	<u>Gallons per Year</u>
Sanitary System	_____	_____
Contained in Product	_____	_____
Cooling Water	_____	_____
Boiler Feed	_____	_____
Process Water	_____	_____
Other (specify)	_____	_____
Totals	_____	_____

List volume of discharge or water loss to the following:

<u>Discharge</u>	<u>Quantity</u>	
	<u>Gallons per Day</u>	<u>Gallons per Year</u>
Public wastewater sewer	_____	_____
Storm sewer	_____	_____
Stream Discharge	_____	_____
Waste Hauler	_____	_____
Evaporation	_____	_____
Contained in Product	_____	_____
Totals	_____	_____

Does your facility have an NPDES, or other Permit? If so, list:

<u>Type</u>	<u>Permit No.</u>
NPDES Permit	_____
Hazardous Use Permit	_____
Air Quality Permit	_____
Health Permit	_____
Other (specify) _____	_____

Characterize wastewater discharged to the public sewer:

<u>Type Of Discharge</u>	<u>Quantity</u>	
	<u>Gallons per Day</u>	<u>Gallons per Year</u>
Sanitary Wastewater	_____	_____
Process Wastewater	_____	_____
Totals	_____	_____

Future Expansion

Any plans for future expansion?\_\_\_\_\_

Anticipated additional wastewater discharge: process/sanitary\_\_\_\_\_

List plant sewer connections (attach and refer to a map or diagram):

<u>Location of Connection</u>	<u>Size of Connection</u>	<u>Wastewater Source (process/sanitary)</u>	<u>Quantity of Discharge (gallons per day)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is discharge to wastewater sewer: Intermittent\_\_\_\_\_; Steady\_\_\_\_\_;

If intermittent, describe schedule as fully as possible including average daily flow rates, peak rates, time and duration of discharge, etc:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. WASTEWATER CHARACTERISTICS

List unit **process** wastewater streams in terms of source and quantity:

<u>Type Of Process Discharge</u>	<u>Quantity</u>	
	<u>Gallons per Day</u>	<u>Gallons per Year</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Totals	_____	_____

Discharge Quality: (If available)

<u>Parameter</u>	<u>Quantity</u>		
	<u>mg/l</u>	<u>lbs/day</u>	<u>Other Units (specify)</u>
Biochemical Oxygen Demand (BOD)	_____	_____	_____
Total Suspended Solids (TSS)	_____	_____	_____
Oil and Grease	_____	_____	_____
Ammonia, as N	_____	_____	_____
pH	_____	_____	_____
Temperature	_____	_____	_____
Phosphorus, as Total P	_____	_____	_____
Other, specify:	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe source of above data by date, method of collection and analysis, and laboratory conducting analyses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any toxicants known or anticipated to be present in the plant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F. PRETREATMENT

Describe any wastewater treatment equipment or pretreatment equipment in use:

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Is this plant subject to an any Federal Pretreatment Standards? (describe):

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If so, are Pretreatment Standards being met on a consistent basis?

Yes\_\_\_\_\_ No\_\_\_\_\_

Are additional pretreatment facilities and/or operation and maintenance procedures required to meet Pretreatment Standards?\_\_\_\_\_

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If additional pretreatment and/or operation and maintenance are required, list the schedule by which they will be provided:

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What are the characteristics of the residuals (e.g. sludge) generated from the pretreatment facility?

Quantity: \_\_\_\_\_ gallons per day  
\_\_\_\_\_ lbs/day  
\_\_\_\_\_ dry volume, cubic feet

Moisture Content: \_\_\_\_\_ percent solids

Type of Sludge: \_\_\_\_\_ Biological (Y/N)  
\_\_\_\_\_ Inert (Y/N)  
\_\_\_\_\_ Toxic (Y/N)

Is the sludge generated by a listed Resource Conservation And Recovery Act (RCRA) waste, or characteristic of a hazardous waste (i.e. ignitable, reactive, corrosive, or EP toxic)?\_\_\_\_\_

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How do you currently dispose of the pretreatment residuals? Check one or more.

Public sewer \_\_\_\_\_  
Storm sewer \_\_\_\_\_  
Haul to landfill \_\_\_\_\_ Located at \_\_\_\_\_  
Private contractor \_\_\_\_\_  
Manifest # \_\_\_\_\_