



**Industrial Pretreatment Discharge Application**  
**MEDICAL SERVICES APPLICATION**

The United States Environmental Protection Agency (USEPA) requires the City of Grand Junction Industrial Pretreatment Program (IPP) to regulate industrial and commercial facilities in our service area that generate wastewater that may be significant to the Persigo Wastewater Treatment Facility. IPP performs facility surveys and inspections to obtain information regarding facility operations and chemical usage to support the USEPA requirement. Discharge applications are required to be completed by certain industrial users to evaluate the significance of a facility's wastewater discharge to the publicly owned sewer system.

**SECTION A: ORGANIZATIONAL INFORMATION**

1) Company Name: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Facility Address: \_\_\_\_\_

4) Signing Official: \_\_\_\_\_  
(Print Name, Title, Phone #, Email)

5) Contact Person: \_\_\_\_\_  
(Print Name, Title, Phone #, E-mail)

\*\*\*\*\*

**CERTIFICATION 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. (Must be signed by Owner/Officer/Manager of the company)

Printed Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RECEIPT INFORMATION FOR CITY OF GRAND JUNCTION, WWTP OFFICE USE ONLY;**

<b>Permit Application Fee:</b> Payable to the City of Grand Junction	<input type="checkbox"/> \$ 50.00 for facilities <b>without</b> required pretreatment <input type="checkbox"/> \$165.00 for facilities <b>with required</b> pretreatment
<b>Account Number 902-615-260-4340_15</b>	
<b>Check Paid by:</b> _____	<b>Check Number:</b> _____
<b>Received By(signature):</b> _____	<b>Date Fee Received:</b> _____
<b>TREASURER RECEIPT NUMBER:</b> _____	<b>Date Of Treasurer Receipt:</b> _____

**SECTION B: BUSINESS ACTIVITY & FACILITY OPERATIONS**

**1) Describe operations at this facility including primary products or services:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2) List the applicable Standard Industrial Classification code (SIC code) and/or the North American Industry Classification System code (NAICS code) for all processes at your facility:**

<u>SIC Code</u>	<u>NAICS Code</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____

**3) Indicate the shifts normally worked each day and other shift information:**

<u>Shift</u>	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Number of Employees per Shift:

1<sup>st</sup> Shift: \_\_\_\_\_ 2<sup>nd</sup> Shift: \_\_\_\_\_ 3<sup>rd</sup> Shift: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Primary Activity - 1<sup>st</sup> Shift: \_\_\_\_\_

Primary Activity - 2<sup>nd</sup> Shift: \_\_\_\_\_

Primary Activity - 3<sup>rd</sup> Shift: \_\_\_\_\_

Months of Operation:  Full Year  Partial Year (indicate months below)

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

**4) What is the total number of patient/resident beds? \_\_\_\_\_**

**5) Indicate which of the activities listed below will be performed at your facility:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> General Medical Practice | <input type="checkbox"/> Dentistry                     | <input type="checkbox"/> Decontamination Shower  |
| <input type="checkbox"/> Emergency Care Services  | <input type="checkbox"/> Surgical Services             | <input type="checkbox"/> Dialysis                |
| <input type="checkbox"/> Central Sterilization    | <input type="checkbox"/> Use of Cidex OPA              | <input type="checkbox"/> Radiology               |
| <input type="checkbox"/> Nuclear Medicine         | <input type="checkbox"/> Oncology/Cancer Care Services | <input type="checkbox"/> Biomedical Engineering  |
| <input type="checkbox"/> Laboratory               | <input type="checkbox"/> Pharmacy                      | <input type="checkbox"/> Autopsy                 |
| <input type="checkbox"/> Clinical Research        | <input type="checkbox"/> Morgue                        | <input type="checkbox"/> Laundry Services        |
| <input type="checkbox"/> X-Ray Processing         | <input type="checkbox"/> Environmental Services        | <input type="checkbox"/> Fleet Management        |
| <input type="checkbox"/> Incineration             | <input type="checkbox"/> Autoclave                     | <input type="checkbox"/> Food Service Operations |
| <input type="checkbox"/> Parking Garage           | <input type="checkbox"/> Biohazard (Red Bag) / Sharps  | <input type="checkbox"/> Other: _____            |

For each box checked a detailed description of that activity and waste stream must be provided. All processes provided must be checked, regardless if they contribute to the wastewater stream or not.

6) Are any significant process changes or expansions planned during the next five years?  Yes  No

If yes, please provide brief explanation: \_\_\_\_\_

**SECTION C: WATER USE & WASTEWATER DISCHARGE**

1) List raw water sources and approximate total volume of water usage:

<u>Source</u>	<u>Usage</u>	<u>Measured</u>	<u>Estimate</u>
City of Grand Junction:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Ute Water:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Private Well:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>

2) Describe any raw water treatment processes utilized: \_\_\_\_\_

3) Describe any water recycling or material reclaiming processes utilized: \_\_\_\_\_

4) List water consumption within the facility:

<u>Type</u>	<u>Usage</u>	<u>Measured</u>	<u>Estimate</u>
Contact Cooling Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Non-Contact Cooling Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Feed Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Used in Product/Process	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Air Pollution Control Unit	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/Sanitary	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>	_____ gal/day		

5) Water Acct # / Name on Water Bill: \_\_\_\_\_

6) List wastewater discharge or water losses to:

<u>Outlet</u>	<u>Estimated Average Gallons Per Day</u>
Grand Junction Municipal Sewer System	
Storm Sewer System	
Waste Hauler Disposal	
Evaporation	

Contained in Product	
Landscaping Activities	
Other:	
<b>TOTAL</b>	

7) Is wastewater given any form of pretreatment prior to discharge to the sanitary sewer system?  Yes  No

8) Check which of the following industrial pretreatment equipment or processes will be in use at this facility for pretreating wastewater prior to discharge to any source or disposal as a solid or sludge:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Dissolved Air Flotation  | <input type="checkbox"/> Centrifuge               | <input type="checkbox"/> Plate & Frame Filter Press |
| <input type="checkbox"/> Chemical Precipitation   | <input type="checkbox"/> Screening                | <input type="checkbox"/> Sedimentation Processes    |
| <input type="checkbox"/> Belt Filter Press        | <input type="checkbox"/> Filter Systems           | <input type="checkbox"/> Biological Treatment       |
| <input type="checkbox"/> Chlorination             | <input type="checkbox"/> Flow Equalization        | <input type="checkbox"/> Septic Tank                |
| <input type="checkbox"/> Oil & Grease Interceptor | <input type="checkbox"/> Oil/Sand Interceptor     | <input type="checkbox"/> Oil & Grease Separators    |
| <input type="checkbox"/> Reverse Osmosis          | <input type="checkbox"/> pH Adjustment            | <input type="checkbox"/> Grit Removal               |
| <input type="checkbox"/> Ion Exchange             | <input type="checkbox"/> Neutralization Processes | <input type="checkbox"/> Sumps or Holding Tanks     |
| <input type="checkbox"/> Sludge Drying Beds       | <input type="checkbox"/> Incineration Processes   | <input type="checkbox"/> Evaporators                |
| <input type="checkbox"/> Digestion Processes      | <input type="checkbox"/> Lagoons                  | <input type="checkbox"/> Composting                 |
| <input type="checkbox"/> Chemical Stabilization   | <input type="checkbox"/> Thermal Conditioning     | <input type="checkbox"/> Solvent Separation         |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____                |

9) Does this facility produce liquid wastes, process wastes, slurries or sludges which must be disposed of?  Yes  No

If YES, below is a list of wastes which may be generated. Please check all that apply and the disposal method used for each particular waste:

Waste	City Sewer Disposal	Waste Hauler Disposal	On-Site Storage/Disposal	Off-Site Recycle	Other
<input type="checkbox"/> Acids and Alkalies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Heavy Metal Sludges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ink/Dye Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Oil/Grease Trap Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Organic Compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paints/Coatings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pesticides/Herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Plating Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pretreatment Sludges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Solvents/Thinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> X-Ray/Photo Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sand/Oil Trap Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sump Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Barrel/Pail Rinses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Used glycols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parts Cleaner Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Used oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Used coolants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hazardous wastes(list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Other wastes (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Provide Name and Address of Waste Hauler(s):** \_\_\_\_\_

\_\_\_\_\_

**Provide Name and Address of Recycler(s):** \_\_\_\_\_

\_\_\_\_\_

**10) List and describe the location of sewer outlets, manholes, sewer taps and pretreatment devices associated with the facility. Attach to this application scaled drawings of site plans, floor plans, mechanical/plumbing plans and details to show all sewers, sewer connections and appurtenances by size, location and elevation. Show locations of all stored chemicals on site (interior & exterior). For reference and field orientation, buildings, streets, alleys and other pertinent physical structures should be included. Attach information to application.**

**SECTION D: ENVIRONMENTAL CONTROL**

**1) Will this facility have a State of Colorado Stormwater Discharge Permit?**

Yes  No Permit Number: \_\_\_\_\_

**2) Will this facility utilize the City of Grand Junction's storm water sewer system?**

Yes  No

If YES, indicate all that apply:  Roof Drains  Sump Pumps  Outside Drains

Catch Basins  Impoundments  Parking Lots  Loading Docks

Other: \_\_\_\_\_

**3) Describe any outside drains or sump pumps (size, type, location, where stormwater drains to):** \_\_\_\_\_

\_\_\_\_\_

**4) Are chemicals, product or equipment stored outside the facility:**  Yes  No

**If Yes, describe the storage area:** \_\_\_\_\_

\_\_\_\_\_

**5) Does this facility have chemical storage tanks, containers, bins or ponds?**

Yes  No

If YES, please give a description of their location, contents, size, type and frequency and method of cleaning. Indicate on a diagram the proximity of these containers to a sanitary sewer or storm drain.

\_\_\_\_\_

\_\_\_\_\_

**6) Elevators:**

# of Elevators_____	YES	NO
Discharge From Sump Pit		
Discharge to Storm Drainage System		
Discharge to the Sanitary Sewer System		
Leak Detection System		
Annual Inspections		
Auto Shut Down (If oil is detected)		

A system to detect leaks from the elevator hydraulic system is required to prevent hydraulic spills to the drainage system.

7) **Is a Spill/Slug Prevention Control Plan prepared for this facility?**  Yes  No  
If YES, please attach a copy of the Spill Plan to this application.

8) **Is a Solvent Management Plan prepared for this facility?**  Yes  No

9) **Is a Hazardous Materials Compliance Plan prepared for this facility?**  
 Yes  No

Indicate the hazardous waste generator category for this facility :

- Not a generator of hazardous waste
- Conditionally exempt small quantity generator (less than 220 lbs per month)
- Small quantity generator (220 lbs to 2200 lbs per month)
- Large quantity generator (more than 2200 lbs per month)

10) **List all environmental control permits held by the facility:**

<u>Permit Type</u>	<u>Permit No.</u>	<u>Issuing Agency</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION E. WASTE & WASTEWATER INFORMATION**

1) **Indicate the following constituents that are or could be present in the wastewater discharge:** (For any checked answer - attach a written explanation)

- Heavy metals (Arsenic, Cadmium, Chromium, Copper, Lead, Mercury, Nickel, Selenium, Silver, Molybdenum, Zinc)
- Petroleum substances
- Tanning solutions
- High TDS (>500 mg/l)
- Hydrogen Sulfide
- Nitrous Oxide
- Phenols
- Pesticides/Herbicides
- Solvents - Petroleum
- Fats, wax, grease or oils
- High BOD (>500 mg/l)
- Toxic Gases
- Sulfur Dioxide
- Bromine
- PCB's
- Salt Brines
- Solvent - Citrus
- Dyes
- High TSS (>500 mg/l)
- Ammonia
- Chlorine
- Iodine
- Cyanide
- Disinfectants
- High pH (caustics)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Low pH (acids)           | <input type="checkbox"/> Flammable Substances                        | <input type="checkbox"/> Explosive substances |
| <input type="checkbox"/> Surfactants (detergents) | <input type="checkbox"/> Radioactive Substances                      | <input type="checkbox"/> Toxic Substances     |
| <input type="checkbox"/> Antifreeze               | <input type="checkbox"/> Latex Paint                                 | <input type="checkbox"/> Enamel Paint         |
| <input type="checkbox"/> Methanol                 | <input type="checkbox"/> Manganese Compounds                         | <input type="checkbox"/> Barium Compounds     |
| <input type="checkbox"/> Nitrate Compounds        | <input type="checkbox"/> Chlorine Dioxide                            | <input type="checkbox"/> Activated Carbon     |
| <input type="checkbox"/> Glycols                  | <input type="checkbox"/> Boiler & Cooling System Treatment Chemicals |   |

2) Will there be periodic maintenance performed on any of the following systems?  
Check all that apply.

<u>Activity</u>	<u>Times Per Year</u>	<u>Gallons Generated/Discharged</u>
<input type="checkbox"/> Cooling System Cleaning	_____	_____
<input type="checkbox"/> Cooling System Drainings	_____	_____
<input type="checkbox"/> Boiler Maintenance	_____	_____
<input type="checkbox"/> Tank Passivation Activities	_____	_____
<input type="checkbox"/> Water Softener Maintenance	_____	_____
<input type="checkbox"/> Air Pollution Control Unit	_____	_____

## **SECTION F: COMPANY INFORMATION**

1) **Type of Organization:**

- Sole Proprietorship   
 General Partnership   
 Limited Liability Company  
 Limited Partnership   
 Corporation

2) **State(s) of Incorporation or Registration:** \_\_\_\_\_

3) **Registered Agent:** \_\_\_\_\_

4) **Principal Officers (Name/Address):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **SECTION G: NOTICE TO SIGNING OFFICIAL**

1) **In consideration of the granting of a discharge permit/application, the company agrees:**

- a) To furnish any additional information relating to the installation or use of the industrial sewer for which an industrial discharge permit is sought as may be requested by the City of Grand Junction.
- b) To accept and abide by all provisions of the Grand Junction City Code, Chapter 13.04 and Health Care Sector Control Policy.
- c) To operate and maintain any waste pretreatment facilities, as may be required, in an efficient manner at all times, and at no expense to the City.

d) To cooperate at all times with the City and its representatives in their inspecting, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.

e) To notify the City immediately in the event of any accident, or other occurrence that occasions a contribution to the POTW of any wastewater or substances prohibited by City, State, or Federal law.

**2) In accordance with 40 CFR, Part 403, Section 403.14, information provided in this application which is necessary to characterize your industry's wastewater discharge shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR, Part 2.**

**Mail Completed Form To:**

Industrial Pretreatment Program

251 27 Road

Grand Junction, Colorado 81503

(970) 256-4180