



Industrial Pretreatment Discharge Application
SHORT FORM 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;

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

SECTION B: BUSINESS ACTIVITY & FACILITY OPERATIONS

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

2) Describe process operations in detail for each product line. Attach additional pages if necessary. _____

3) 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:

SIC Code	NAICS Code	Description
_____	_____	_____
_____	_____	_____

4) Attach a schematic process diagram for each product line, including the regulated discharge point.

5) If your facility employs or expects to employ processes in any of the nationally regulated industrial categories or business activities listed below, place a check beside the category or business activity. Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Leather Tanning & Finishing |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Meat Products |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Metal Molding & Casting |
| <input type="checkbox"/> Canned/Preserved Fruits/Vegetables Processing | <input type="checkbox"/> Metal Products & Machinery |
| <input type="checkbox"/> Canned & Preserved Seafood Processing | <input type="checkbox"/> Mineral Mining & Processing |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Chemical Etching and Milling | <input type="checkbox"/> Ore Mining & Dressing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers |
| <input type="checkbox"/> Coating (chromating, phosphating, coloring) | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Paving & Roofing Materials (Tars & Asphalts) |
| <input type="checkbox"/> Concentrated Animal Feeding Operations | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Electroless Plating | <input type="checkbox"/> Photographic |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Printed Circuit Board Manufacturing |

- Fertilizer Manufacturing
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals Manufacturing
- Hospital
- Ink Formulating
- Inorganic Chemicals Manufacturing
- Iron & Steel Manufacturing
- Landfills

- Pulp, Paper & Paperboard
- Rubber Manufacturing
- Soap & Detergent Manufacturing
- Steam Electric Power Generating
- Sugar Processing
- Textile Mills
- Timber Products Processing
- Transportation Equipment Cleaning
- Waste Combustion

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Printing/Labeling | <input type="checkbox"/> Photo/X-ray Processing |
| <input type="checkbox"/> Laundry Operations | <input type="checkbox"/> Dye-Check Operations | <input type="checkbox"/> Chemical Mixing |
| <input type="checkbox"/> Soldering Operations | <input type="checkbox"/> Welding Operations | <input type="checkbox"/> Painting Operations |
| <input type="checkbox"/> Stripping/Etching Processes | <input type="checkbox"/> Vehicle Service/Repair | <input type="checkbox"/> Vehicle Washing |
| <input type="checkbox"/> Equipment Service/Repair | <input type="checkbox"/> Equipment Washdown | <input type="checkbox"/> Floor Washdown |
| <input type="checkbox"/> Metal Plating Operations | <input type="checkbox"/> Tumbling Operations | <input type="checkbox"/> Forklift Battery Servicing |
| <input type="checkbox"/> Food Service Operations | <input type="checkbox"/> Conversion Coating | <input type="checkbox"/> Solvent Usage |
| <input type="checkbox"/> Warehouse Activities | <input type="checkbox"/> Use of Evaporators | <input type="checkbox"/> Container Rinsing/Cleaning |

7) 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 st _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd _____	<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:

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

Total Number of Employees: _____

Primary Activity - 1st Shift: _____

Primary Activity - 2nd Shift: _____

Primary Activity - 3rd Shift: _____

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

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

8) Supply / Raw Materials:

Raw Material/Chemical	Process/Use	Storage Location	Container type/size/number	Chemical Transfer Method

9) Provide the following information for each product line:

Principle Product: _____
 Average Rate of Production: _____
 Materials/Additives: _____
 Wastewater Discharge: Batch Continuous Both
 Volume and Frequency of Wastewater Discharge: _____
 Peak Production Months: _____
 Periods of Shutdown: _____

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 Average Rate of Production: _____
 Materials/Additives: _____
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 Volume and Frequency of Wastewater Discharge: _____
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 Average Rate of Production: _____
 Materials/Additives: _____
 Wastewater Discharge: Batch Continuous Both
 Volume and Frequency of Wastewater Discharge: _____
 Peak Production Months: _____
 Periods of Shutdown: _____

- Attach additional pages if necessary for more product lines -

10) 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:

Type	Usage	Measured	Estimate
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"/>
Total	_____ 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:	
TOTAL	

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"/> 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: _____

Provide Name and Address of Recycler: _____

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 location of possible sampling points for sewers and SIC/NAICS process effluents. 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) Is a Slug/Spill Discharge Control Plan prepared for this facility? Yes No

If YES, please attach a copy of the Slug/Spill Plan to this application.

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

8) Is a Hazardous Materials Compliance Plan prepared for this facility?

Yes No

Indicate what the hazardous waste generator category is 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)

9) 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
- Low pH (acids)
- Surfactants (detergents)
- Antifreeze
- Methanol
- Nitrate Compounds
- Glycols
- Fats, wax, grease or oils
- High BOD (>500 mg/l)
- Toxic Gases
- Sulfur Dioxide
- Bromine
- PCB's
- Salt Brines
- Solvent - Citrus
- Flammable Substances
- Radioactive Substances
- Latex Paint
- Manganese Compounds
- Chlorine Dioxide
- Boiler & Cooling System Treatment Chemicals
- Dyes
- High TSS (>500 mg/l)
- Ammonia
- Chlorine
- Iodine
- Cyanide
- Disinfectants
- High pH (caustics)
- Explosive substances
- Toxic Substances
- Enamel Paint
- Barium Compounds
- Activated Carbon

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.
- 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