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CITY OF LANCASTER
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A. GENERAL INFORMATION

1. Facility Name: _____

2. Facility Street Address: _____

Zip Code: _____ Municipality: _____ Phone #: _____

3. Facility Billing Address: Same as above _____(check if applicable)

Street or P.O. Box #: _____

City: _____ State: _____ Zip: _____

4. Designated Facility Contact – Similar information is required for each facility contact: (Attach and reference additional sheet if needed.)

Name: _____ Title: _____

Phone #: _____ Fax #: _____ Email: _____

Cell Phone #: _____

Please check one of the following:

Existing Industrial Discharger _____ Proposed Industrial Discharger _____

If existing, year facility was established on site: _____

If proposed, give anticipated start date of discharge: _____

5. Are any environmental control permits held by or for the facility? ☐ Yes ☐ No

If yes, provide a list of all permits and permit numbers.
(Attach and reference additional sheet if needed.)

_____

_____

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SECTION B. PRODUCT AND SERVICE INFORMATION

1. List the major service(s) provided by or performed at this facility:

   Office(s): _____ Warehousing: _____ Retail/Wholesale/Trade: _____Medical Care: _____

   Manufacturing (specify): _____

   Service (specify): _____

   Other (specify): _____

   Other (specify): _____

2. Provide a brief description of **all** industrial processes (use additional sheets if necessary):

   _____

   _____

   _____

   _____

3. Indicate applicable Standard Industrial Classification (SIC) codes for all processes: (If more than one applies, list in descending order of importance.)

   a) _____ b) _____ c) _____ d) _____ e) _____ f) _____

4. Attachment B – Categorical Regulated Operations

   a) New Applications: Complete ***Attachment A – Categorical Regulated Operations.***

   b) Renewal Applications: _____ no changes; _____ changes indicated on ***Attachment A– Categorical Regulated Operations***.

5. List ALL chemicals used and/or stored on site; include all hazardous, corrosive, explosive, flammable or toxic materials. Indicate approximate quantity, container type and storage location(s) of each chemical (use additional sheets if necessary):

CHEMICAL NAME	QUANTITY	CONTAINER TYPE	STORAGE LOCATION

SECTION C. FACILITY PHYSICAL CHARACTERISTICS

1. Facility Schematic Diagram: **Submit a detailed drawing of the facility.** Show map orientation and include the location of water meters, sewer lines, floor drains, sinks and lavatories. Indicate the primary usage of all parts of the facility (office, process, chemical storage, pretreatment, etc.). This drawing must indicate the flow of water into, through and out of the facility. Mark point(s) of discharge into the sewer system. Note: A blueprint of the facility showing the above listed items may be attached in lieu of a drawing.

2. Schematic Process Flow Diagram(s): **Submit a schematic process flow diagram for each major activity in which wastewater is (or will be) generated.** Include the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this **MUST** be indicated by an "E". Number each unit process having wastewater discharges to the City of Lancaster sewer system.

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SECTION D. FACILITY OPERATIONAL CHARACTERISTICS

1. What are the hours of operation (start/end times) and average # of employees per shift?

Number of Employees Per Shift								
Shift	Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st								
2nd								
3rd								

2. What is the average days per month this facility is in operation? _____ Days/month.

3. Are there scheduled shutdowns? (i.e. vacation, maintenance, etc.) ☐ Yes ☐ No

   If yes, indicate reason(s) and period(s) when shutdowns occur: _____

   _____

4. Are there peak periods associated with production? ☐ Yes ☐ No

   If yes, indicate when: _____

   _____

SECTION E. WATER / WASTEWATER CHARACTERISTICS

1. **Water Supply**

   ☐ City

   ☐ Private Well

   ☐ Surface

   ☐ Other

2. Describe any water treatment or conditioning processes applied to **INCOMING** water only (use additional sheets if necessary):

   _____

   _____

3. Does the facility currently use or plan to use a water reclamation system? ☐ Yes ☐ No

   If yes, describe the recovery process, volume and percent recovered, and area of reuse. Use the reference number from the process flow diagram that corresponds to the process(s) being described (use additional sheets if necessary): _____

   _____

   _____

4. Are any process changes or expansions planned during the next year that would change volume or flow characteristics of the water usage of wastewater discharge? (Consider all processes: production, reuse, treatment, etc.) ☐ Yes ☐ No
   If yes, describe these changes and their effects on present volume and flow characteristics (use additional sheets if necessary):

   _____

   _____

SECTION F: WATERWATER DISCHARGE CHARACTERISTICS

1. Does (or will) this facility discharge any wastewater other than sanitary waste from restrooms to the City of Lancaster sewer system?
   - ☐ Yes – Please complete the remainder of this Section.
   - ☐ No – Please skip to **SECTION G.**

2. This facility generates the following types of waste (*check all that apply*):

Check all that Apply:		Average gallons per day: (# of employees X 15 gal./person=Estimated Domestic Wastewater Flow)	
Domestic Waste (restrooms, showers)	☐	= _____	☐ Estimated ☐ Measured
Cooling Water, non contact	☐	= _____	☐ Estimated ☐ Measured
Cooling Water, contact	☐	= _____	☐ Estimated ☐ Measured
Boiler & Cooling Tower Blow down	☐	= _____	☐ Estimated ☐ Measured
Reverse Osmosis reject water	☐	= _____	☐ Estimated ☐ Measured
Air Pollution control Unit (air scrubber)	☐	= _____	☐ Estimated ☐ Measured

Equipment & facility wash down	☐	= _____	☐ Estimated	☐ Measured
Process wastewater	☐	= _____	☐ Estimated	☐ Measured
Other: _____	☐	= _____	☐ Estimated	☐ Measured
Other: _____	☐	= _____	☐ Estimated	☐ Measured

3. For batch discharges, please indicate the following (use additional sheets if necessary):

   Process / Type of Discharge: _____

   _____

   Frequency of discharge(s): _____ times per day

   Average volume of discharge batch: _____ gallons per batch

   Batch discharge flow rate: _____ gallons per minute

   Time of discharge(s): _____ at _____
   (Days of week) (Hours of day)

4. Has a Baseline Monitoring Report (BMR) by 40 CFR Part 403.12 been submitted? ☐ Yes ☐ No
   If Yes, please provide a copy.

5. Does this facility have (or plan to have) automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Present:	Sampling Equipment	☐ Yes	☐ No
	Flow Meters	☐ Yes	☐ No
Planned:	Sampling Equipment	☐ Yes	☐ No
	Flow Meters	☐ Yes	☐ No

   If you answered yes to any of the above, please indicate the present or planned location of this equipment on the facility schematic (Section C 1) and describe the equipment below:

   _____

   _____

6. For new facilities, provide a detail of the sampling site.

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7. Indicate method(s) used to collect wastewater discharge sample(s) (composite, grab) and describe where samples are collected (end-of-process, end-of-pipe, sump, etc.):

SAMPLE METHOD	COLLECTION SITE

SECTION G: WASTEWATER TREATMENT

1. Is any form of wastewater treatment used at this facility?

   ☐ Yes - Please complete the remainder of this section.

   ☐ No - Please continue to Section H.

2. Check the appropriate type of treatment used for ANY waste streams which are treated prior to discharge.

_____ Air Flotation	_____ Biological Treatment
_____ Centrifuge	_____ Chemical Precipitation
_____ Chlorination	_____ Cyclone
_____ Filtration	_____ Flow Equalization
_____ Grease/Oil Separation	_____ Grease Trap
_____ Ion Exchange	_____ Neutralization
_____ Ozonation	_____ Reverse Osmosis
_____ Sedimentation	_____ Solvent Separation
_____ Evaporation	_____ Other (specify): _____

3. Describe the operation of the wastewater treatment system. Include chemicals used and what they are used for (use additional sheets if necessary):

4. Indicate if wastewater treatment is batch _____ , continuous _____, or both _____ .

   If batch, please indicate the frequency: _____ times/day or _____ days/week.

5. Provide the following information for the person(s) responsible for wastewater treatment operation (use attachment sheet for any additional operators):

   Name: _____ Title: _____

   Phone #: _____ Fax #: _____

   Cell Phone #: _____

   Working hours (example: 9:00 am – 5:00 pm): _____

   Name: _____ Title: _____

   Phone #: _____ Fax #: _____

   Cell Phone #: _____

   Working hours (example: 9:00 am – 5:00 pm): _____

6. Do you have a written standard operating procedures manual for the correct operation of your treatment equipment?

   ☐ Yes ☐ No

7. Do you have a written maintenance schedule for your treatment equipment?

   ☐ Yes ☐ No

H: SPILL PREVENTION AND CONTROL

1. Does this facility have floor drains in the manufacturing, chemical storage or pretreatment area(s)?

   ☐ Yes ☐ No

   If yes, briefly describe the location and where these floor drains discharge to.

   _____

   _____

2. Has a Spill Control and Countermeasure or Slug Control Plan been developed for this facility to prevent chemical spills or slug discharges from entering the sewer system?

☐ Yes A copy is on file with City of Lancaster IPP.

☐ No A copy is NOT on file with City of Lancaster IPP.

(If so, please submit a copy with this application.)

☐ N/A There are no floor drains and/or this facility discharges only domestic wastes.

SECTION I: NON-DISCHARGED WASTE

1. Are there any liquid or solid wastes generated and **NOT** disposed of in the sewer system?

☐ Yes Please complete the remainder of this section.

☐ No Please skip to Section J.

2. Provide a list of the wastes hauled offsite for the previous year. Indicate the type of waste removed, quantity, date removed and the company that removed the waste from your facility. Note: Copies of waste manifests may be submitted providing all requested information is included and the copies are legible.

3. If oil/grease is removed from the facility, indicate the nature of the waste and the disposal site used:

4. Check the type of waste generated and indicate the quantity and disposal method used.

TYPE OF WASTE GENERATED	QUANTITY (gallons or lbs./year)	DISPOSAL METHOD USED
_____ Acids	_____	_____
_____ Alkalis	_____	_____
_____ Dyes, Inks	_____	_____
_____ Heavy Metals	_____	_____
_____ Inorganic Compounds	_____	_____
_____ Organic Compounds	_____	_____
_____ Oil/Grease	_____	_____
_____ Paints	_____	_____
_____ Pesticides	_____	_____
_____ Sludge	_____	_____
_____ Solvents	_____	_____
_____ Other: (Specify)	_____	_____

5. If an outside firm removes any of the above indicated wastes, specify name(s) and address(s) of all waste haulers. Include permit numbers where applicable (use additional sheets if necessary).

Name: _____ Permit #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Name: _____ Permit #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

6. Does the facility currently reuse or plan to reuse chemicals or other materials?

☐ Yes ☐ No If yes, briefly describe the recovery process(s), substance(s) recovered, percent recovered and the concentration(s) of any spent solution(s). Use the reference number from the process flow diagram that corresponds to the process(s) being described (use additional sheets if necessary):

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SECTION J: AUTHORIZED SIGNATURES

Responsible Corporate Officer:

"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 gathered and evaluated 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."

Please submit a $2500 check, made payable to **City of Lancaster**, along with completed application.

PRINTED NAME	SIGNATURE
TITLE	DATE

You may wish to designate an alternate representative to act in the absence of the Authorized Representative; this may be especially helpful when processing specific time/date sensitive reports and compliance issues. Provide the following information if you wish to have a designated alternate representative.

Responsible Corporate Officer:

PRINTED NAME	SIGNATURE
TITLE	DATE

CITY OF LANCASTER PRETREATMENT PROGRAM
INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

ATTACHMENT - A Categorical Regulated Operations - Section B 4

If this facility performs (or will be performing) processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity. Check all that apply. Please note, a facility with processes listed below may be covered by Federal pretreatment standards.

Check Below	40 CFR#	Industrial Activity	Check Below	40 CFR#	Industrial Activity
	449	Airport Deicing		468	Copper Forming
	467	Aluminum Forming		405	Dairy Products Processing
	427	Asbestos Manufacturing		441	Dental Office
	461	Battery Manufacturing		469	Electrical and Electronic Components
	407	Canned and Preserved Fruits and Vegetable Processing		413	Electroplating
	458	Carbon Black Manufacturing		457	Explosives Manufacturing
	411	Cement Manufacturing		424	Ferroalloy Manufacturing
	437	Centralized Waste Treatment		418	Fertilizer Manufacturing
	434	Coal Mining		426	Glass Manufacturing
	465	Coil Coating		406	Grain Mills
	412	Concentrated Animal Feeding Operations (CAFO)		454	Gum and Wood Chemicals Manufacturing
	451	Concentrated Aquatic Animal Production (Aquaculture)		460	Hospitals
	450	Construction and Development		447	Ink Formulating

	415	Inorganic Chemicals Manufacturing		443	Paving and Roofing Materials (Tars and Asphalt)
	460	Hospitals		455	Pesticide Chemicals
	447	Ink Formulating		419	Petroleum Refining
	415	Inorganic Chemical Mfg.		439	Pharmaceutical Manufacturing
	420	Iron & Steel Manufacturing		422	Phosphate Manufacturing
	445	Landfills		459	Photographic
	425	Leather Tanning and Finishing		463	Plastics Molding and Forming
	432	Meat and Poultry Products		466	Porcelain Enameling
	433	Metal Finishing		430	Pulp, Paper and Paperboard
	464	Metal Molding and Casting (Foundries)		428	Rubber Manufacturing
	438	Metal Products and Machinery		417	Soap and Detergent Manufacturing
	436	Mineral Mining and Processing		423	Steam Electric Power Generating
	471	Nonferrous Metals Forming and Metal Powders		409	Sugar Processing
	421	Nonferrous Metals Manufacturing		410	Textile Mills
	435	Oil and Gas Extraction		429	Timber Products Processing
	440	Ore Mining and Dressing (Hard Rock Mining)		442	Transportation Equipment Cleaning
	414	Organic Chemicals, Plastics and Synthetic Fibers (OCPSF)		444	Waste Combustors
	446	Paint Formulating			