

**GLASGOW WATER COMPANY  
INDUSTRIAL USER  
PERMIT APPLICATION FORM**

SECTION A - GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_
  - a. Operator Name: \_\_\_\_\_
  - b. Is the operator identified in 1.a., the owner of the facility?  
Yes [ ] No [ ]  
  
If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility
  
2. Facility Address: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
3. Business Mailing Address: \_\_\_\_\_  
Street or P O Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
4. Designated signatory authority of the facility:  
[Attach similar information for each authorized representative.]  
  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

5. Designated facility contact:

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

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

## SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

### Industrial Categories

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing

- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed Categorical users.

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary).

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. PRODUCT VOLUME:

PRODUCT (Brand name)	PAST CALENDAR YEAR Amount Per Day (Daily Units)		ESTIMATE THIS YEAR Amount Per day (Daily Units)	
	Average	Maximum	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility (Specify City): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

2. Name on the water billing: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water service account number: \_\_\_\_\_

4. List average water usage on premises:  
 (New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Noncontact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air Pollution control	_____	_____
g. Contained in Product	_____	_____
h. Plant and Equipment wash down	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. Total of a – j	=====	=====

SECTION D - SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system

Yes;

Sanitary sewer account number

No;

Have you applied for a sanitary sewer hookup?  Yes  No

b. For a new business:

Will you be occupying an existing vacant building (such as in an industrial park)?

Yes  No

(i). Have you applied for a building permit if a new facility will be constructed?

Yes  No

(ii). Will you be connected to the public sanitary sewer system?  Yes  No

2. List size, descriptive location and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewers?

[ ] Yes

[ ] No

**If you answered No to this question, skip to Section I.**

2. Provide the following information on wastewater flow rates. (New facilities may estimate)

a. Hours/Day Discharged (e.g., 8 hours/day):

M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ SAT \_\_\_\_ SUN

b. Hours of Discharge (e.g., 9 am - 5 pm):

M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ SAT \_\_\_\_ SUN

c. Peak hourly flow rate (GPD)

d. Maximum daily flow rate (GPD)

e. Annual daily average (GPD)

3. If batch discharges will occur, indicate:  
(New facilities may estimate.)

a. Number of batch discharges per day

b. Average discharge per batch (GPD)

c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(Days of week) (Hours of day)

d. Flow rate \_\_\_\_\_ gallons/minute

e. Percent of total discharge

4. **Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of 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 the 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. **NUMBER EACH UNIT PROCESS** having wastewater discharges to the community sewer. Use these numbers when showing this unit process in the building layout in Section H.**

**Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.**

5. For NON-CATEGORICAL USERS ONLY: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Process description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS**

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	<b>REGULATED PROCESS</b>	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	<b>UNREGULATED PROCESS</b>	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	<b>DILUTION</b>	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organic that are listed under the TTO

standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organic management plan (TOMP) been developed?

- Yes, (Please attach a copy designate as Attachment \_\_)
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering  Yes  No  N/A  
                  Sampling Equipment  Yes  No  N/A

Planned: Flow Metering  Yes  No  N/A  
                  Sampling Equipment  Yes  No  N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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9. 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, (Skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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11. Are any materials or water reclamation systems in use or planned?

Yes

No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

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#### SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Please submit a copy of most recent analysis performed on discharge. Give a brief description of sampling point and if discharge contained all waste streams including batch discharges.

New industries use the following tables listing the Priority Pollutants, please indicate by placing an A X in the appropriate box by each listed chemical whether it is "Suspected Present", "Known Present". Also, if there are baseline analysis information available, please provide that information. This includes any chemicals that are a part of the manufacturing or service activity or generated as a by-product.

POLLUTANT	SUSPECTED PRESENT	KNOWN PRESENT	DAILY VALUES		UNITS
			CONC	MASS	
Isophorone	_____	_____	_____	_____	_____
Naphthalene	_____	_____	_____	_____	_____
Nitrobenzene	_____	_____	_____	_____	_____
Nitrophenol	_____	_____	_____	_____	_____
2-Nitrophenol	_____	_____	_____	_____	_____
4-Nitrophenol	_____	_____	_____	_____	_____
2,4-Dinitrophenol	_____	_____	_____	_____	_____
4,6-Dinitro-o-cresol	_____	_____	_____	_____	_____
N-nitrosodimethylamine	_____	_____	_____	_____	_____
N-nitrosodiphenylamine	_____	_____	_____	_____	_____
N-nitrosodi-n-propylamine	_____	_____	_____	_____	_____
Pentachlorophenol	_____	_____	_____	_____	_____
Phenol	_____	_____	_____	_____	_____
Bis-(2-ethylhexyl)phthalate	_____	_____	_____	_____	_____
Butyl benzyl phthalate	_____	_____	_____	_____	_____
Di-n-butyl phthalate	_____	_____	_____	_____	_____
Di-n-octyl phthalate	_____	_____	_____	_____	_____
Diethyl phthalate	_____	_____	_____	_____	_____
Dimethyl phthalate	_____	_____	_____	_____	_____
Benzo(a)anthracene	_____	_____	_____	_____	_____
Benzo(a)pyrene	_____	_____	_____	_____	_____
3,4-benzofluoranthene	_____	_____	_____	_____	_____
Benzo(k)fluoranthane	_____	_____	_____	_____	_____
Chrysene	_____	_____	_____	_____	_____
Acenaphthylene	_____	_____	_____	_____	_____
Anthracene	_____	_____	_____	_____	_____
Benzo(ghi)perylene	_____	_____	_____	_____	_____
Fluorene	_____	_____	_____	_____	_____
Phenanthrene	_____	_____	_____	_____	_____
Dibenzo(a,h)anthracene	_____	_____	_____	_____	_____
Indeno(1,2,3-cd)pyrene	_____	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____	_____
Tetrachloroethylene	_____	_____	_____	_____	_____
Toluene	_____	_____	_____	_____	_____
Trichloroethylene	_____	_____	_____	_____	_____
Vinyl chloride	_____	_____	_____	_____	_____
Aldrin	_____	_____	_____	_____	_____
Dieldrin	_____	_____	_____	_____	_____
Chlordane	_____	_____	_____	_____	_____
4,4'-DDT	_____	_____	_____	_____	_____
4,4'-DDE	_____	_____	_____	_____	_____
4,4'-DDD	_____	_____	_____	_____	_____
Alpha-endosulfan	_____	_____	_____	_____	_____
Beta-endosulfan	_____	_____	_____	_____	_____

POLLUTANT	SUSPECTED PRESENT	KNOWN PRESENT	DAILY VALUES		UNITS
			CONC	MASS	
Endrin	_____	_____	_____	_____	_____
endrin aldehyde	_____	_____	_____	_____	_____
Heptachlor	_____	_____	_____	_____	_____
Heptachlor epoxide	_____	_____	_____	_____	_____
Alpha-BHC	_____	_____	_____	_____	_____
Beta-BHC	_____	_____	_____	_____	_____
Gamma-BHC	_____	_____	_____	_____	_____
Delta-BHC	_____	_____	_____	_____	_____
PCB-1242	_____	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____	_____
PCB-1221	_____	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____	_____
PCB-1248	_____	_____	_____	_____	_____
PCB-1260	_____	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____	_____
Toxaphene (TCDD)	_____	_____	_____	_____	_____
Asbestos	_____	_____	_____	_____	_____
Acidity	_____	_____	_____	_____	_____
Alkalinity	_____	_____	_____	_____	_____
Bacteria	_____	_____	_____	_____	_____
BOD5	_____	_____	_____	_____	_____
COD	_____	_____	_____	_____	_____
chloride	_____	_____	_____	_____	_____
Chlorine	_____	_____	_____	_____	_____
Flouride	_____	_____	_____	_____	_____
Hardness	_____	_____	_____	_____	_____
Magnesium	_____	_____	_____	_____	_____
NH3-N	_____	_____	_____	_____	_____
Oil and Grease	_____	_____	_____	_____	_____
TSS	_____	_____	_____	_____	_____
TOC	_____	_____	_____	_____	_____
Kjeldahl N	_____	_____	_____	_____	_____
Nitrate N	_____	_____	_____	_____	_____
Nitrite N	_____	_____	_____	_____	_____
Organic N	_____	_____	_____	_____	_____
Orthophosphate P	_____	_____	_____	_____	_____
Phosphorous	_____	_____	_____	_____	_____
Sodium	_____	_____	_____	_____	_____
Specific Conductivity	_____	_____	_____	_____	_____
Sulfate (SO4)	_____	_____	_____	_____	_____
Sulfide (S)	_____	_____	_____	_____	_____
Sulfite (SO3)	_____	_____	_____	_____	_____

POLLUTANT	SUSPECTED PRESENT	KNOWN PRESENT	DAILY VALUES		UNITS
			CONC	MASS	
Antimony	_____	_____	_____	_____	_____
Arsenic	_____	_____	_____	_____	_____
Barium	_____	_____	_____	_____	_____
Beryllium	_____	_____	_____	_____	_____
Cadmium	_____	_____	_____	_____	_____
Chromium	_____	_____	_____	_____	_____
Copper	_____	_____	_____	_____	_____
Cyanide	_____	_____	_____	_____	_____
Lead	_____	_____	_____	_____	_____
Mercury	_____	_____	_____	_____	_____
Nickel	_____	_____	_____	_____	_____
Selenium	_____	_____	_____	_____	_____
Silver	_____	_____	_____	_____	_____
Thallium	_____	_____	_____	_____	_____
Zinc	_____	_____	_____	_____	_____

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

Yes

No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment ) planned for this facility within the next three years?

Yes, describe:

No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate):

Air flotation

Centrifuge

Chemical Precipitation

Chlorination

Cyclone

Filtration

Flow equalization

Grease or oil separation, type

Grease trap

Grinding filter

Grit Removal

Ion exchange

Neutralization, pH correction

Ozonation

Reverse osmosis

Screen

Sedimentation

Septic tank

Solvent separation

Spill protection

Sump

Biological treatment, type:

Rainwater diversion or storage

Other chemical treatment, type:

Other physical treatment, type:

Other, type:

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

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5. **Attach a process flow diagram for each existing treatment system.** Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

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7. Do you have a treatment operator?  Yes  No

(If Yes,)

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

Title: \_\_\_\_\_

Full time: \_\_\_\_\_ (Specify hours)

Part time: \_\_\_\_\_ (Specify hours)

1. Shift Information

Work days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tues.	Wed.	Thu.	Fri.	Sat.	Sun.
Shifts per work day	_____	_____	_____	_____	_____	_____	_____
Employees 1st Per 2 <sup>nd</sup> Shift 3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____
Shift start and end time 1st 2 <sup>nd</sup> 3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

- Continuous through the year, or
- Seasonal - Circle the months of the year during which the business active occurs:

J F M A M J J A S O N D

COMMENTS: \_\_\_\_\_

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: \_\_\_\_\_

4. Does operation shut down for vacation, maintenance, or other reasons?

- Yes, indicate reasons and period when shutdown occurs:
- No

5. List types and amounts (mass or volume per day) of raw materials used or planned for

use (attach list if needed):

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6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. **Building Layout - Draw to scale the location of each building on the premises.** Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?  
 Yes       No



If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?  
 Yes  No If yes: Where do they discharge to?
  
3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).  
 an onsite disposal system  
 public sanitary sewer system (e.g. through a floor drain)  
 storm drain  
 to ground  
 other, specify:  
 not applicable, no possible discharge to any of the above routes
  
4. Do you have an Slug Discharge Plan (Spill Prevention Plan) to prevent spills of chemicals or slug discharges from entering the Glasgow Water Company's collection system?  
 Yes, please enclose a copy with this application  
 No  
 Not Applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.
  
5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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## SECTION J - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

- a. \_\_\_\_\_ b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Permit No. \_\_\_\_\_
- \_\_\_\_\_ b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Permit No. \_\_\_\_\_

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
  - No
- If yes, please list the permit(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION K - AUTHORIZED SIGNATURES**

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being

met on a consistent basis?

Yes     No     Not yet discharging

2. If No:

A. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

B. Provide a schedule for bringing the facility into compliance. Specify major event planned along with reasonable completion dates. Note that if the Glasgow & Sewer Commission issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

<u>Milestone Activity</u>	<u>Completion Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

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Name (s)

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Title

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Signature

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Date