

CITY OF GREAT FALLS PERMIT TO DISCHARGE INDUSTRIAL WASTEWATER
Permit Renewal Form



City of Great Falls

Permit to Discharge Industrial Wastewater

Permit Renewal Form

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 for the facility.

2. Facility Physical 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: _____

5. Designated facility contact:

Name: _____

Title: _____

Phone # _____

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Activity Update

For all questions answered with “Yes”, provide an explanation on a separate sheet.

If “Yes” is answered to questions 20 or 21, provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Since the current permit was issued:

		Yes	No
1	Have any of the Standard Industrial Classification Code(s) (SICs) for any processes changed?		
2	Have any of the principal products or services produced at the facility changed?		
3	Have any operations performed at the facility changed?		
4	Have the average monthly rates of production in the facility substantially changed? (Substantial is +/- 30%)		
5	Have the facility discharge flow rates or pollutant concentrations significantly changed?		
6	Has the facility discharged any Hazardous Wastes to the POTW?		
7	Have there been any changes to the sewer connections of the facility?		
8	Have there been any changes to the source(s) of the facility water supply?		
9	Have any of the wastewater discharge practices or treatment systems changed?		
10	Have any new flow monitoring and/or sampling equipment devices been installed in the facility?		
11	Have any pollution prevention practices changed, including materials or water reclamation systems?		
12	Have any of the type and quantity of chemicals used in the facility changed?		
13	Have any waste liquid or sludge disposal practices changed that are <u>not</u> discharged to the sanitary sewer system?		
14	Has the Toxic Organic Management Plan (TOMP) been updated to reflect any operational practices that have changed?		
15	Have any accidental discharge or spill events occurred?		
16	Have there been any violations of the current permit?		
17	Has the User failed to notify the Control Authority of any violations of the current permit?		

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18	Has the Control Authority issued a Notice of Violation or other enforcement action for the facility?		
19	Are all applicable Pretreatment Standards and Requirements being met on a consistent basis?		
20	Are there any additional operations and maintenance procedures being considered to bring the facility into compliance?		
21	<p>Are there any additional treatment technology or practice being considered in order to bring the facility into compliance?</p> <p>a. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the City issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.</p>		
22	<p>Do you have any new or planned automatic sampling equipment or continuous wastewater flow metering equipment at this facility?</p> <p>Flow Metering</p> <p>Sampling Equipment</p>		

For Categorical Users Subject to Total Toxic Organic (TTO) requirements answer questions 23-25. If not, skip to question 26.

		Yes	No
23	Does the facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by the ETA?		
24	Has a baseline monitoring report (BMR) been submitted which contains TTO information?		
25	Has a Toxic Organic Management Plan (TOMP) been developed?		

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		Yes	No
26	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.		
27	Are any materials or water reclamation systems planned?		
28	Is wastewater treatment practiced at this facility?		
29	Is any form of wastewater treatment (or changes to existing wastewater treatment) planned for this facility within the next three years?		

30. On a separate page 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.

31.

Treatment devices or processes proposed for treating wastewater or sludge (check all that apply)					
<input type="checkbox"/>	Air Flotation	<input type="checkbox"/>	Grease or Oil Separation	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Solvent Separation
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Grit Removal	<input type="checkbox"/>	Spill Protection
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Biological Treatment
<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Neutralization (pH correction)	<input type="checkbox"/>	Rainwater Diversion or Storage
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Reverse Osmosis		
<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Screen		

Other Chemical Treatment – List _____

Other Physical Treatment – List _____

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Characteristics of Discharge

For (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O) by placing the appropriate letter adjacent to the substance name.

40 CFR Part 122 Appendix D, Table II—Organic Toxic Pollutants in Each of Four Fractions in Analysis by Gas Chromatography/Mass Spectroscopy (GS/MS)

Volatiles					
	acrolein		dichlorobromomethane		methylene chloride
	acrylonitrile		1,1-dichloroethane		1,1,2,2-tetrachloroethane
	benzene		1,2-dichloroethane		tetrachloroethylene
	bromoform		1,1-dichloroethylene		toluene
	carbon tetrachloride		1,2-dichloropropane		1,2-trans-dichloroethylene
	chlorodibromomethane		1,3-dichloropropylene		1,1,1-trichloroethane
	chloroethane		ethylbenzene		1,1,2-trichloroethane
	2-chloroethylvinyl ether		methyl bromide		trichloroethylene
	chloroform		methyl chloride		vinyl chloride

Acid Compounds					
	2-chlorophenol		2,4-dinitrophenol		pentachlorophenol
	2,4-dichlorophenol		2-nitrophenol		phenol
	2,4-dimethylphenol		4-nitrophenol		2,4,6-trichlorophenol
	4,6-dinitro-o-cresol		p-chloro-m-cresol		

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Pesticides				
	Aldrin		dieldrin	PCB-1254
	alpha-BHC		alpha-endosulfan	PCB-1221
	beta-BHC		beta-endosulfan	PCB-1232
	gamma-BHC		endosulfan sulfate	PCB-1248
	delta-BHC		endrin	PCB-1260
	chlordane		endrin aldehyde	PCB-1016
	4,4'-DDT		heptachlor	toxaphene
	4,4'-DDE		heptachlor epoxide	
	4,4'-DDD		PCB-1242	

Bases & Neutrals				
	acenaphthene		4-chlorophenyl phenyl ether	hexachlorobenzene
	acenaphthylene		chrysene	hexachlorobutadiene
	anthracene		dibenzo(a,h)anthracene	hexachlorocyclopentadiene
	benzidine		1,2-dichlorobenzene	hexachloroethane
	benzo(a)anthracene		1,3-dichlorobenzene	indeno(1,2,3-cd)pyrene
	benzo(a)pyrene		1,4-dichlorobenzene	isophorone
	3,4-benzofluoranthene		3,3'-dichlorobenzidine	naphthalene
	benzo(ghi)perylene		diethyl phthalate	nitrobenzene
	benzo(k)fluoranthene		dimethyl phthalate	N-nitrosodimethylamine
	bis(2-chloroethoxy)methane		di-n-butyl phthalate	N-nitrosodi-n-propylamine
	bis(2-chloroethyl)ether		2,4-dinitrotoluene	N-nitrosodiphenylamine
	bis(2-chloroisopropyl)ether		2,6-dinitrotoluene	phenanthrene
	bis(2-ethylhexyl)phthalate		di-n-octyl phthalate	pyrene
	4-bromophenyl phenyl ether		1,2-diphenylhydrazine (as azobenzene)	1,2,4-trichlorobenzene
	butylbenzyl phthalate		fluoranthene	
	2-chloronaphthalene		fluorene	

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40 CFR Part 122 Appendix D, Table III

Other Toxic Pollutants (Metals and Cyanide) and Total Phenols					
	Antimony, Total		Copper, Total		Silver, Total
	Arsenic, Total		Lead, Total		Thallium, Total
	Beryllium, Total		Mercury, Total		Zinc, Total
	Cadmium, Total		Nickel, Total		Cyanide, Total
	Chromium, Total		Selenium, Total		Phenols, Total

40 CFR Part 122 Appendix D, Table IV

Conventional and Nonconventional Pollutants					
	Bromide		Radioactivity		Iron, Total
	Chlorine, Total		Sulfate		Magnesium, Total
	Residual Color		Sulfide		Molybdenum, Total
	Fecal Coliform		Sulfite		Manganese, Total
	Fluoride		Surfactants		Tin, Total
	Nitrate-Nitrite		Aluminum, Total		Titanium, Total
	Nitrogen, Total Organic		Barium, Total		Asbestos
	Oil and Grease		Boron, Total		
	Phosphorus, Total		Cobalt, Total		

Measured Pollutant Concentrations

Provide sample results or anticipated values for the following pollutants:

Pollutant	Units	Min	Max	Avg	Lbs/Day
Biochemical Oxygen Demand	mg/l				
Chemical Oxygen Demand	mg/l				
Total Suspended Solids	mg/l				
Oil and Grease	mg/l				
pH	s.u.				X

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

43. If an outside firm removes any of the above wastes, state the name and address and permit number (if applicable) of all waste haulers:

44. List any Federal, State, or local environmental permits issued to this facility:

45. Please submit a schematic diagram, which indicates points of discharge to the POTW from the regulated waste stream.

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Certification Statement & Signatory Requirement

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 evaluate the information submitted. I believe all the information to be correct, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for known violations. I wish to apply for a City of Great Falls Wastewater Discharge Permit under Chapter 13.20 of the Official Code of the City of Great Falls.

Name (print)

Title

Signature

Phone

Date