

City of Creston

Wastewater Discharge Permit Renewal/ Application/ Questionnaire

Existing or new users of the City of Creston Wastewater Treatment Plant (WWTP) requesting permit modification, renewal or applying for approval to discharge industrial wastewater to the collection system must fill out a Permit Application and complete per 40 CFR 403.12, before said discharge may begin. Current users that do not qualify as an industrial contributor (25,000 GPD discharge) but may discharge wastes that could be potentially hazardous, will also need to complete this form. Please fill out the form in its entirety and return it to the City of Creston WWTP.

Submitting this form is not authorization to begin discharging to the WWTP. You will be notified by the City as to the status of your request or if any changes in discharges need to take place.

If you have questions, please contact the Wastewater Office at 641-782-2273.

Please return the completed form and all required attachments to:

**City of Creston Wastewater Treatment Plant
P.O. Box 449
Creston, IA. 50801**

Respectfully,

Jim Bristow
Wastewater Superintendent/ City of Creston

Section A: General Information for Sewer Discharge Permit

1. Business Name (*as it will appear on permit*): _____
2. Operator/Owner: _____
3. Billing Address: _____

4. Billing Contact and Phone Number: _____

5. Facility Address (*if different from billing*): _____
6. Facility Phone Number: _____
7. Representative to Contact Concerning Information Provided:
Name: _____
Title: _____
Phone Number: _____
E-mail: _____
8. Authorized Representative:
Name: _____
Title: _____
Phone Number: _____
E-mail: _____
9. Name of Representative to receive permit (*if different from Authorized Representative*):
Name: _____
Title: _____
Phone Number: _____
E-mail: _____
10. Does the facility currently have environmental permits from other agencies? Y / N
If yes, please attach copies of all current permits.
11. Facility Tax ID Code (*Billing information*): _____

Section B: Operational Information

PLEASE ANSWER ALL QUESTIONS COMPLETELY

1. Existing Wastewater Discharge Permit Number (*if applicable*): _____
2. Type of Notification:
 - Existing Discharger requesting permit renewal
 - Existing Discharger requesting permit Modification
 - Proposed Discharge as of _____ (*date*)
3. Please indicate what discharge operations will be in place at the time of discharge.
 - Discharge to sewer directly no pretreatment
 - Discharge to holding or equalization tank
Will contents be hauled to the POTW? Y / N
 - Discharge following some level of pretreatment
 - Discharge to a septic tank
Will contents be hauled to the POTW? Y / N
4. Does/will the facility discharge more than 25,000 gallons of process wastewater per day? Y / N
5. Will/Is process wastewater separate from sanitary waste? Y / N
6. Type of operation currently present at your facility (*check all that apply*):
 - Electroplating Electroplating
 - Foundry
 - Painting or Finishing
 - Metal Finishing
 - Machine Shop/Assembly
 - Chemical Manufacturer
 - Electronics Manufacturer
 - Equipment Cleaning/ Washing Facility
 - Fertilizer Manufacturer
 - Food or Beverage Manufacturer
 - Food or Beverage Packing Facility
 - Groundwater Remediation
 - Other _____
 - Laboratory
 - Medical Care Facility
 - Military
 - Office or Retail Facility
 - Pet Food Manufacturer
 - Pharmaceutical Manufacturer
 - Photographic Developing
 - Powder Coating Paint Facility
 - Residential
 - Printing
 - Rendering Facility
 - Slaughter Facility

For Pretreatment Standards, please reference the Code of Federal Regulations:
40 CFR Parts 400 to 699.

Please provide a brief description of the operation(s) checked above:

7. List Standard Industrial Codes (SIC) in order of importance:
- | | |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | f. _____ |
8. Is/will waste be disposed of by any of the following methods:
- Land Application
 - Land Fill Disposal
 - Outside Company
 - Other
- If other, please explain:*

Section C: Plant Information

1. Production Information:
- Number of employees: _____
- Number of shifts: _____
- Hours of operation:
- | | | |
|-----------------|-------------|------------|
| 1 st | Start _____ | Stop _____ |
| 2 nd | Start _____ | Stop _____ |
| 3 rd | Start _____ | Stop _____ |
- Production days per week: _____
- Number of wash downs/sanitation per shift: _____
2. Does the process/operation have seasonal variations? Y / N
If yes, please explain:
-
-
-
3. Are shut downs scheduled for maintenance or repairs? Y / N
If yes, is there a time frame in which such shut down will occur?
-
4. How much influent water will be/is purchased on a monthly basis? _____ gallons
5. How much effluent water will be/is discharged to the sanitary sewer system?
- Daily: _____ gallons Monthly: _____ gallons

6. Difference (Influent Flow – Effluent Flow): _____ gallons

7. Explain any significant differences in influent and effluent flow:

8. How much raw water is needed per unit of production? Please explain what a unit of production is based on your facilities process?

9. If non-contact cooling water or RO system water contributed to the wastewater stream please identify gallons per day?

_____ gallons/day

10. Is a private well on site?

Y / N

11. Volume of well water used per day: _____ gallons/day

12. Please give a brief description of what well water is used for within your facilities process?

13. Does all the well water consumed discharge to the sanitary?

Y / N

14. If not please describe where the well water consumed discharges?

15. Type of wastewater discharge:

- Continuous
- Batch
- Both

16. If batch discharged marked in question 9 above please mark the frequency of the batch process and the amounts of a normal batch operation:

Frequency

- Daily
- Weekly
- Monthly

Gallons per Batch

- Yearly _____

17. If marked continuous wastewater discharge, please mark all that apply/contribute to the wastewater flow and give an estimated amount of water contributed to each category that is marked (*if Batch, skip to question 11 below*):

Type of Discharge	Gallons per day
▪ Sanitary Wastewater*	_____
▪ Process Wastewater	_____
▪ Contaminated Cooling Water	_____
▪ Uncontaminated Cooling Water	_____
▪ Boiler/Kiln Wastewater	_____
▪ Blow down/Cooling Tower Wastewater	_____
▪ Air Pollution Control Wastewater	_____
▪ Other	_____

If other, please explain:

*Sanitary wastewater consists of domestic contributions; 25 gallons per person per day is an estimated base discharge.

18. If non-contact cooling water please identify the following?

- Reclaimed for reuse _____ Gallons per day
- Discharged to the sanitary _____ Gallons per day
- Evaporation _____ Gallons per day

If not reclaimed, please explain:

19. How is/will wastewater effluent flow measured?

- Weir
- Flume
- Magmeter
- Other

20. Do all floor drains discharge to the sanitary sewer?

Y / N

Section D: Pretreatment

1. Are pretreatment processes implemented, scheduled, or being upgraded? Y / N

2. Please check pretreatment processes that apply:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▪ Aerobic lagoon ▪ Anaerobic digester/
lagoon ▪ Biological treatment ▪ Centrifuge/Decanter ▪ Clarifier ▪ Chemical precipitation ▪ DAF system ▪ Equalization tank | <ul style="list-style-type: none"> ▪ Facultative lagoon ▪ Gas/Oil separation ▪ Grease pit ▪ Ion exchange ▪ pH adjustment/
Neutralization ▪ Screen/Grit removal ▪ Sedimentation ▪ Silver Recovery |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3. If facility has grit removal, a grease pit, oil/water separation, or a DAF please describe where waste materials from such separations will be disposed of and by whom they will be transported:

Type of waste	Disposal site	Hauler
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Have all pretreatment process technicians been appropriately trained? Y / N

5. Will there be multiple effluent discharge outfalls? Y / N

6. Will all discharges have a collective discharge point before entering sanitary? Y / N

If yes, please explain where and what type:

7. Proposed process changes planned that will affect the volume or loadings of the wastewater, *mark all that apply*:

- Reduction/addition of pretreatment processes
- Process Modifications
- Reduction/addition of sewer connections
- Reduction in production
- Increase in production

a. Please provide a brief description of the proposed process change(s) marked above:

b. Projected Change Date: _____

c. Please explain the changes and the impacts on wastewater flow from facility:

All process changes shall be submitted in writing to the Utilities Department with a detailed description, prints/schematics, and a projected completion date for review and approval from the City before such changes commence.

8. Will other wastes, liquid or sludge, from the following list be hauled from the facility?

Type of Waste	Amount per year (Gallons)
▪ Paint/Paint Thinner	_____
▪ Inks/Dyes	_____
▪ Acids	_____
▪ Alkalis	_____
▪ Plating Waste	_____
▪ Pesticides	_____
▪ Rendering	_____

9. If any of the above are hauled from facility, please list by whom and where waste will be transported for disposal:

Type of Waste	Disposal Site	Hauler
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E: Chemical Information

1. Provide a list of chemicals or raw materials used in processes that may affect the integrity of the wastewater being contributed to the sanitary collection system. Please attach an MSDS for all products used in processes in excess of 1 gallon.

Chemical/Material	Quantity used per year
_____	_____
_____	_____
_____	_____
_____	_____

2. Does the facility keep all MSDS up to date for all chemicals at the facility? Y / N
3. Is an up to date Spill Prevention, Control and Countermeasure Plan in place? Y / N
4. Is an up to date Accidental Discharge Plan in place? Y / N
5. Is an up to date Slug Control Plan in place? Y / N
6. Is an up to date Chemical Disposal Plan in place? Y / N
7. Are chemicals stored in secondary containment? Y / N
8. In the past, has the facility had spills or slug load discharges? Y / N
If yes, please explain:

Date	Type of spill/discharge	Amount	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Does the facility have air-scrubbing equipment? Y / N
10. Does the facility use odor mitigating chemicals? Y / N

Section F: Submission

Upon submission of this form please attach the following items from checklist:

- Schematic of operations/Facility plan
- Detailed layout of wastewater flow and all discharge locations to the sanitary sewer
- Sketch of all pretreatment facilities (*if applicable*)
- Copy of Spill Prevention, Control and Countermeasure Plan SOP
- Copy of Accidental Discharge SOP
- Copy of Slug Control SOP
- Copy of Chemical Disposal SOP
- Latest wastewater analysis results (*if available*)
- Other Environmental Permits

Section G: Certification Statement

As the signing authority I am aware that there are penalties for providing any false or misleading information, including fines and/or imprisonment. To the best of my knowledge I believe the information provided here to be true, accurate and complete. By signing below I take responsibility for the information provided.

Name: _____ Title: _____ Date: _____