



**ALTOONA WATER AUTHORITY
INDUSTRIAL USERS
PERMIT APPLICATION**

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 for the facility.		
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), place a check beside the category (Check all that apply):

<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Concentrated Animal Feeding Operation
<input type="checkbox"/> Asbestos Manufacturing	<input type="checkbox"/> Copper Forming
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Dairy Product Processing/ Manufacturing
<input type="checkbox"/> Can Making	<input type="checkbox"/> Electronic Components Manufacturing
<input type="checkbox"/> Canned and Preserved Food Processing	<input type="checkbox"/> Electroplating
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Explosives Manufacturing
<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Centralized Waste Treatment	<input type="checkbox"/> Ferroalloy Manufacturing
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Foundries (Metal Molding and Casting)
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Glass Manufacturing

Section C: Water Supply

1.	Water Sources (Check as many as are applicable):			
	<input type="checkbox"/>	Private Well		
	<input type="checkbox"/>	Surface Water		
	<input type="checkbox"/>	Municipal Water Utility (Specify city):		
	<input type="checkbox"/>	Other (Specify):		
2.	Name (as listed on the water bill):			
	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.	Non-contact cooling water		
	c.	Boiler feeding		
	d.	Process		
	e.	Sanitary		
	f.	Air pollution control		
	g.	Contained in product		
	h.	Plant and equipment washdown		
	i.	Irrigation and lawn watering		
	j.	Other		
	k.	Total of a through 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:				
	(i).	Will you be occupying an existing vacant building (Such as in an industrial park)?	Yes	No	
	(ii).	Have you applied for a building permit if a new facility will be constructed?	Yes	No	
	(iii).	Will you be connected to the public sanitary sewersystem?	Yes	No	
	2.	List size, descriptive location, and flow of each discharge pipe or discharge point which connects to the AWA sewer system.			

	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

Section E: Wastewater Discharge Information

1.	Does (or will) this facility discharge any wastewater other than from restrooms to the AWA sewer?	
	Yes	If the answer to this question is “yes,” complete the remainder of the application.
	No	If the answer to this question is “no,” skip to Section I.
2.	Provide the following information on wastewater flow rate (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 a.m. to 5 p.m.)	
	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 discharge occurs or 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	(Days of week) (Hours of day)
	d. Flow rate	(Gallons per minute)
	e. Percent of total discharge	

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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 processes in the building layout in Section H.

5.	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)
6.	List the average wastewater discharge, maximum discharge, and type of discharge (Batch, continuous, or both) for each of non-process wastewater flows (i.e., cooling tower blowdown, boiler blowdown)				
	No.	Non-process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, continuous, none)
7.	Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow equipment at this facility?				
			Yes	No	N/A
	Current	Flow Metering			
		Sampling Equipment			
	Planned	Flow Metering			
		Sampling Equipment			
If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:					
8.	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 to Question 10)				
9.	Briefly describe these changes and their effects on the wastewater volume and characteristics (Attach additional sheets if needed):				

10.	Are any recycling or reclamation systems in use or planned?	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
11.	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):	

Section F: Characteristics of Discharge

1.	According to Altoona Water Authority's Rules and Regulations, the use of the public sewers shall have limited discharges to the wastewater treatment plant for the parameters that follows. These Local Limits are to be analyzed by a laboratory, following procedures established in 40 CFR Part 136, and amendments, for permit renewal.				
	Antimony	COD	Manganese	PCB	Xylene
	Arsenic	Copper	Mercury	Phosphorus-Total	Zinc
	Benzene	Cyanide-Free	Molybdenum	Selenium	
	Bis (2-Ethylhexyl) Phthalate	Cyanide-Total	Nickel	Silver	
	BOD (5-day)	Ethylbenzene	Nitrogen-Ammonia	TKN	
	Cadmium	Iron-Dissolved	Nitrogen-Total	Toluene	
	Chromium	Lead	Oil & Grease	TSS	
	2.	Additionally, all current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table provided as an attachment to this application to report the analytical results. Do not leave blanks. For all other (Nonregulated) pollutants, indicate whether the pollutant is known to be present, suspected to be present, or known not to be present, by placing an "X" in the corresponding column. Any pollutant that is known to be present or suspected to be present must have analysis performed. Be sure methods conform to 40 CFR Part 136.			
*See Attached Form					

Section G: Treatment

1.	Is any form of wastewater treatment (See list below) practiced at this facility?	
	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
2.	Is any form of wastewater treatment (Or changes to an existing wastewater treatment) planned for this facility within the next three years?	
	<input type="checkbox"/>	Yes, describe:
	<input type="checkbox"/>	No

3.	Treatment devices or processes used or proposed for treating wastewater or sludge:		<input type="checkbox"/>	Neutralization, pH correction
	<input type="checkbox"/>	Air flotation	<input type="checkbox"/>	Ozonation
	<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Reverse osmosis
	<input type="checkbox"/>	Chemical precipitation	<input type="checkbox"/>	Screen
	<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Sedimentation
	<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Septic tank
	<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Solvent separation
	<input type="checkbox"/>	Flow equalization	<input type="checkbox"/>	Spill protection
	<input type="checkbox"/>	Grease or oil separation, type:	<input type="checkbox"/>	Sump
	<input type="checkbox"/>	Grease trap	<input type="checkbox"/>	Rainwater diversion or storage
	<input type="checkbox"/>	Grinding filter	<input type="checkbox"/>	Biological treatment, type:
	<input type="checkbox"/>	Grit removal	<input type="checkbox"/>	Other chemical treatment, type:
	<input type="checkbox"/>	Ion exchange	<input type="checkbox"/>	Other physical treatment, type:
	4.	Is process wastewater mixed with non-process wastewater prior to the sampling point?		
<input type="checkbox"/>		Yes, describe:		
<input type="checkbox"/>		No		
5.	Description			
	Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.			
6.	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.			
7.	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.			
8.	Do you have a treatment operator?		Yes	No
	If Yes:	Name:		
		Title:		
		Phone:		
		Full time (Specify hours):		
Part time (Specify hours):				
9.	Do you have a manual on the correct operation of your treatment equipment?		Yes	No
10.	Do you have written maintenance schedule for your treatment equipment?		Yes	No

Section H: Facility Operational Characteristics

1.	Shift Information							
	Work days	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Shifts per work day							
	Employees per shift	1						
		2						
		3						
	Shift start and end times	1						
		2						
		3						
2.	Does operation shut down for vacation, maintenance, or other reasons?							
	Yes, indicate reasons and period when shutdown occurs							
	No							
3.	List types and amounts (Mass or volume per day) of raw materials used or planned for use (Attach list if needed):							
4.	List types and quantity of chemicals used or planned for use (Attach list if needed). Include copies of Material Safety Data Sheets (If available) for all chemicals identified:							
	Chemical				Quantity			

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):	
	<input type="checkbox"/>	an onsite disposal system
	<input type="checkbox"/>	public sanitary sewer system (e.g., through a floor drain)
	<input type="checkbox"/>	storm drain
	<input type="checkbox"/>	to ground
	<input type="checkbox"/>	other, specify:
	<input type="checkbox"/>	not applicable, no possible discharge to any of the above routes
4.	Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?	
	<input type="checkbox"/>	Yes (Please enclose a copy with the application)
	<input type="checkbox"/>	No
	<input type="checkbox"/>	N/A (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.	

Section J: Best Management Practices

1.	Describe the types of best management practices (BMPs) you employ to prevent pollutants from entering a facility's waste stream or from reaching a discharge point. BMPs are management and operational procedures such as schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to implement the general and specific prohibitions listed in 40 CFR 403.5(a)(1) and (b). BMPs also include treatment requirements, operating procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw materials storage.	
2.	Do you have the potential for a slug discharge to the sewer system? A slug discharge is any discharge of a non-routine episodic nature, including but not limited to an accidental spill or a non-customary batch discharge, which has a reasonable potential to cause interference or pass through, or in any other way violate the POTW's regulations, local limits or permit conditions [40 CFR 403.8(f)(2)(v).	Yes
		No
	Please describe the type of the potential slug discharge, including quality and content.	

Please describe current mechanisms for prevention of slug discharges.

Please describe where and how raw materials are stored.

Section K: 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 K

Waste Generated

Quantity (Per year)

Disposal Method

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. (If applicable):

Permit No. (If applicable):

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

Yes

No

If yes, please list the permit(s):

6.	Describe where and how waste liquids and sludges are stored.

Section L: Authorized Signatures

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 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.	
	Milestone Activity		Completion Date

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.

_____	_____	_____
Name	Title	
_____	_____	_____
Signature	Date	Phone