# STATE OF GEORGIA DEPARTMENT OF NATURAL RESOURCES ENVIRONMENTAL PROTECTION DIVISION

# APPLICATION FOR A PRETREATMENT PERMIT (includes Baseline Monitoring Report Data)

To be filed by persons engaged in manufacturing, mining or commercial operations which generate pollutants which are discharged to publicly owned treatment works and then into the waters of the State.

Operator Name:\_

a.

FOR APPLICA	EPD L	JSE	-
NUMBER:			
DATE		-	
RECEIVED	):		
	YR	МО	DAY

SECT	TION A	- GEN	IERAL INFORMATION	
1.	a.	[] Y	you be connected to the public sanitary sewer system? Tes [] No (if no, then do not continue with application. Sign application in the Environmental Protection Division).	ion and
	b.	For a	an existing business:	
	Is the	buildi	ing presently connected to the public sanitary sewer system?	,
	[] Ye		Have you applied for a sanitary sewer hookup? [] Yes [] No	
	C.	For a	new business:	
		(i).	Will you be occupying an existing vacant building? [] Yes [] No	
ā	*	(ii).	Have you applied for a building permit if a new facility will be constr [] Yes [] No	ructed?
2.	Does		I this facility discharge any wastewater other than from rest rooms to the	he City
	[] Ye	S	If the answer to this question is "Yes", please complete the remainder application.	of the
	[]No		If the answer to this question is "No", skip to Section I.	
3.	Facilit	y Nam	ne:	

_	b.	Is the operator identified in 1.a., the	owner of the facility?	
		the facility	ss of the operator and submit a copy of cating the operator's scope of responsibility	th
4.	Faci	lity Addrage		Budhalan
	City	et:	e: Zip:	
	City	51816	3: Zip:	-
5.	Stree	ness Mailing Address: et or P.O. Box:		
	City:	State:	Zip:	
6.	(Atta	nated signatory authority of the facility ch similar information for each authoriz	ed representative]	
			· · · · · · · · · · · · · · · · · · ·	
	Auui	533.		
_	art y a	9 #;	Zin:	
	Name Title:	nated facility contact: :		_
SECT	ION B - BU  If your f	SINESS ACTIVITY  acility employs or will be employing processes in	any of the industrial categories listed below (regardles hazardous waste), place a check beside the categor	s Y
Indust	rial Catego	dae	Code of Federal Regulations (CFR)	
[]		m Forming	Reference Number	
[]	Asbesto	s Manufacturing	467 427	
1]		Manufacturing ·	461	
[]	Canned a	and Preserved Fruits and Vegetables Processing	407	
[]	Canned a	and Preserved Seafood Processing	408	
[]	Cement !	Black Manufacturing Manufacturing	458	
[]	Coal Min	ina	411	
[]	Coil Coat	ing	434 485	
	Copper F	orming	468	
		ducts Processing	405	
	Electropia	and Electronic Components Manufacturing	469	
6 3	rior (10)18	ung	413	

413

Code of Federal Regulations (CFR)

	Istrial Categories	Reference Number	
	Explosives Manufacturing	457	
i		412	
i		424	
		418	
i	·	426	
Ü		406	
[]		454	
[]		460	
[]		447	
[]	Inorganic Chemicals Manufacturing	415	
[]	Iron and Steel Manufacturing	420	
[]	Leather Tanning and Finishing	425	
[]	Meat Products	432	
[]	Metal Finishing	433	
[]	Metal Molding and Casting	464	
[]	Mineral Mining and Processing	436	
[]	Nonferrous Metals Forming and Metal Powders	471	
[]	Nonferrous Metals Manufacturing	421	
[]	Oil and Gas Extraction	435	
[]	Ore Mining and Dressing	440	
[]	Organic Chemicals Plastic and Synthetic Fibers	414	
[]	Paint Formulating	446	
[]	Paving and Roofing Materials	443	
[]	Pesticides Chemicals	455	
TT	Petroleum Refining	419	
,	Pharmaceutical Manufacturing	439	
1	Phosphate Manufacturing	422	
	Photographic	459	
[]	Plastics Molding and Forming	463	
[]	Porcelain Enameling	466	
[]	Pulp, Paper, and Paperboard	430	
	Rubber Manufacturing	428	
[]	Soap and Detergent Manufacturing	417	
[]	Steam Electric Power Generating	423	
[]	Sugar Processing	409	
[]	Textile Mills	410	
[]	Timber Products Processing	429	
[]	The Builders' Paper and Board Mills	431	
	A facility with process inclusive in the above Protection Agency's (EPA) categorical pretreatmeter categorical users.	areas may be covered by Environmen nent standards. These facilities are term	tal ed
2.	Give a brief description of all operations at this fa (includes principal raw materials, catalysts, and includes principal raw materials).	acility including primary products or servicintermediates used in the process).	es

3	Indicate applicable Stand applies, list in descending	lard Industr g order of i	ial Classification mportance.):	on (SIC) for all prod	cesses (If more than one
	a b c				
	d. e.				
4.	PRODUCT VOLUME:				
	PRODUCT (Brand Name)	Amount	ENDAR YEAR is Per Day Units)	ESTIMATE T Amounts (Daily L	AND THE PARTY OF T
		Average	Maximum	Average	Maximum
		Approximately found or transport resources a principal described described in			
	·		Co-months of the second	CONTROL OF THE PROPERTY OF THE	
Li	TION C - WATER SUPPLY	•			
1.	Water Sources: (Check a	s many as a	are applicable)		
	[ ] Private Well [ ] Surface Water [ ] Municipal Water Utility [ ] Other (Specify):	(Specify C	ity):		
2. [	ist average water usage on the contract of the	n premises			
- ]	_vpe		erage Water	Indicate Estimate (E) or Measured (M)	
а	. Contact cooling water	#History Culture	Charling Balleting profession Market Balletin Balleting and the second second second		
b	. Non-contact cooling wa	ter			
C	. Boiler feed				
d	. Process				

Page 5 of 23

	Type	Average Water Usage (GPD)		
	e. Sanitary	Control of the Contro		
	f. Air pollution control			
	ĝ. Contained in product			
	h. Plant & equipment was	sh down		
	i. Irrigation & lawn water			
	j. Other			
	k. TOTAL OF A-J			
SE	CTION D - SEWER INFORMA	ATION		
1.	Name, address, and location a. Name of organization	on of the publicly owned responsible for receiving v		POTW) to which you
	b. Facility receiving waste			
	City:	County	State	
	NPDES Permit No.	- Oddin /	2(ata	
2.	List size, descriptive locatio sewer system. (If more tha	on, and flow of each facili	ty sewer which con	onects to the City/o
	Sewer Size	Descriptive Location of Se Connection or Discharge	ewer Avera Point Flow	
				Strate and an action of the strategy of the st
	-			
			Contracting the second	

### CTION E - WASTEWATER DISCHARGE INFORMATION

7		rovide the following information on wastewater flow rate.  New facilities may estimate)
	a.	Hours/Day Discharged (e.g., 8 hours/day):
	94	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)
2.		patch discharge occurs or will occur, indicate: ew facilities may estimate]
	а.	Number of batch discharges per day
	b.	Average discharge per batch (GPD)
	C.	Time of batch discharges at at (days of week) (hours of day)
	d.	Flow rate gallons/minute
	e.	Percent of total discharge
	the a	ematic Flow Diagram - For each major activity in which wastewater is or will be gene via diagram of the flow of materials, products, water, and wastewater from the stactivity to its completion, showing all unit processes. Indicate which processes use which generate wastestreams. Include the average daily volume and marine.

3. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the <u>flow of materials</u>, <u>products</u>, <u>water</u>, <u>and wastewater</u> from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this <u>must</u> be indicated. <u>Number each unit process</u> having wastewater discharges to the community sewer. Use these numbers when showing these unit processes 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 5.

Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge . (batch, continuous, no
ANSWER QUESTIONS PRETREATMENT STAND	5 & 6 ONLY IF	YOU ARE S	UBJECT TO CATEGORIC
For Categorical Users: Pror proposed processes. In corresponds to each processes.	ovide the wastewat aclude the reference ess. [New facilities	er discharge flov number from the should provide e	vs for each of your proces a schematic flow diagram t stimates for each discharg
Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, non
Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none
	Checkman process and the process of		
		1	

		real egonical osers Subject to Total Toxic Organic (TTO) Requirements:
-	Pr	ovide the following (TTO) information:
	a.	Does (or will) this facility use any of the toxic organics that are listed under the T 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 organics management plan (TOMP) been developed?
3		[] Yes, (Please attach a copy) [] No
-	Do met	you have, or plan to have, automatic sampling equipment or continuous wastewater flow tering equipment at this facility?
	Cur	rent: Flow Metering [] Yes [] No [] N/A Sampling Equipment [] Yes [] No [] N/A
	Plar	nned: Flow Metering [] Yes [] No [] N/A Sampling Equipment [] Yes [] No [] N/A
	If so	o, please indicate the present or future location of this equipment on the schematic flow ram and describe the equipment below:
	If flo	ow metering equipment is not installed, will water use records or other method be used be representative of discharged flow? Explain.
	44596	any process changes or expansions planned during the next three years that could alter ewater volumes or characteristics? Consider production processes as well as air or water tion treatment processes that may affect the discharge.
	[] No	os, then briefly describe these changes and their effects on the wastewater volume and paracteristics: (Attach additional sheets if needed.)

9.	Are any materials or water reclamation systems in use or planned?
	<ul> <li>[] No</li> <li>[] Yes, then 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.)</li> </ul>
10.	Are any other waste minimization measures used or planned?
	[] No
	[] Yes, then briefly describe measures.

SECTION F - CHARACTERISTICS OF DISCHARGE (refer to 40 CFR Part 403.12(b) for baseline monitoring report requirements).

 DATA: Report organics and pesticides as ug/l; conventional pollutants and metals as mg/l; mass as lbs/day. All other units have been specified.

All current industrial users are required to submit monitoring data on all pollutants that are subject to categorical standards. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (nonregulated) 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 in the concentration column under average of analyses. If data is available for nonregulated pollutants, please include. Indicate on either the top of each table, or on a separate sheet, if necessary, the time, date, and place of sampling, the methods of analysis, the type of sample (i.e., flow proportional composite samples, time proportional composite samples or grab samples) and the number of representative samples taken. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used. A certification statement should also be provided on the table or additional sheet if necessary that such sampling and analysis are representative of normal work cycles and expected pollutant discharges to the POTW. A copy of a pollutant is included on the scan.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing P (expected to be present), S (may be present), or O (will not be present) in the concentration column under average of analyses. If the industry is not yet in operation, the levels of the regulated pollutants and process flows should be estimated and reported.

When analyzing for pollutants listed in Georgia's Rules and Regulations for Water Quality Control, the applicant should ensure that the pollutants are at least analyzed down to the detection limits as specified in Attachment No. 1. If detection levels are not applicable for specific pollutants, so indicate by placing N/A under the column detection level used.

# TABLE A - POLL NT SPECIFIC RESULTS

	Mass	SCB1V1		BYTORIS And a property of the Annual Section Community					
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	Mass			
Average of Analyses	Conc.		- Commission of the Commission	
	Mass			* Communication of the Communi
Maximum Daily Value	. Conc.			
Detection Level Used			Contraction of the Contraction o	
Pollutant		Acenephthene		
   | 1,1,1-Trichlornerhans  | Hexachloroethere   | 1,1-Dichloroethane   | 1,1,2-Trichloroethens  | 1,1,2,2-Tetrachiorast | Chioresthan   
  | Bis(2-chlorowhy, 1   | 2-Chorombal ding   | 2-Chlorogan Links other  | A & Table  | Description  
   | Tarachiorometa cresof | Chloroform   | 4-Chlorophenol   | 1,2-Dichlorobenzene  | I,3-Dichlorobenzene  | 1,4-Dichlorobenzene   
  | 3,3-Dichlorobenzidios  | 1.1-Dichloroathylese   | 1.2-Trans-dishipsonia  | 2.4-Dichlorabassi   | 1-2-Dichlopara  
  | 1 V-Dichical Control   | 3-Disklere   | 1 2 Dichies  | Compropriede (Trans)   |  
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| Polluta.                   |       | 2-Mathyl-4 6-District                         | 3-Methyt-4-Chlorophenol | 2,4-Dimethylphanal   | 2.4-Dinitrotolineae  |  | 2 Chilitratoluene   | - 4-Uphenylhydrazine   
   | Ethylbenzene   | Fluoranthene   | 4-Chlorophanyi phanyi sebar   | 4-Bronophovi shows                  | Piel 2 shipping bilany ather   | Die Chierdisopropyi) ether   
   | Dist. chloroethoxy) methane  | Methylene chloride   | Methyl chloride  | Methyl bromide   | Bromoform   
  | Dichlorablement  |  |  |  | ria xachiorocyclopentadiene  | Sophorone   
  | Na phthalena   | Nitrobenzene   | Nitrophenol  | 2-Nitrophenol  | 4-Nitrophanol  
  | 2.4-Dintrophenoi   |  | National Control of the Control of t | M. Tier Goodinathylamina | acimentiposocialine          | N-Ditrosodi-n-propylamine  | Pentachlorophenol  | Phenoi  
  | Bis(2-ethylheryll abshalass  | Bury beard shell | Di-D-hittle shiftle  | Di-poorti atti                     |  | Cigunyi phthalate   
        |  |   |  |

Pollut	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	. s
	3	Conc.	Mass	Conc.	Mass		2 -	
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	Mass	
Units	Conc	
Number of Analyses		
	Mass	
Average of Analyses	Conc.	
	Mass	
Maximum Daily Value	Conc.	
Detection Level Used		
Pollut		Cadmium Chromium (Total) Chromium VI Copper Cyanide Lead Mercury Nickel Selenium Silver Thallium Zinc Methoxychlor Zinc

### TABLE B - PROHIBITED POLLUTANTS

	Complete this table by checkir indicated (P = known to be present):	ng the approp present, S =	riate column suspected 1	and providing to be presen	g analytical re it, O = know	sults where on not to be
Poll	utant	<u>P</u>	_S_	_(	0	
1.	Materials that may create a fire or explosion hazard, including wastestreams with a closed cup flash point of less than 140°F or 60°C using tesmethods in 40 CFR Part 261.21.  Flash point (°F or °C)					
	Corrosive type materials pH < 5 or pH > 9 pH (std. units)				_	
i	Solid or viscous pollutants in amounts which could cause flow obstruction or interference with POTW operation.					

4. Discharge of any pollutant (including BODs, Suspended Solids, COD, etc.) in volume or strength to cause POTW unit process upset or NPDES Permit violations.

BOD<sub>s</sub> (mg/l) COD (mg/l) Suspended Solids (mg/l) Oil and Grease (mg/l)

 Heated discharges in excess of 104°F or 40°C

Temperature (°F or °C)

TABLE B	(continued)				
LLUTA	NT	<u>P</u>	_\$_	_0_	
cuttir oil or	leum oil, nonbiodegradable ng oil or products of mineral igin that cause POTW s or permit violations.	-		<del></del>	
of tox	ants which result in presence cic gases, vapors or flumes in ntity that may cause acute from health and safety ems.	e n 			
to disc	rucked or hauled pollutants charge points on the system.				
2. HAZA 403.1	RDOUS WASTES DISCHAR 2(p) for requirements of haza	GED TO A	A POTW SEWER	R SYSTEM (see	40 CFR Part
	you now discharge listed on the second secon	ewer syst	em? the following).		ed in 40 CFR
(ii)	EPA hazardous waste num	ber			
(iii)	Type of discharge to the se	wer (cont	inuous, batch, or	other)	-
(iv)	A certification should be prethe volume and toxicity of be economically practical.	ovided bel	ow that you have wastes generate	a program in pla d to the extent do	ce to reduce etermined to
(v)	Describe the program compo	onents:			

	PO	you discharge more than 100 kilograms of hazardous waste per calendar month to the TW sewer?
	[]	No Yes (if the answer is "Yes" report the following).
	(i)	An identification of the hazardous constituents contained in the hazardous waste as specified in 40 CFR Part 261.
	E	
	(ii)	An estimation of the mass and concentration of the constituents in the wastestream discharged during the calendar month.
	(iii)	An estimation of the mass of constituents in the wastestream expected to be discharged during the next 12 months.
c.	[] No	es (if "Yes" provide the POTW name, address and date of notification).
SE	CTION (	G - TREATMENT
1.	is any	form of wastewater treatment practiced at this facility?
	[] Yes [] No	
2.	Is any for thi	form of wastewater treatment (or changes to existing wastewater treatment) planned s facility within the next three years?
	[] Yes	, describe:

[] Air flotation [] Centrifuge [] Chemical precipitation [] Chlorination [] Cyclone [] Filtration [] Flow equalization [] Grease or oil separation, type:		as many as appropriate).
Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above (attach additional sheets if necessary).  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.  Describe any changes in treatment or disposal methods planned or under secretariate (action).		[ ] Centrifuge [ ] Chemical precipitation [ ] Chlorination [ ] Cyclone [ ] Filtration [ ] Flow equalization [ ] Grease or oil separation, type:
design and operating conditions.  Describe any changes in treatment or disposal methods planned or under construction (a. i.e.).	4.	Describe the pollutant loadings flow rates design associated to
wastewater discharge to the sanitary sewer. Please include estimated completion dates.		design and operating conditions.
		wastewater discharge to the sanitary sewer. Please include estimated completion dates.

6.

1	(if Yes):	treatment	plant oper	ator? []	No	[] Yes				
	Name:									
	Title:									
	riione:									
	ruii time:		_ (specify	hours)	-					
	Part time:		_ (specify	hours)						
0	8 1									
8.	Is the treatmer (if Yes):	nt plant oper	ator certif	ied? []	No [	] Yes				
	Certification ty	pe:								
	Certification da	ite and numb	oer:							
SE	CTION H - FACILI	TY OPERAT	IONAL CH	IARACTE	ERISTICS	S				
1.	Indicate whether	or the facility	discharge	e is:			;			
	[] Continuous t [] Seasonal - C	through the sircle the moi	year, or of the	e year du	iring wh	ich the l	business	s activity	occurs:	
,,,,,,,,	J F							0	N	D
E.										U
	COMMENTS:			WORLD COMPANY THE RESIDENCE OF THE PERSON OF			<b></b>			
2.	Does operation :		or vacatio					e 7		
				,	marico,	OI OTHER	1088011	57		
	[] No	•								
	[] Yes, indicate	reasons and	period w	hen shut	down od	ccurs:				
•	List types and que or planned for us	uantity of ra-	w materia t if needed	is, cataly	sts, inte	ermediat	es and	other ch	emicals u	ısed
	Chem	ical			Quantity	,				
4					All of the State o					
					***************************************				<del></del>	
•										
_										
_			Province and accompanion in							
		-			-					

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 in Section E-3), public sewers, and each facility sewer line connected to the public sewers. Number each sewer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing.

# SECTION - SPILL PREVENTION

1	. Do you have chemical storage containers, bins, or ponds at your facility? [] No [] Yes
	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)? [] No [] Yes if Yes, where do they discharge to?
3.	
٥.	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).
	<ul> <li>an on-site disposal system</li> <li>public sanitary sewer system (e.g. through a floor drain)</li> <li>storm drain</li> <li>to ground</li> <li>other, specify:</li> <li>not applicable, no possible discharge to any of the above routes</li> </ul>
1.	Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from antering the City's collection system?
	<ul> <li>[] No</li> <li>[] Yes (Please enclose a copy with the application)</li> <li>[] N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.</li> </ul>
	그는 그는 그는 그들은 가는 바다 가입한 말았는 교사님은 하는 경우가 하는 것은 것을 하는 것을 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 없습니 같습니

## SECTION J - NON-DISCHARGED WASTES

[] No, skip ti	he remainder of Section		f in the sanitary sewer system cessary)
Waste Generated	Quantity (per year)	Disposal Method	Treatment Facility On-site/Off-site
2. If any of your			
facility, identif	y the facility's name and	d location	e centralized waste treatment
If an outside fin	m removes any of the wall waste haulers:	aste, described in No. 1	above, state the name(s) and
	all waste naulers:		
	(if applicable):	_	
b			
Permit No.	if applicable):	_	
If any wastes ar	e stored on site for grea	ater than 90 days provid	e the following:
		r, [] tank, []lagoon	•
[] other (specif	y)		
		days [] weeks	[] months
	f waste stored: [] ton		
	ked? [] Yes [] N		
	collection: [] Yes		

5.	Have you been issued any Federal, State, or local environmental permits?	
	[] No [] Yes	
	If Yes, please list the permit(s):	
	S :	
6.	In the event of discharge to storm sewer or surface water, has an NPDES Permit beer for?	applied
	[] No [] Yes	
	If Yes, please indicate the permit number or application date:	-
SE(	CTION K - AUTHORIZED SIGNATURES	
Co	npliance Certification:	
Mar	Are all applicable Federal, State, or local pretreatment standards and requirements be on a consistent basis?	ing met
	[] No [] Yes [] Not yet discharging	
•	If No:	
	a. What additional operations and maintenance procedures are being considered to be facility into compliance? Also, list additional treatment technology or practice considered in order to bring the facility into compliance.	ing the being
	b. Provide a schedule for bringing the facility into compliance. Specify major events palong with reasonable completion dates. Note that if the Georgia Environ Protection Division issues a permit to the applicant, it may establish a scheducompliance different from the one submitted by the facility.	mental
	Milestone Activity Completion Date	
•		

### norized 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.

.e(s)	,	Title	
Signature		Date	Phone