

**TOWN OF WYTHEVILLE
P. O. BOX 533
WYTHEVILLE, VA 24382-0533**

PERMIT APPLICATION

GENERAL INSTRUCTION FOR COMPLETING PERMIT APPLICATION

Answer all of the questions and complete the permit application as thoroughly as possible. The permit application is designed to allow simple fill in the blank responses and "YES" and "NO" answers for most of the questions. All questions must be answered truthfully and completely. If a question does not apply to your facility, respond with "Not Applicable" or "NA". If the Town of Wytheville requires any more information about your facility, a Town representative will contact you.

CERTIFICATION OF PERMIT APPLICATION

All permit applications must be signed and certified by either the facility owner, a partner or a corporate officer authorized to represent the permit applicant.

PERMIT APPLICATION FEE

A Permit Application Fee of \$100.00 shall accompany any submitted Permit Application.

SUBMISSION OF COMPLETED PERMIT APPLICATION

The permit applicant should return the completed permit application and analytical results of wastewater to the following address:

Town of Wytheville
P. O. Box 533
Wytheville, VA 24382-0533

Attn: Scottie Davis
Pretreatment Administrator

Phone: (276) 223-3326

SECTION I - WASTEWATER ANALYSIS REQUIREMENTS

- A. All permit applicants which currently discharge or are proposing to discharge industrial or non-domestic wastewater into the Town of Wytheville sewer system are required to submit an analysis of the waste discharge for the following parameters:
1. Conventional Pollutants
 - a. Biochemical Oxygen Demand (BOD5)
 - b. Chemical Oxygen Demand (COD)
 - c. Total Dissolved Solids (TDS)
 - d. Total Suspended Solids (TSS)
 - e. Oil and Grease
 - f. pH
 - g. Cyanide
 - h. Total Organic Carbon (TOC)
 2. Priority Pollutants

Unless otherwise noted, all permit applicants must submit an analysis of the waste discharged for all the 129 priority pollutants as listed in Table I.
- B. All sampling and analyses required for this permit application shall be performed in accordance with procedures established by the Clean Water Act and contained in 40 CFR Part 136.
- C. At least one (1) separate sampling event must be reported for each sewer connection. If there are two (2) or more locations that join at a central location, sampling may occur at the central location as long as no other sources of wastewater combine with the wastes from your facility.

TABLE I - PRIORITY POLLUTANTS

POLLUTANT GROUP: METALS AND INORGANIC

Antimony	Arsenic	Beryllium
Cadmium	Chromium (Total)	Chromium (Hexavalent)
Copper	Lead	Mercury
Nickel	Selenium	Silver
Thallium	Zinc	Asbestos

POLLUTANT GROUP: VOLATILE ORGANICS

Acrolein	Acrylonitrile
Benzene	Bromoform
Carbon Tetrachloride	Chlorobenzene
Chlorodiabromomethane	Chloroethane
2-chloroethyl vinyl ether	Chloroform
Dichlorobromomethane	1,1-dichloroethane
1,2-dichloroethane	1,1-dichloroethylene
1,2-dichloropropane	1,3-dichloropropylene
Ethylbenzene	Methyl bromide
Methyl Chloride	Methylene Chloride
1,1,2,2-tetrachloroethane	Tetrachloroethylene
Toulene	1,2-trans-dichloroethylene
1,1,1-trichloroethane	1,1,2-trichloroethane
Trichloroethylene	Vinyl chloride

POLLUTANT GROUP: ACID-FRACTION ORGANICS

2-chlorophenol	2,4-dichlorophenol
2,4-dimethylphenol	4,6-dinitro-o-cresol
2,4-dinitrophenol	2-nitrophenol
Pentachlorophenol	p-chloro-m-cresol
2,4,6-trichlorophenol	Phenol

POLLUTANT GROUP: PESTICIDES AND PCB'S

Aldrin	Alpha BHC
Beta BHC	Gamma BHC
Delta BHC	Chlordane
4,4 - DDT	4,4 -DDE
4,4 - DDD	Dieldrin
Alpha-endosulfan	Beta-endosulfan
Endosulfan sulfate	Endrin
Endrin aldehyde	Heptachlor
Heptachlor epoxide	Toxaphene
PCB-1221	PCB-1232
PCB-1242	PCB-1248
PCB-1054	PCB-1260
PCB-1016	
DIOXIN: 2,3,7,8-tetrachlordibenzo-p-dioxin (TCDD)	

TABLE I - PRIORITY POLLUTANTS (continued)**POLLUTANT GROUP: BASE-NEUTRAL FRACTION ORGANICS**

Acenaphthene	Acenaphthylene
Anthracene	Benzidine
Benzo(a)anthracene	Benzo(a)pyrene
3,4-benzo-flouranthene	Benzo(ghi)perylene
Benzo(k)fluranthene	Bis(2-chloroethoxy)methane
Bis(2-chloroethyl)ether	Bis(2-hloroisoprpyl)ether
Bix(2-ethylhexyl)phthalate	4-bromophenyl phenyl ether
Butyl benzyl phthalate	2-chloronaphthalene
4-chlorophenyl phenyl ether	Chrysene
Dibenzo(a,h)anthracene	1,2-dichlorobenzene
1,3-dichlorobenzene	1,4-dichlorobenzene
3,3-dichlorobenzidine	Diethyl phthalate
Dimethyl phthalate	Di-n-butyl phthalate
2,4-dinitrotoluene	2,6-dinitrotoluene
Di-n-octyl phthalate	1,2-diphenylhydrazine (as Azobenzene)
Flouranthene	Hexachlorobenzene
Hexachlorobutadiene	Hexachlorocyclopentadiene
Hexachloroethane	Indeno(1,2,3-cd)pyrene
Isophorone	Naphthalene
Nitrobenzene	N-nitrosodimethlyamine
N-nitrosodi-n-propylamine	Pyrene
Phenanthrene	
1,2,4-trichlorobenzene	

NOTE: Please read all attached information prior to completing this application.

SECTION II - GENERAL INFORMATION

A. Facility Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone: _____

B. Business Mailing Address:
Street or P. O. Box: _____
City: _____ State: _____ Zip: _____

C. Owner Name:
Is the operator identified also 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.

D. Designated signatory authority of the facility:

(Attach Similar information for each authorized representative)

Name: _____
Title: _____
Address: _____ City: _____
_____ State: _____ Zip: _____

E. Designated facility contact:

Name: _____
Title: _____
Phone No.: _____

SECTION III - BUSINESS ACTIVITY

- A. 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 & Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding & Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron & Steel
- Leather & Tanning
- Metal & Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint & Ink Formulating
- Paving & Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic & Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, & Fiberboard Manufacturing
- Rubber
- Soap & 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".

SECTION III - BUSINESS ACTIVITY (continued)

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

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

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

D. List raw materials used and the amount used per year.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

E. List major products manufactured and amount produced per year.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

SECTION III - BUSINESS ACTIVITY (continued)

F. Shift Information

Work Days		[Mon.]	[Tues.]	[Wed.]	[Thurs.]	[Fri.]	[Sat.]	[Sun.]
Shifts Per Work Day								
Empl's Per Shift	1st							
	2nd							
	3rd							
Shift Start & End Time	1st							
	2nd							
	3rd							

G. Indicate whether the business activity is:

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

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

COMMENTS: _____

H. Indicate whether the facility discharge is:

- [] Continuous through the year, or
 [] Seasonal - Check the months of the year during which the facility discharge occurs:

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

COMMENTS: _____

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

- [] Yes, indicate reasons and period when shut down occurs:

- [] No

SECTION III - BUSINESS ACTIVITY (continued)

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

Chemical	Quantity
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	

SECTION IV - WATER SUPPLY

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

- 1. Private Well
- 2. Surface Water
- 3. Municipal Water Utility (Specify City): _____
- 4. Other (Specify): _____

B. Name on the water bill:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

C. Water service account number: _____

D. List average water usage from all sources in Item A. above on premises: (New facilities may estimate)

TYPE	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
1. Contact Cooling Water		
2. Non-contact Cooling Water		
3. Boiler Feed		
4. Process		
5. Air Pollution Control		
6. Sanitary		
7. Contained in Product		
8. Plant & Equipment Wash down		
9. Irrigation & Lawn Watering		
10. Other		
11. Total (Type A - J)		

SECTION V - SEWER INFORMATION

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:

1. Will you be occupying an existing vacant building?

Yes No

2. Have you applied for a building permit if a new facility will be constructed?

Yes No

3. Will you be connected to the public sanitary sewer system?

Yes No

C. List size, descriptive location, and flow of each facility sewer which connects to the Town's sewer system. (If more than four, 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 VI - WASTEWATER DISCHARGE INFORMATION

A. Does (or will) this Facility discharge any wastewater other than from rest rooms to the Town sewer?

[] Yes

[] No

B. Provide the following information on wastewater flow rate. (New facilities estimate).

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

M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

2. Hours of discharge (e.g., 9 a.m. to 5 p.m.):

M _____ T _____ W _____ TH _____ F _____ SA _____ SU _____

3. Peak hourly flow rate (GPH) _____

4. Maximum daily flow rate (GPD) _____

5. Annual daily average (GPD) _____

C. If batch discharge occurs or will occur, indicate: (New facilities may estimate).

1. Number of batch discharges _____ per day

2. Average discharge per batch _____ GPD)

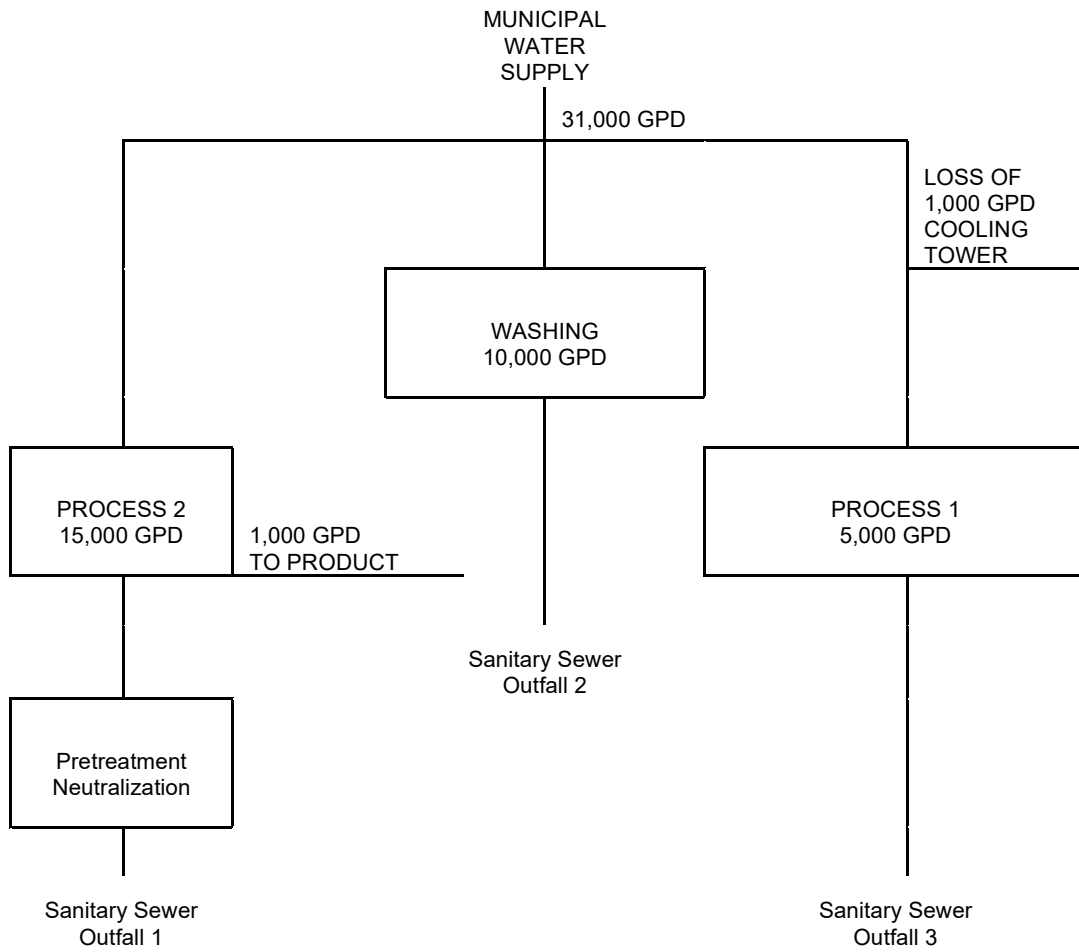
3. Time of batch discharges _____ at _____
Days of week Hours of day

D. Schematic Line Diagram - Using the space provided on Page 14 (or attach separate sheets), prepare a schematic line diagram, which illustrates the flow of water and wastewater through your facility. The line drawing should show generally the route taken by water in your facility from the source of water supply and operations contributing wastewater, including process and production area, sanitary flows, cooling water and storm water runoff (if applicable).

An example of an acceptable schematic line diagram and water balance is presented on Page 13.

SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

Example of Schematic Line Diagram and Water Balance



SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

Schematic Line Diagram & Water Balance: Refer to Instructions on Page 12 Item D and diagram on Page 13, use separate sheet(s) if desired.

SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

E. Site Plan Showing Discharge Location:

1. Using the space provided on page 16 (or attached separate page), prepare a sketch or site plan of your facility which delineates the property boundaries, adjacent streets, buildings and access roads. The site plan shall indicate the following:
 - a. Description of activities or functions carried out in various areas of the facility, such as production or manufacturing buildings, offices, garages, loading and unloading areas, warehouses and chemical storage areas.
 - b. Location of all Sewers and manholes on the facility grounds and each connection to the public sewer system.
 - c. Location of storm sewers, catch basins, water supply lines, flow meter installations and pretreatment facilities.

SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

Site plan showing discharge locations: (Refer to instructions on page 15, attach separate drawings if needed).

SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

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

Current:	Flow Metering	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Planned:	Flow Metering	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="checkbox"/>	N/A

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

G. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution processes that may affect the discharge.

- Yes
- No, (skip question H)

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

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

- Yes
- No, (skip question J)

SECTION VI - WASTEWATER DISCHARGE INFORMATION (continued)

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

SECTION VII - TREATMENT

- A. 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
- 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: _____

SECTION VII - TREATMENT (continued)

B. Attach on separate sheets a process flow diagram for each existing treatment system. Include process equipment, by-product disposal method, waste and byproduct volumes, and design and operating conditions.

C. 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.

D. Do you have a treatment facility operator? Yes No

(If Yes) Name: _____
Title: _____
Phone: _____
Full Time: _____ (Specify hours)
Part Time: _____ (Specify hours)

E. Do you have an instruction or procedures manual on the correct operation of your treatment equipment?

Yes No

F. Do you have a written maintenance schedule for your treatment equipment?

Yes No

SECTION VIII - SPILL PREVENTION

A. 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.

B. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes No

If yes; where do they discharge to? _____

C. 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).

1. an on-site disposal system
2. public sanitary sewer system (e.g. through a floor drain)
3. storm drain
4. to ground
5. other, specify: _____
6. not applicable, no possible discharge to any of the above routes

D. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or sludge discharges from entering the Town's collection system?

- Yes - (Please enclose a copy with the application)
 No
 N/A - Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

E. Please describe below any previous spill events, their dates and remedial measures taken to prevent their reoccurrence.

SECTION XI - NON-DISCHARGED WASTES

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

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

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

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

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

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

1. _____ _____ _____	2. _____ _____ _____
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E. Have you been issued any Federal, State, or Local environmental permits?

- Yes No

If yes, please list the permit(s): _____

SECTION X - AUTHORIZED SIGNATURES

Compliance Certification

A. Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis?

Yes No Not yet discharging

B. If No:

1. What additional operations 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.
2. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Town 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>

SECTION X - AUTHORIZED SIGNATURES (continued)

In accordance with the Town of Wytheville Sewer Use Ordinance, the undersigned hereby requests issuance of an Industrial User Discharge Permit. In consideration of the granting of such a permit the undersigned hereby agrees to the following:

1. Pay the required Permit Application Fee of \$ 100.00
2. To conduct any wastewater sampling and analyses that may be required by the Town to evaluate this Permit application at no cost to the Town.
3. To furnish any additional information relative to the proposed industrial or non-domestic waste discharge for which this permit is sought that may be requested by the Town.
4. To accept and abide by the provisions of the Town of Wytheville Sewer Use Ordinance and any other pertinent regulations and/or local ordinances that may be adopted in the future.
5. To pay any surcharges for high strength waste discharges, and any other fees deemed necessary by the Town to carry out the requirements of its pretreatment program.
6. To provide, construct, operate, and maintain any pretreatment facilities which may be required by the Town as a condition of accepting the proposed industrial or non-domestic waste discharge in an efficient manner at all times and at no expense to the Town.
7. To cooperate at all times with the Town and its representatives in the inspection, sampling, and/or evaluation of your facility.

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(s) _____	_____
	Title
Signature _____	_____
	Phone