

**APPLICATION FOR INDUSTRIAL DISCHARGE PERMIT**

Facility Name:

Facility Contact:

Facility Address;

City, ST Zip

Facility Phone number

Facility Contact Email address

Address of person completing application (if different than facility address)

Current Permit Number Expiration Date

**OR** New Application \_\_\_\_\_\_\_\_\_\_\_

Identify the type of business and a brief description of your services, process, products manufactured, etc:

Standard Industrial Classification(s) of facility:

Categorical Standard(s), if applicable: Or N / A

Based on EPA’s definition, is your facility considered an Existing Source or New Source (please circle)? Existing New Not Applicable

Identify any regulated process(es)

Approximate number of employees

Do you operate on Su Mo Tu Wed Th Fr Sat (circle all that apply)

Shifts each day

**Water supplies (name and type of source):**

**LOCATION ACCOUNT NUMBER(S) METERED**

(on site well) N/A Yes No N/A

BPU Yes No N/A

Yes No N/A Yes No N/A

**Gallons discharged per day**

**\* Receiving Body Average** **Maximum %**

Process Wastewater

Sanitary

Cooling H2O

Storm Water

Boiler

Total Plant

**WASTEWATER FLOW CHARACTERISTICS** - (check one of the following):

( ) Discharge flow is continuous. Amount: gallons/24 hours.

( ) Discharge flow is normally continuous, but with batches or slugs

Estimated continuous amount: gallons/24 hours.

Batches or Slug discharge: gallons/24 hours.

( ) Discharge flow is "batches" only.

Number of batches per day: OR

Number of batches per week:

**QUALITY OF WASTE**

Does, or will your facility, discharge to The Unified Government’s sanitary sewer any of the priority toxic pollutants as defined under Section 307(a) of Public Law 92-500 (Federal Clean Water Act?). A list is included at the end of this application.

Yes No

Mark parameters from current permit

units units

(X) pH S.U. ( ) Arsenic (As) mg/L or ug/L

(X) Total Suspended Solids mg/L ( ) Cadmium (Cd) mg/L or ug/L

(X) COD mg/L ( ) Chromium (Cr) mg/L or ug/L

( ) Oil & Grease mg/L ( ) Copper (Cu) mg/L or ug/L

( ) Ammonia mg/L ( ) Lead (Pb) mg/L or ug/L

( ) Phosphorus mg/L ( ) Nickel (Ni) mg/L or ug/L

( ) Surfactants mg/L ( ) Zinc (Zn) mg/L or ug/L

( ) ( ) Silver (Ag) mg/L or ug/L

( ) ( ) Mercury (Hg) mg/L or ug/L

( ) ( ) Molybdenum mg/L or ug/L

( ) ( ) Selenium mg/L or ug/L

Location(s) where samples can be taken of wastewater discharges to sewer:

(provide detailed description and schematic)

***NOTE: Sample location(s) must be accessible to authorized representatives of Water Pollution Control Division at any time.***

**WASTEWATER TREATMENT**

Does the plant treat process water or wastewater? Yes No

If so, describe the treatment:

Do you, or will you, generate wastes that are hauled away? Yes No

If so, Name the type of disposal and haulers name:

How much waste is hauled away in gallons or lbs.?

What percent solids are hauled? %

Indicate any volatile, toxic, poisonous, or any other dangerous material stored or used on this property, such as metals, oil or greases, solvents, acids or bases, cleaning products, inks, dyes, phenols. Be specific as to what the material is and how it is stored.

Attach additional pages if needed.

**SLUG / SPILL CONTROL PLAN**

Is there a documented Slug/Spill Prevention Plan for materials known to contain any of the pollutants limited or prohibited by section 30-124 of the Code of Ordinances, Chapter 30?

A copy of this Section is included at the end of the application. In addition, a copy of the KDHE spill/slug control plan checklist is included.

Yes Please review and forward any necessary changes to Water Pollution Control within 60 days.

No If your company does not have a spill prevention plan already submitted, please call the IndustrialPretreatment Section at 913-573-1300 to determine if this plan is necessary for your company.

Identify potential spill areas within your property or plant:

**CHECK LIST TO INCLUDE, IN ADDITION TO THE APPLICATION**

1. A) Permit fee payable to the **UNIFIED GOVERNMENT TREASURER OR**

B) Place an “X” here if you would like Water Pollution Control to add the application fee to the next bill.

1. Requested length of permit (from 1 to 5 years)

*Permits may be requested for up to 5 years*

2. Copy of pretreatment facility map) - if not previously submitted

3. Copy of site plan which includes sewer outfall(s).

**CERTIFIED STATEMENT OF COMPLIANCE**

Pretreatment Standards for this company are are not being met on a consistent basis. Additional operation and maintenance required to ensure compliance is as follows:

Additional pretreatment required to meet standards is as follows:

Attach a Pretreatment Compliance Schedule showing when you anticipate completion of each step you will take to come into compliance.

**STATEMENT**

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including rejection of application for permit, revocation of permit if it has been issued, and the possibility of fines and imprisonment.

Signature of Authorized Representative \* Date

***Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Each page so designated must be stamped “confidential business information”.***

**\*must be on current Designated Representative Form**