UPPER OCCOQUAN SERVICE AUTHORITY (UOSA) INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

New permittees must submit signed permit applications at least one hundred eighty (180) days prior to commencement of discharge, as per 40 CFR 122.21(c)(1). Please note that signed permit renewals must be received by UOSA one hundred eighty (180) days prior to expiration of your existing permit, as per 40 CFR 122.21(d)(2). If a submission or renewal extension is needed, contact the UOSA Regulatory Affairs Division at RegulatoryAffairs@uosa.org. Submit the completed application by mail to: 14631 Compton Rd., Centreville, VA, 20121; or email to RegulatoryAffairs@uosa.org.

DATE OF APPLICATION:_____ NEW ☐ RENEWAL ☐

Note: Please read all attached instructions prior to completing this application. All questions must be answered. **DO NOT LEAVE BLANKS**, *except if you answered "no" to question E.1.*, then you may skip to Section I. Otherwise, if a question is not applicable, indicate so on the form. Instructions for some questions on the permit application are given below.

SECTION A - GENERAL INFORMATION

1. Enter the facility's official or legal name. Do not use a colloquial name.

   Facility Name _____ _____

   Operator Name: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the name of the facility.

   a. Operator Name _____

   b. Is the operator identified above 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**: Provide the physical location of the facility that is applying for a discharge permit

   Street: _____

   City: _____ State:_____ Zip: _____

3. **Business Mailing Address**: Provide the mailing address where correspondence from the Control Authority may be sent.

   Street: _____

   City: _____ State:_____ Zip:

4. **Designated facility representative**: Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by the Control Authority (e.g., the plant manager).

Name: _____

Title: _____

Phone Number w/ Area Code: _____

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, waste sludge, or hazardous wastes), clearly mark inside the box beside the category of business activity (mark all that apply). Mark off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.

Industrial Categories*

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Centralized Waste Treatment
- ☐ Coal Mining
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Dental Amalgam
- ☐ Electric and Electronic Components Manufacturing
- ☐ Electroplating
- ☐ Feedlots
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Inorganic Chemicals
- ☐ Iron and Steel
- ☐ Leather Tanning and Finishing
- ☐ Metal Finishing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticides Manufacturing
- ☐ Petroleum Refining
- ☐ Pharmaceutical
- ☐ Plastic and Synthetic Materials Manufacturing
- ☐ Plastics Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper, and Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products
- ☐ Transportation Equipment Cleaning

*A facility with processes inclusive in these business areas may be covered by the U.S. Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "Categorical Industrial Users (CIU)".

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

3. For all processes found on the premises, indicate the North American Industrial Classification System (NAICS) Code Number, as found in the most recent edition of the North American Industrial Classification System (NAICS) Manual prepared by the Executive Office of the President, Office of Management and Budget. The current NAICS listing can be found here.

NAICS Number	NAICS Description/Name

4. **Product Volume**: List the types of products and provide the Common/Brand Name and the proper/scientific name. Enter from your records, the Average and Maximum amounts produced **daily** for each operation for the *previous calendar year*, and the **estimated** total **daily** production for *this calendar year.* Be sure to specify the daily units of production. Attach additional pages as necessary.

PRODUCT (Brand Name)	**Past Calendar Year Amounts Per Day (Daily Units)**		**Current Calendar Year (estimate) Amounts Per Day (Daily Units)**	
	Average	**Maximum**	**Average**	**Maximum**

SECTION C - WATER SUPPLY

1. Water Sources (Check as many as are applicable)

- ☐ Private Well
- ☐ Surface Water
- ☐ Municipal Water Utility (Specify City/County): _____
- ☐ Other (Specify): _____

2. Meter Information

Please list <u>all</u> meters located at your facility. Identify the meter type from the list below. Please attach additional sheets as necessary.

CITY - A meter installed and maintained by the local water service authority. *This meter is used for determining consumption for billing.*

BILL - An industry-installed meter designed to measure **<u>incoming</u>** water to a facility. *This meter is used for determining consumption for billing.*

EFFLUENT - An industry-installed meter designed to measure water **<u>leaving</u>** a facility and entering the sanitary sewer. *This meter is used for determining consumption for billing.*

DEDUCTION - An industry-installed meter which measures water that **<u>does NOT</u>** enter the sanitary sewer system. *The quantities from these meters may be deducted from City, Well, and Bill meter quantities.*

WELL - An industry-installed meter, which measures water from a private well which enters the sanitary sewer system. *This meter is used for determining consumption for billing.*

PROCESS - An industry-installed meter which measures a **<u>Permitted</u>** waste stream.

ADD-BACK - An industry-installed meter located <u>after a deduction meter</u> and used to measure water going to the sanitary sewer. *Usually used on cooling towers where a portion of the deduction water is not evaporated but returned to the sanitary sewer system.*

CLOCK - An industry may use pump run times along with pump capacity (i.e. 30 GPM) to determine flows.

Meter Type	Manufacturer Name	Size	Serial Number	Location

3. Name on the water bill:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

4. Water service account number(s) [list all that apply]:

_____

_____

_____

5. List average water usage (consumption) Gallons Per Day (GPD) on premises. (Provide estimates where necessary.)

Type	Average Water Usage (GPD)	Estimated	Measured
Contact Cooling Water			
Non-Contact Cooling Water			
Boiler Feed			
Process			
Sanitary			
Air Pollution Control			
Contained in Product			
Plant and Equipment Wash down			
Irrigation and Lawn Watering			
Other			
Total of above			

SECTION D - SEWER INFORMATION

1.

a. For an **EXISTING** business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes: City/County account number(s) :_____

☐ No: Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

b. For a **NEW** business:

Will you be occupying an existing vacant building (such as in an industrial park)? ☐ Yes ☐ No

Have you applied for a building permit if a new facility will be constructed? ☐ Yes ☐ No

Will you be connected to the public sanitary sewer system? ☐ Yes ☐ No

2. List the size, provide a descriptive location, and the flow of each facility sewer which connects to your jurisdiction's sewer system. *If there are more than five (5) connections, attach additional information on another sheet).*

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

SECTION E - WASTEWATER DISCHARGE INFORMATION

(Please ensure all previous questions are answered before continuing.)

1. Does (or will) this facility discharge any wastewater other than restroom wastewater to the City 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 (Spill Prevention)**.

2. Provide the following information on wastewater flow rate (*New facilities may use estimates*).

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

   b. Hours of Discharge (e.g., 0500 - 1900):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

   c. Peak **hourly** flow rate (GPH): _____

   d. Maximum **daily** flow rate (GPD): _____

   e. Annual daily average (GPD): _____

   f. Describe any seasonal or unusual discharge flow variations

3. If a **Batch Discharge** occurs, or will occur, indicate (*New facilities may use estimates*):

   a. Number of batch discharges per day:_____Batches

   b. Average discharge volume per batch:_____Gallons

   c. Time of batch discharges_____at_____
   (days of week) (hours of day)

d. Flow rate during batch discharges:_____gallons/minute (GPM)

e. Percent (%) of total daily discharge:_____%

4. **Schematic Flow Diagram** - For each major activity in which wastewater is or will be generated, provide 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 industrial processes use water and which industrial processes generate waste streams. Include the **average daily volume** and **maximum daily volume** of each waste stream (*new facilities may use estimates*). 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 these unit processes in the building layout in Section H.
Facilities that marked activities in question 1 of Section B are considered Categorical Industrial Users (CIU's) and should skip to question 6.

5. For ***Non-Categorical Industrial Users Only***: List the average wastewater discharge, maximum wastewater discharge, and type of discharge (batch, continuous, or both), ***for each industrial/non-domestic process***. Include the reference number from the process schematic that corresponds to each process. *New facilities should provide volume estimates for each discharge.*

No.	Process	Avg. Flow (gpd)	Max Flow (gpd)	Type of Discharge

ONLY ANSWER QUESTIONS 6 & 7 IF THIS FACILITY IS SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. For ***Categorical Industrial Users (CIU's)***: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. *New facilities should provide volume estimates for each discharge.*

No.	Process	Avg. Flow (gpd)	Max Flow (gpd)	Type of Discharge

7. **Categorical Industrial Users (CIU)** Subject to Total Toxic Organic (TTO) Requirements

Provide the following (TTO) information, noting that each Categorical sector may have differing TTO substances.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by U.S. EPA?

☐ Yes ☐ No

b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information?

☐ Yes ☐ No

c. Has a Solvent/Toxic Organics Management Plan (STOMP) been developed?

☐ Yes ☐ No

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

Current:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A
Planned:	Flow Metering	☐ Yes	☐ No	☐ N/A
	Sampling Equipment	☐ Yes	☐ No	☐ N/A

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

9. 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 treatment processes that may affect the discharge.

☐ Yes ☐ No (***skip to question 11***)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics (if Yes to Question 9): (Attach additional sheets if needed.)

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

☐ Yes ☐ No, (***skip to Section F***)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution (if Yes to Question 11). Submit a flow diagram for each process. (Attach additional sheets as necessary.)

SECTION F - CHARACTERISTICS OF DISCHARGE

1. Provide an estimate or sample results of constituent concentrations (mg/l) of all wastewater discharged to the sanitary sewer (COD, BOD, Ammonia, Phosphorous, Metals, TSS, FOG, etc.)

Constituent	Average (mg/l)	Maximum (mg/l)	Minimum (mg/l)
COD			
BOD5			
Ammonia			
Total Phosphorous			
Total Nitrogen			
Ammonia (as N)			
Metals			
Total Suspended Solids			
Fats, Oil & Grease			
pH			
Alkalinity (as $CaCO_3$)			
Hydrogen Sulfide (as S)			
PFAS			
Other			

SECTION G - TREATMENT

1. Is any form of wastewater treatment in question #3 below utilized at this facility? ☐ Yes ☐ No

2. Is any form of wastewater treatment (or changes pending to existing wastewater treatment) planned for this facility within the next three (3) years?

☐ Yes, describe below ☐ No

3. Treatment device or processes used or proposed to treat wastewater and/or sludge (check all that apply).

- ☐ Air flotation
- ☐ Carbon Adsorption
- ☐ Chlorination
- ☐ Cyclone
- ☐ Flow equalization
- ☐ Grease trap
- ☐ Grit removal
- ☐ Neutralization / pH correction
- ☐ Reverse Osmosis
- ☐ Sedimentation
- ☐ Solvent separation
- ☐ Sump
- ☐ Biological treatment
  type:_____
- ☐ Other physical treatment
  type:_____
- ☐ Amalgam separator or trap
- ☐ Chemical precipitation
- ☐ Comminutor
- ☐ Filtration
  type:_____
- ☐ Grease or oil separation
  type:_____
- ☐ Grinding filter
- ☐ Ion exchange
- ☐ Ozonation
- ☐ Screen
- ☐ Silver recovery
- ☐ Spill protection
- ☐ Rainwater diversion or storage
- ☐ Other chemical treatment
  type:_____
- ☐ Other
  type: _____

4. Describe the design capacity, physical size, and operating procedures (*a copy of operation manuals may also be submitted*) for each treatment device(s) or processes checked above.

5. Provide a process flow diagram for each existing treatment system and process discharging to the sanitary sewer system. Include process equipment, by- products, by-product disposal method, waste and by-product volumes, and design and operating conditions. (*This diagram may be incorporated into the Schematic Flow Diagram [**Section E.4**]*).

6. Describe any changes in treatment or disposal methods planned or under construction impacting wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? ☐ Yes ☐ No

If Yes:
Name (first & last):
Title:
Phone:
☐Full-time ☐ Part-time
Working Hours:
Licensed: ☐ Yes Type: _____ ☐No

8. Do you have a manual concerning the optimal operation of your treatment equipment? ☐ Yes ☐ No

9. Do you have a written maintenance schedule for your treatment equipment? ☐ Yes ☐ No

SECTION H - FACILITY OPERATION CHARACTERISTICS

1. Shift Information

Workdays		Mon	Tues	Wed	Thu	Fri	Sat	Sun
Shifts per Day								
# Employees	Shift 1							
# Employees	Shift 2							
# Employees	Shift 3							
Start/End Time	Shift 1							
Start/End Time	Shift 2							
Start/End Time	Shift 3							

2. Indicate whether the business activity is:

☐ Continuous through the year, or

☐ Seasonal – Place an "**X**" in the block for the months of the year during which the business activity occurs:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Comments:

3. Do facility operations shut down for holidays, vacations, maintenance, or other reasons?

☐ Yes, indicate the reasons and period(s) when shutdowns occur: ☐ No

Comments:

4. List the types and amounts (mass or volume per day) of raw materials used or planned for use (*attach a list if more room is needed*):

Raw Material	**Mass (pounds per day) *or* Volume (gpd)**

5. List the types and quantities of chemicals used or planned for use (*attach list if needed*) which may be discharged to the sanitary sewer system. ***Electronic copies of Safety Data Sheets (SDS) for all chemicals must be available to UOSA for review. Each SDS MUST contain 100% of ingredients.***

Chemical	Quantity	Frequency of Discharge (Daily, Monthly, Annually)

6. **Building Layout** (this information may be included on the Schematic Flow Diagram) - Provide a drawing of each building on the premises. Show proper map orientation and the location of all water meters, storm drains, numbered unit processes (*from the Schematic Flow Diagram*), public sewers, and all facility discharge lines, including floor drains, connected to the public sewers. Number each sewer and indicate the existing and proposed sampling locations. **MARKINGS AS REQUIRED ABOVE MUST BE INDICATED**.

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, and type, including the frequency & method of cleaning/maintenance. Indicate in a diagram or comment, 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, indicate where the drains discharge (sanitary sewer, storm sewer, etc.).

3. If you have chemical storage containers, bins, or ponds in manufacturing areas, could an accidental spill lead to a discharge to: (check all that apply).

- ☐ an onsite disposal system
- ☐ public sanitary sewer system (e.g. through a floor drain)
- ☐ storm drain
- ☐ to the ground
- ☐ other, *specify*:_____
- ☐ not applicable, no possible discharge to any of the above routes

4. Do you have any documented Spill Prevention Plans to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

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

5. Please describe any spill events within the last 10 years and any remedial measures taken to prevent their recurrence. *If none have occurred, write* ***N/A***.

SECTION J - NON-DISCHARGED WASTES - ***Attach additional information as necessary.***

1. Are any liquid wastes or sludges generated and not disposed of in the sanitary sewer system?

- ☐ Yes, please describe below (provide additional sheets if necessary)
- ☐ No, *skip the remainder of Section J*.

Type of Waste Generated	Quantity (per year)	Disposal Method (off-site/on-site)

2. If any facility waste is sent to an off-site centralized waste treatment (CWT) facility, identify the waste and the CWT facility name.

Type of Waste	Centralized Waste Treatment Facility

3. If an outside firm removes any of the wastes listed above, state the name, address, and permit number of all waste haulers used:

Name	Address	Permit Number

4. List any Federal, State, or Local environmental permits issued to the facility.

Permit Type	Issued by:	Expiration Date

SECTION K - COMPLIANCE CERTIFICATION

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

   ☐ Yes ☐ No ☐ No Discharges to Date

2. If **No**,
   a. What additional operations and/or maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technologies and/or practices 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

CERTIFICATION 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry about 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
(Print) _____

NAME
(Signature) _____

TITLE _____

DATE _____

CERTIFICATION STATEMENT REQUIREMENTS

A copy of this statement must contain an original signature of an authorized industry representative. Original signatures are not required for submittals to UOSA; however, original certification statements/signatures that are not submitted to UOSA's Regulatory Affairs Division must be retained by the industry for a period of three (3) years.