

Industrial User Discharge Permit Application



Note to authorized signing official: This application for an Industrial Discharge Permit is required by Dalton Utilities. All of the information requested allows Dalton Utilities to comply with all Federal, State, and local Regulations concerning industrial wastewater discharges. Please complete all questions and furnish any additional information as is appropriate. If you have any questions regarding the information requested in this document, direct them to the Watershed & Regulatory Programs Manager. Please return the completed application to the following address:

Laboratory Services Manager
1200 VD Parrott Jr. Parkway
P.O. Box 869
Dalton, GA 30722-0869
Brian Harrison: 706-529-1241

Section I. General Facility Information

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Section II. Facility Contact Information

Provide the name and title of the company representative to be contacted concerning the data provided in this application.

Contact Name: _____ Contact Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office: _____ Fax: _____

Mobile: _____ e-mail: _____

Provide the designated emergency contact information (A person who has the ability to curtail effluent flow to Dalton Utilities).

Contact Name: _____ Contact Title: _____

Office: _____ Mobile: _____

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 gathered and evaluated the information submitted. Based on my inquiry of the person(s) 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 violation.

Date: _____

Print Name: _____

Signed: _____

Section III. Product or Service Information

List all applicable SIC Codes for this facility (**VERY IMPORTANT**): _____

* Visit this website for detailed SIC Code information: http://www.osha.gov/pls/imis/sic_manual.html

What product(s) are produced or what service is provided at this facility: _____

Describe the plant processes or activities of this facility as they relate to the products/services provided: _____

List potentially hazardous chemicals that are stored, handled, or used at this facility: _____

Can these potentially hazardous chemicals reach the sewer? No Yes Yes, but containment diking is in place to prevent it.

Section IV. Plant Operational Characteristics

Please indicate the typical work schedule for this facility:

	SHIFT TIMES		SUN HOURS	MON HOURS	TUE HOURS	WED HOURS	THU HOURS	FRI HOURS	SAT HOURS
	START	END							
1st Shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Shift	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total number of employees at this facility? _____

Does this facility have a written Spill Prevention Control and Countermeasures (SPCC) Plan? Yes No

Does this facility have a written Slug Control Plan? Yes No

Section V. General Facility Water Usage Data

Does this facility purchase water from Dalton Utilities? Yes No From other sources? Yes No

If yes, does this facility have more than one water meter? Yes No If yes, how many water meters? _____

List the account number(s) for this facility (the number can be found on the utility bill):
Account No. _____
Account No. _____
Account No. _____

List the average daily total water usage at this facility: _____ gallons per day

Does this facility use water for any purpose other than sanitary/restrooms? Yes No

Section VI. Specific Facility Water Usage Data

Identify all sources of water usage at this facility:

	Measured or Estimated?	Discharges To Sewer?	Percent of Total Usage
Sanitary System: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lawn Sprinklers: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Non-Contact Cooling Water: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Contact Cooling Water: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Boiler Feed Water: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Dye Water: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Contained In Product: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Mix Tank Water: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tank Rinse Water (Cleanout): _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Washdown Water (Cleaning): _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Truck Washing: _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Process or Other (Please Specify)			
_____ : _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ : _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ : _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ : _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____ : _____ gallons per day	<input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Section VII. General Facility Wastewater Data

Does this facility discharge wastewater to Dalton Utilities? Yes No

If yes, is the discharge to sewer from restrooms only? Yes No No Wastewater Discharged to Dalton Utilities

If no, characterize your effluent in the following manner:

Average daily discharge: _____ gallons per day

Daily peak flow rate: _____ gallons per minute

Is the discharge to sewer intermittent or steady? Steady Intermittent

Does this facility discharge any hazardous waste to the sewer? Yes No

Section VIII. Specific Facility Wastewater

List the average volume of wastewater discharge or water loss to the following:

Measured
or
Estimated?

Percent
of Total
Loss

Contained In Product: _____ gallons per day

M E

Natural Outlet: _____ gallons per day

M E

Waste Hauler: _____ gallons per day

M E

Evaporation: _____ gallons per day

M E

Sewer: _____ gallons per day

M E

*Identify below all wastestreams that combine to form the total discharge to sewer.
(attach additional sheets as necessary)*

	Process Name	gallons/day			
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

List below all raw products (used or unused) expected to enter wastestream at each of the processes listed above.

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List below all raw products used in the processes listed above that could potentially reach the waste stream in the event of abnormal operations (such as equipment failure or cleaning).

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section IX. Wastewater Treatment

Does this facility have any type of wastewater treatment on site? Yes No

If yes, what treatment methods are used? Check all that apply.

Physical Treatment	Chemical Treatment	Biological Treatment	Other (Specify)
<input type="checkbox"/> Bar Screens <input type="checkbox"/> Lint Drags <input type="checkbox"/> Clarifiers <input type="checkbox"/> DAF Unit <input type="checkbox"/> Media Filtration <input type="checkbox"/> Ultrafiltration	<input type="checkbox"/> Oil Separator <input type="checkbox"/> Heat Exchange <input type="checkbox"/> Aeration <input type="checkbox"/> Centrifuge <input type="checkbox"/> Plate Press <input type="checkbox"/> Belt Press	<input type="checkbox"/> Coagulation <input type="checkbox"/> Flocculation <input type="checkbox"/> Oxidation <input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Aerobic <input type="checkbox"/> Anaerobic <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

If any of the above treatment methods are employed, what is removed? _____

If any of the above treatment methods are used, how is it managed or disposed of? _____

Does this facility have wastewater hauled off site? Yes No Who hauls it? _____