



**PUBLIC WORKS & UTILITIES
GROUND / SURFACE WATER DISCHARGE PERMIT APPLICATION**

SECTION A: General Information

Name of Facility: _____
Name of Facility Owner: _____
Facility Address: _____
City, State, Zip Code: _____
Designated Facility Contact: _____ Telephone: _____
Contact Address: _____
City, State, Zip Code: _____

If applicable, please provide the name and contact information of the operator representing the above referenced facility.

Operator Name: _____
Designated Contact: _____ Telephone: _____
Operator Address: _____
City, State, Zip Code: _____

SECTION B: Sewer Information

1. Does the premises have existing connections to the sanitary sewer?

Yes Facility Account Number: _____

No Please apply for a sanitary sewer connection. Contact the Office of Central Inspection.

2. List size, descriptive location, and flow of each sewer connection to the City of Wichita sanitary sewer system:

Sewer Size (inches): _____

Descriptive Location of Nearest Sanitary Sewer: _____

Average Flow in gallons per day: _____

Describe Location of Connection or Discharge Point: _____

SECTION C: Ground/Surface Water Discharge Information

1. Provide the following information on the ground/surface water flow rate:

a. Days of Discharge (check all appropriate days)

Sun Mon Tues Wed Thur Fri Sat

b. Hours of Discharge (e.g. 9 AM - 5 PM or 24/7)

Mon	Tues	Wed	Thur	Fri	Sat	Sun
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c. Peak hourly flow rate (gallons per hour): _____

d. Maximum daily flow rate in (gallons per day): _____

e. Meter increments (cubic feet, hours, gallons): _____

f. Meter Identification: Brand and Serial Number: _____

2. If batch discharges occur, or will occur, indicate:

a. Number of batch discharges per day: _____

b. Average volume discharged per batch: _____

c. Time of batch discharges: (day and time): _____

d. Flow rate in gallons per hour: _____

e. Percent of total discharge: _____

SECTION D: Discharge Characteristics

1. All users are required to submit monitoring data on all pollutants that are regulated specific to the treatment process. The Pretreatment Administrator will determine which pollutants will be targeted for monitoring. Before work is to begin, notify the Administrator what circumstances that necessitate the water to be discharged into the sanitary sewer. Monitoring parameters will then be established.

SECTION E: Treatment

1. If wastewater pretreatment is performed or is planned, before it is discharged to the sanitary sewer system, please describe?

Describe the treatment process. Include pollutant loadings, flow rates, design capacity, physical size, and operational procedures. Attach a flow diagram: include process equipment, and discharge and by-products volumes.

SECTION F: Additional Information

1. Have you been issued any Federal, State, or local environmental permit? If so please list below.

SECTION G: NPDES Permit Filing Information

If applicable, please provide a schedule of your National Pollutant Discharge Elimination System (NPDES) permit filing information. An NPDES permit is required by the Kansas Department of Health & Environment (KDHE) to discharge into surface waters.

Date of Permit Application: _____

Date KDHE approved treatment in place for discharge: _____

Date NPDES Permit will be issued by KDHE: _____

Do you have a Kansas Department of Water Resources (KDWR) well permit?

Yes No

Well Permit Number: _____

Date of KDWR Permit Application: _____

SECTION H: Authorized Signature

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 fines and/or imprisonment for knowing violations

Name

Title

Signature

Date

NOTE: If approved, this permit is subject to all City Ordinance regulations. The permit expires one year from the date of issue. The permit can be renewed up to a period of 5 years. Within the 5-year period, it is expected that the holder of said permit will proceed immediately to design and construct facilities capable of making such wastes compatible with other disposal alternatives (i.e. discharge to a receiving stream or storm sewer). Please enclose the annual \$1,000 permit fee when returning this application.