



SPECIAL USE DISCHARGE PERMIT APPLICATION

SECTION A: General Information

1. Facility Name:

2. Location Site:

Street Address

City, State Zip

3. Mailing Address:

Street or P. O. Box

City, State Zip

4. Facility Owner Name:

Title:

5. Designated Facility Contact:

Name

Title

Phone Number

6. If Facility Contact is representing the Facility via contractual services:

Name of Firm:

Mailing Address:

Street or P. O. Box

City, State Zip

SECTION B: Discharge Information

1. Do the premises have existing connections to the City's municipal sewer system?

Yes: Customer Account #:

No: Proposed Location/Method of discharge

2. Briefly describe how wastewater will be disposed of in the sanitary sewer. Provide flowrates in gallons per minute, peak hourly flow rate, proposed location of discharge point, expected duration of the discharge, dates and times of discharge operations, batch or continuous discharge, percent of total discharge.

3. Is any treatment performed to the discharge prior to entering the sanitary sewer?

No

Yes: Describe below; include pollutant loadings, flow rates, design capacity, physical size and operational procedures. Attach a flow diagram which includes the process equipment, influent and effluent points.

SECTION C: Discharge Characteristics

All users are required to submit monitoring data on all pollutants that are regulated specific to the treatment/discharge process, prior to commencing discharge operations. Contact the City Pretreatment Administrator for determination of monitoring parameters and frequencies. Before work is to begin, notify the City as to what necessitates the wastewater to be discharged into the sanitary sewer. Monitoring parameters will then be established.

SECTION D: Additional Information

1. List any Federal, State or local environmental permits which have been issued to the facility relative to this project.

SECTION E: 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 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 (Print or Type)

Title

Signature

Date

Phone #

Note: If approved, this permit is subject to all applicable Federal, State, and local regulations related to this discharge. It is expressly understood that this is a one time only Permit to discharge. Future discharge operations from this site must complete an additional application and submit applicable fees. In order to process this application, please enclose ***a \$100.00 Permit Fee.***