



City of  
Golden

## PRETREATMENT PERMIT APPLICATION

### Instructions

Information from this application will be used to determine if a wastewater discharge permit is required for your facility. All sections of the application must be reviewed. Do not leave any blanks. Once completed, the last page must be signed by an authorized representative, as defined in Golden Municipal Code 13.13.020, prior to submittal to the City for consideration. Additional sheets may be attached if the space provided is not sufficient. Any confidential or proprietary information must be submitted on separate sheets and clearly marked confidential on each page. Information claimed as confidential or proprietary is reviewed by the City Attorney prior to disclosure.

### Permit Renewal

Industrial Users submitting an application for renewal of a permit as required, may indicate that no changes have occurred in Sections C through K by writing "No Changes" in the spaces provided for each section, subsection and question for which there have been no changes since the last application was submitted.

Please return the completed and signed application within ninety (90) days to:

**City of Golden Pretreatment Program  
Public Works Department  
1445 10th Street  
Golden, CO 80401  
phone - (303) 384-8182**

**Initial Application** ☐

**Reapplication** ☐

**Date:** \_\_\_\_\_

**Person Completing Application:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## SECTION A. GENERAL INFORMATION

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_
3. Mailing Address (if different): \_\_\_\_\_
4. Phone Number(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
5. E-MAIL ADDRESS: \_\_\_\_\_
6. Designated Facility Contact(s):  

Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____
7. Is your business in a multi-unit building? ☐ YES ☐ NO  
How many units? \_\_\_\_\_
8. Water service account name: \_\_\_\_\_ number: \_\_\_\_\_

## SECTION B. BUSINESS ACTIVITY

1. Give a brief description of all operations at this facility including **primary products or services** (attach sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indicate applicable Standard Industrial Classification (SIC) Code numbers for all processes. (If more than one applies, list in descending order of importance).

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

3. Products and Volumes if applicable.

Product Types	Units per day past year	Estimated units per day - this year

## SECTION C. FACILITY OPERATIONS

1. Shift Information: If there are no true shifts, indicate times when people are normally present.

a. Shifts and times normally worked:

shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1st							
2nd							
3rd							

b. Average number of employees per shift:

1st - \_\_\_\_\_ 2nd - \_\_\_\_\_ 3rd - \_\_\_\_\_

c. Total Number of Employees: \_\_\_\_\_

d. Normal Operating Months (circle): J F M A M J J A S O N D, Full Year

e. Does operation shut down for vacation, maintenance, or other reasons? Indicate reasons and period when shutdown occurs:

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2. Raw Materials:

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

Raw Material	Process Used In	Amount/Volume per Day

b. List types and quantity of process chemicals and/or additives used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical/Additive	Process Used In	Amount/Volume Per Day

c. Are **processes** done in BATCHES or CONTINUOUSLY or BOTH? (circle one)

If BATCH: Average number of batches produced per 24 hour day: \_\_\_\_\_

If BOTH: % batch: \_\_\_\_\_

% continuous: \_\_\_\_\_

## SECTION D. INDUSTRIAL PROCESS AND WASTEWATER FLOW DIAGRAM

The purpose of this section is to gain an understanding of the principal processes used in your operation and where they occur in your building. Attach scaled drawings or a blue print if necessary. Please indicate all process operations (list separately if necessary), the location of water and wastewater lines including floor drains, manholes and possible sampling points if applicable. For reference and field orientation, include buildings, streets, alleys and other pertinent physical structures. If you have an existing **Industrial Process Schematic** please include in this packet.

## SECTION E. SEWER CONNECTION AND DISCHARGE INFORMATION

1. List separately the sewer outlets from the facility including size and connecting flow/process discharge streams as described or indicated in Section D.

Sewer outlet and size	Descriptive location of outlet identified in Section D	Connecting discharge streams identified in Section D	Ave. Flow (GPD)

## SECTION F. WASTEWATER DISCHARGE

1. List separately the wastewater discharges to the sanitary sewer system for those processes shown in section D:

Discharge point	Process Line(s)	Avg. Flow (gpd)	Max Flow	Batch or Continuous?

a. How were the flow rates in the above table determined?

b. If intermittent or batch discharges occur or will occur, indicate:

(new facilities may estimate)

a. number of intermittent discharges per day: \_\_\_\_\_

b. average # of gallons per discharge: \_\_\_\_\_

c. approximate time of batch discharges:

Time of day \_\_\_\_\_

Days of week \_\_\_\_\_

c. flow rate: \_\_\_\_\_ gals/min

d. process percent of **total** wastewater discharge: \_\_\_\_\_

2. Are any **water reclamation** systems in use or planned?

☐ YES ☐ NO (skip question 3)

3. Briefly describe recovery process, substance recovered, percent recovered, and the concentration of the substance in the spent solution. Submit a flow diagram for each water recovery process: (Attach additional sheets if needed.)

## SECTION G. CHARACTERISTICS OF DISCHARGE

Please indicate which of the EPA toxic pollutants, from the following table, are present (P), suspected to be present (S), or known not to be present (O) in your facility's discharge. **If analysis has been done on the discharges, please attach a copy of analysis and complete the table indicating the sample location and type of analysis used.**

Chemical Name	CAS Registry #	P	S	O
ACENAPHTHENE	83-32-9			
ACENAPHTHYLENE	208-96-8			
ACROLEIN	107-02-8			
ACRYLONITRILE	107-13-1			
ALDRIN	309-00-2			
ALPHA-ENDOSULFAN	959-98-8			

<b>Chemical Name</b>	<b>CAS Registry #</b>	<b>P</b>	<b>S</b>	<b>O</b>
ALPHA-LINDANE	319-84-6			
ANTHRACENE	120-12-7			
ANTIMONY	7440-36-0			
AROCLOR 1016	12674-11-2			
AROCLOR 1221	11104-28-2			
AROCLOR 1232	11141-16-5			
AROCLOR 1242	53469-21-9			
AROCLOR 1248	12672-29-6			
AROCLOR 1254	11097-69-1			
AROCLOR 1260	11096-82-5			
ARSENIC	7440-38-2			
ASBESTOS (FRIABLE)	1332-21-4			
BENZ(A)ANTHRACENE	56-55-3			
BENZENE	71-43-2			
BENZIDINE	92-87-5			
BENZO(A)PYRENE	50-32-8			
BENZO(B)FLUORANTHENE	205-99-2			
BENZO(GHI)PERYLENE	191-24-2			
BENZO(K)FLUORANTHENE	207-08-9			
BENZYL BUTYL PHTHALATE	85-68-7			
BERYLLIUM	7440-41-7			
BETA-ENDOSULFAN	33213-65-9			
BETA-LINDANE	319-85-7			
BIS(2-CHLORO-1-METHYLETHYL) ETHER	108-60-1			
BIS(2-CHLOROETHOXY)METHANE	111-91-1			
BIS(2-CHLOROETHYL) ETHER	111-44-4			
BIS(2-CHLOROISOPROPYL) ETHER	39638-32-9			
BIS(2-ETHYLHEXYL)PHTHALATE	117-81-7			
BIS(CHLOROMETHYL) ETHER	542-88-1			
4-BROMOPHENYL PHENYL ETHER	101-55-3			
CADMIUM	7440-43-9			
CAMPHECHLOR	8001-35-2			
CARBON TETRACHLORIDE	56-23-5			
4-CHLOR-M-CRESOL	59-50-7			
CHLORDANE	57-74-9			
CHLOROBENZENE	108-90-7			
CHLORODIBROMOMETHANE	124-48-1			
CHLOROETHANE	75-00-3			

<b>Chemical Name</b>	<b>CAS Registry #</b>	<b>P</b>	<b>S</b>	<b>O</b>
2-CHLOROETHYL VINYL ETHER	110-75-8			
CHLOROFORM	67-66-3			
CHLOROMETHANE	74-87-3			
2-CHLORONAPHTHALENE	91-58-7			
2-CHLOROPHENOL	95-57-8			
4-CHLOROPHENYL PHENYL ETHER	7005-72-3			
CHROMIUM	7440-47-3			
CHRYSENE	218-01-9			
COPPER	7440-50-8			
CYANIDE	57-12-5			
DDD	72-54-8			
DDE	72-55-9			
DDT	50-29-3			
DELTA-LINDANE	319-86-8			
DI-N-OCTYL PHTHALATE	117-84-0			
DI-N-PROPYLNITROSAMINE	621-64-7			
DIBENZ(A,H)ANTHRACENE	53-70-3			
1,2-DIBROMOETHANE	106-93-4			
DIBUTYL PHTHALATE	84-74-2			
1,4-DICHLOROBENZENE	106-46-7			
1,2-DICHLOROBENZENE	95-50-1			
1,3-DICHLOROBENZENE	541-73-1			
3,3'-DICHLOROBENZIDINE	91-94-1			
DICHLOROBROMOMETHANE	75-27-4			
1,2-DICHLOROETHANE	107-06-2			
1,1-DICHLOROETHANE	75-34-3			
1,1-DICHLOROETHYLENE	75-35-4			
DICHLOROMETHANE	75-09-2			
2,4-DICHLOROPHENOL	120-83-2			
1,2-DICHLOROPROPANE	78-87-5			
1,3-DICHLOROPROPENE (MIXED ISOMERS)	542-75-6			
DIELDRIN	60-57-1			
DIETHYL PHTHALATE	84-66-2			
DIMETHYL PHTHALATE	131-11-3			
2,4-DIMETHYLPHENOL	105-67-9			
4,6-DINITRO-O-CRESOL	534-52-1			
2,4-DINITROPHENOL	51-28-5			
2,4-DINITROTOLUENE	121-14-2			
2,6-DINITROTOLUENE	606-20-2			



<b>Chemical Name</b>	<b>CAS Registry #</b>	<b>P</b>	<b>S</b>	<b>O</b>
1,2-DIPHENYLHYDRAZINE	122-66-7			
ENDOSULFAN SULFATE	1031-07-8			
ENDRIN	72-20-8			
ENDRIN ALDEHYDE	7421-93-4			
ETHYLBENZENE	100-41-4			
FLUORANTHENE	206-44-0			
FLUORENE	86-73-7			
GAMMA-LINDANE	58-89-9			
HEPTACHLOR	76-44-8			
HEPTACHLOR EPOXIDE	1024-57-3			
HEXACHLORO-1,3-BUTADIENE	87-68-3			
HEXACHLOROBENZENE	118-74-1			
HEXACHLOROCYCLOPENTADIENE	77-47-4			
HEXACHLOROETHANE	67-72-1			
INDENO(1,2,3-CD)PYRENE	193-39-5			
ISOPHORONE	78-59-1			
LEAD	7439-92-1			
MERCURY	7439-97-6			
METHANAMINE, N-METHYL-N-NITROSO	62-75-9			
METHYL BROMIDE	74-83-9			
N-NITROSODIPHENYLAMINE	86-30-6			
NAPHTHALENE	91-20-3			
NICKEL	7440-02-0			
NITROBENZENE	98-95-3			
4-NITROPHENOL	100-02-7			
2-NITROPHENOL	88-75-5			
PENTACHLOROPHENOL	87-86-5			
PHENANTHRENE	85-01-8			
PHENOL	108-95-2			
PYRENE	129-00-0			
SELENIUM	7782-49-2			
SILVER	7440-22-4			
2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN (TCDD)	1746-01-6			
1,1,2,2-TETRACHLOROETHANE	79-34-5			
TETRACHLOROETHYLENE	127-18-4			
2,3,4,6-TETRACHLOROPHENOL	58-90-2			
THALLIUM	7440-28-0			
TOLUENE	108-88-3			

Chemical Name	CAS Registry #	P	S	O
1,2-TRANS-DICHLOROETHYLENE	156-60-5			
TRIBROMOMETHANE	75-25-2			
1,2,4-TRICHLOROBENZENE	120-82-1			
1,1,2-TRICHLOROETHANE	79-00-5			
1,1,1-TRICHLOROETHANE	71-55-6			
TRICHLOROETHYLENE	79-01-6			
2,4,6-TRICHLOROPHENOL	88-06-2			
VINYL CHLORIDE	75-01-4			
ZINC	7440-66-6			

## SECTION H. WASTEWATER PRETREATMENT

1. Is wastewater given any form of treatment prior to discharge to the sanitary sewer?  
☐ YES      ☐ NO

If YES, describe the treatment given to each waste discharge point shown in section D or listed in section F.

Waste discharge point(s)	Method of treatment

2. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.
3. Describe any changes in pretreatment or disposal methods for wastewater discharges **or** any planned construction for pretreatment facilities. Please include estimated completion dates.

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4. Do you have a pretreatment operator? ☐ YES ☐ NO

If YES, Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

☐ Full time: \_\_\_\_\_ (specify hours)

☐ Part time: \_\_\_\_\_ (specify hours)

5. Do you have a manual on the correct operation of your pretreatment equipment?

☐ YES ☐ NO

6. Do you have a written maintenance schedule for your pretreatment equipment?

☐ YES ☐ NO

## SECTION I. FUTURE PROGRAMS

1. Describe any other planned changes in the facilities operation which could change the present wastewater characteristics or flow rate:

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## SECTION J. MISCELLANEOUS WASTES

1. List any liquid or solid wastes being disposed of by methods other than sewage discharge (i.e. drum disposal, sold to recycler, etc.) and their volumes.

WASTE

QUANTITY  
(per year)

DISPOSAL METHOD

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2. List any HAZARDOUS wastes which are regulated under the Resource Conservation and Recovery Act (RCRA) and are generated or stored at this facility. (See EPA Listed Hazardous Wastes)

WASTE	QUANTITY (per year)	DISPOSAL METHOD
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3. List all cleaning solvents which are stored on-site in quantities of greater than 10 gallons. Indicate quantity of solvent stored, its use, and the volume used in a specific time period.

SOLVENT	QUANTITY (stored on site)	USE/VOLUME/TIME PERIOD
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4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

Company Name	Address/Phone No.	Permit No.

5. Have you been issued any Federal, State, or local environmental permits?

☐ YES      ☐ NO

If yes, please list the permit(s): \_\_\_\_\_


## SECTION K. SPILL PREVENTION

1. Do you have chemical storage containment areas, bins, or ponds at your facility?  
☐ YES      ☐ NO      Secondary Containment areas? ☐ YES      ☐ NO

If YES, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

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2. Do you have floor drains in your manufacturing or chemical storage area(s)?  
☐ YES      ☐ NO

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

☐ an onsite disposal system  
☐ public sanitary sewer system (e.g. through floor drain)  
☐ storm drain  
☐ to ground  
☐ other, please specify:

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4. Is there a spill prevention control and countermeasure plan in effect for this facility?  
☐ YES      ☐ NO

If YES, please attach a copy of the plan.

If YES, has the plan been submitted to the Permits Section, Water Quality Control Division, Colorado Department of Public Health and Environment?

☐ YES      ☐ NO

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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## SECTION L. AUTHORIZED SIGNATURES

### Compliance certification

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis? ☐ YES ☐ NO ☐ Not yet discharging
2. If NO:
- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice 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

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## **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 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:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

NOTE TO SIGNING OFFICIALS: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential business Information" on, or similarly identifying, the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedure specified in 40 CFR Part 2.