CITY OF GOLDEN
PRETREATMENT PERMIT APPLICATION FORM
Categorical Industry – Baseline Monitoring Report

Information from this application will be used to determine if a wastewater discharge permit is required for your facility. Any confidential or proprietary information must be submitted on separate sheets and clearly marked on each page. The application must be reviewed and the back page signed by an authorized representative.

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

DATE ___________________

PERSON FILLING OUT FORM: ________________________
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). (SEE ATTACHED LIST FOR REFERENCE)
   1. ___________________ 2. ___________________ 3. ___________________

3. Products and Volumes if applicable.

<table>
<thead>
<tr>
<th>Product Types</th>
<th>Units per day past year</th>
<th>Estimated units per day - this year</th>
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2
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:

<table>
<thead>
<tr>
<th>shift</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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   b. Average number of employees per shift:

   1st - _________ 2nd - _________ 3rd - _________

c. TOTAL NUMBER OF EMPLOYEES: __________


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

______________________________________________________________

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):

<table>
<thead>
<tr>
<th>Raw Material</th>
<th>Process Used In</th>
<th>Amount/Volume per Day</th>
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   3
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:

<table>
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<tr>
<th>Chemical/Additive</th>
<th>Process Used In</th>
<th>Amount/Volume Per Day</th>
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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.

<table>
<thead>
<tr>
<th>Sewer outlet and size</th>
<th>Descriptive location of outlet identified in Section D</th>
<th>Connecting discharge streams identified in Section D</th>
<th>Ave. Flow (GPD)</th>
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SECTION F. WASTEWATER DISCHARGE

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

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<thead>
<tr>
<th>Discharge point</th>
<th>Process Line</th>
<th>Flow in gallons per day</th>
<th>Flow - max. 30 min. peak</th>
<th>Intermittent or steady?</th>
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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.
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.

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<thead>
<tr>
<th>Waste discharge point(s)</th>
<th>Method of treatment</th>
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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.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

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.

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<thead>
<tr>
<th>WASTE</th>
<th>QUANTITY (per year)</th>
<th>DISPOSAL METHOD</th>
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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)

<table>
<thead>
<tr>
<th>WASTE</th>
<th>QUANTITY (per year)</th>
<th>DISPOSAL METHOD</th>
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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.

<table>
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<tr>
<th>SOLVENT</th>
<th>QUANTITY</th>
<th>USE/VOLUME/TIME PERIOD</th>
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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:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address/Phone No.</th>
<th>Permit No.</th>
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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.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
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, specify:
   ____________________________________________________________
   ____________________________________________________________

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

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

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.