

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: \_\_\_\_\_

**Initial Application**

**Reapplication**

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):

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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.

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

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

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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 indentified 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	Flow in gallons per day	Flow - max. 30 min. peak	Intermittent or steady?

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.)

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#### 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.

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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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.