

CITY OF TROY, OHIO
Pretreatment Discharge Permit Renewal Application

Section I. Applicant and Facility Contact Information

Unless stated otherwise, all items are to be completed. If an item is not applicable indicate by noting "NA". If extra space is needed, attach a separate page and indicate the item number.

ONLY ORIGINAL SIGNED HARD COPY WILL BE ACCEPTED.

Per TCO 915.09(a), a permit renewal application fee of \$75.00 is required along with this application. Checks shall be made payable to "City of Troy". Applications received without the applicable fee will be returned.

1. Name of Facility: _____

2. Facility Address: _____

3. Mailing Address: _____

4. Contact Person: _____

Work Phone: _____

Emergency Phone: _____

Fax: _____

Email: _____

4. Secondary Contact: _____

Work Phone: _____

Emergency Phone: _____

Fax: _____

Email: _____

Section II. Plant Operations

1. Provide a detailed description of the manufacturing process or service activity provided on the premises (use additional sheets).

IMPORTANT - Also attach up-to-date schematics depicting process flows, sanitary and cooling streams, etc. The diagram should include in-plant sampling sites, treatment processes, water/wastewater flow usage & discharge points. The schematic should list names of tanks and treatment units, volume of each tank/unit, and provide arrows showing overflows and drains from each tank, with average flow rates. Provide sufficient narrative process descriptions to augment flow and treatment schematics.

2. List principal raw materials used and their respective volumes: _____

3. List chemicals and volumes used: _____

4. Describe products or services: _____

5. Identify all categorical pretreatment standards applicable to this facility: _____

6. Workdays: M Tu W Th F Sa Su (check all that apply)

Shift information: 1st 2nd 3rd
Number of employees _____
Shift Start time _____
End time _____

7. If shift information varies between workdays or seasons, please indicate: _____

8. Is there a scheduled shutdown? Yes No
If yes, indicate date(s): _____

9. Is production seasonal? Yes No
If yes, indicate periods of maximum production: _____

Section III. Water Use and Discharge Information.

In this section, please list the average volumes of water sources and sewage discharges. If known, in III.3, please list the sewage discharge volumes associated only with the process which is to be controlled through a discharge permit. If permit limits will be measured at end-of-pipe (usually just prior to entering city sewer), include all sewage volumes to be discharged through this monitoring location (include restroom, cooling water, etc.).

1. List intake water sources and volumes. For a new facility, enter estimated information.

Source	Volume (gallons per day)
City water supply	_____
Private well	_____
Surface water	_____
Other (specify) _____	_____

2. List volume of discharge.

Discharged to:	Volume (gallons per day)
City sanitary sewer	_____
Surface water	_____
Waste hauler	_____
Evaporation	_____
Contained in product	_____
Other (specify) _____	_____

3. Enter average water usage for each process listed below. For a new facility, enter estimated information.

Process	Volume (gallons per day)
Wastestream #1 _____	_____
Wastestream #2 _____	_____
Wastestream #3 _____	_____
Non-contact cooling water	_____
Sanitary plumbing	_____
Boiler feed	_____
Other (specify) _____	_____

4. Is sanitary wastewater discharged separately from process wastewater? Yes No
5. Is the discharge to the sanitary sewer: Continuous Batch (check all that apply)

List frequency of batch discharges. Include periodic maintenance and cleaning discharges, etc:

What is the average volume in gallons of each batch discharge? _____

6. List constituents of continuous discharge and daily discharge volumes of each _____

7. List constituents of batch discharge and volumes of each per event _____

Section IV. Control of Slug Loading

1. Does your company have a Spill Control or Slug Control Plan? Yes No
If so, attach a copy of the plan and fill out only the information in this section that is not found in the attached plan.

2. Describe any previous spill events for this facility and corrective actions taken to prevent future occurrences

3. Describe the procedures to be followed in response to a spill at the facility and for modifying the Slug Control Plan when necessary. (Attach any forms used)

4. Describe any spill prevention and response training given to employees.

5. List any materials stored onsite including quantities.

6. Do drains exist in proximity to the storage area? Yes No

7. Describe adequacy of containment structures around storage and transportation areas.

Section V. Pretreatment

1. Describe any wastewater treatment equipment or processes in use _____

2. Describe any additional pretreatment facilities and/or processes under consideration. Discuss construction schedule if applicable: _____

3. Indicate annual quantity of residue disposed (specify units). _____

4. Describe physical state of residue (check all that apply).
Liquid Slurry Sludge Solid Other (specify) _____
5. Are residues stored at this facility prior to disposal? Yes No
If yes, what method of storage is used (check all that apply)?
Drum Tank Roll-off container Lagoon Other (specify) _____
6. Does the storage site have a surface drainage collection system? Yes No
7. Describe any residue treatment prior to disposal. _____

8. Is residue disposed of on-site off-site
If off-site, identify disposal facility by name, location, and phone number. _____

9. Describe method of residue disposal. _____

10. Are the residues considered a hazardous waste as defined by the Resource Conservation and Recovery Act?
Yes No

