

# WARWICK SEWER AUTHORITY - INDUSTRIAL PRETREATMENT PROGRAM INDUSTRIAL WASTEWATER DISCHARGE PERMIT (IWDP) APPLICATION

### SECTION 1 – <u>APPLICANT AND LOCAL FACILITY DESCRIPTION</u>

Name of Industry:

Type of Business:	
Location Address:	
Phone Number:	
FAX Number:	
Company Representative (Local):	
Representative Title:	
Mailing Address: (if different from above)	
(if different from above)	
Phone Number & Extension:	
FAX Number:	
Email Address:	
Representative Signature & Date:	
SECTION 2 – <u>CORPORATE OFFICE INI</u>	<u>FORMATION</u>
Corporate Name:	
Mailing Address:	
Corporate Representative:	
Corporate Representative Title:	
Phone Number	
FAX Number:	
Email Address:	
Corporate Representative Signature & Date:	

## ${\bf SECTION~3-\underline{BILLING~INFORMATION}}$

Billing Address:		
Billing Company Representative:		
Phone Number		
FAX Number:		
Email Address:		
SECTION 4 – <u>PROPERTY OWNER INFO</u>	<u>PRMATION</u>	
Name of Property Owner:		
Mailing Address:		
Property Owner Representative:		
Phone Number		
FAX Number:		
Email Address:		
Signature of Property Owner & Date:		
SECTION 5 – <u>FACILITY OPERATIONS</u>		
A. Provide an attachment to include a detailed description of the manufacturing processes, facilities or service activities that occur on the premises, <i>specifically</i> those processes involving process wastewater and/or hazardous materials. Also include details regarding the hours of operation and number of employees by shift.		
B. Provide an attachment to include a comprehensive list all products manufactured or services provided by your facility and the corresponding SIC (Standard Industrial Code) Number. If the information requested is "not applicable" to your facility please initial on the line provided:		
C. Provide an attachment to include detailed characteristics of the wastes to be discharged to the collection system. Please indicate if the wastes to be discharged are known to contain levels of metals, toxic and/or conventional (i.e., solids, oil/grease) pollutants. If the information requested is "not applicable" to your facility please initial on the line provided:		
D. Provide an attachment to include comprehensive list of all chemicals and compounds, principal raw materials and solvents used on site at the facility.		

#### SECTION 6 – WATER USAGE AND DISCHARGE INFORMATION

A. Break down the water discharged to the sewer system into the following categories.

Source	Description	Volume (gpd)	Estimated or Measured?
Process wastestream			
Contact Cooling Water			
Non-contact Cooling Water			
Boiler Blowdown			
Sanitary			

B. Provide a floor plan of your facility indicating plumbing and drains. Indicate plant flows (process, sanitary, cooling water) and their point(s) of entry into the collection system (site plan). Additionally, indicate where effluent samples are collected and the location of the pretreatment facility if applicable.

#### **SECTION 7 – PRETREATMENT EQUIPMENT**

A. Describe in detail all wastewater treatment equipment and wastewater processes currently in use. Also describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion of work.

#### **SECTION 8 - APPLICATION CERTIFICATION**

"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, 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 violation."

Printed Name of Signing Official	Title
Signature of Signing Official	Date

Please mail application materials & fee\* (as determined by WSA IPP personnel) to:

Ms. BettyAnne Rossi, Industrial Pretreatment Coordinator Warwick Sewer Authority 125 Arthur W. Devine Boulevard, Suite B, Warwick, RI 02886