WARWICK SEWER AUTHORITY
INDUSTRIAL PRETREATMENT PROGRAM
SIU/CIU WASTEWATER DISCHARGE PERMIT APPLICATION FORM

SECTION 1: INDUSTRY & CONTACT GENERAL INFORMATION

INDUSTRY LOCATION AND CONTACT INFORMATION	
Industry Name & Permit Number :	
Address:	
Mailing Address: (if different from location)	
Phone Number:	
FAX Number:	

CONTACT INFORMATION CHIEF EXECUTIVE OFFICER	
Chief Executive Officer:	
Title:	
Mailing Address: (if different from location)	
Business Phone Number:	
Business FAX Number:	
Home Phone Number:	
Pager/Cell Phone Number:	
Email Address:	
Signature	

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CONTACT INFORMATION **AUTHORIZED REPRESENTATIVE FOR WASTEWATER DISCHARGE**	
Authorized Representative: **(responsible for wastewater discharge)**	
Title:	
Mailing Address: **(if different from location)**	
Business Phone Number:	
Business FAX Number	
Home Phone Number:	
Pager/Cell Phone Number:	
Email Address:	
Signature:	

CONTACT INFORMATION **AUTHORIZED REPRESENTATIVE FOR WASTEWATER DISCHARGE**	
Authorized Representative: **(responsible for wastewater discharge)**	
Title:	
Mailing Address: **(if different from location)**	
Business Phone Number:	
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CONTACT INFORMATION **AUTHORIZED REPRESENTATIVE FOR WASTEWATER DISCHARGE**	
Authorized Representative: **(responsible for wastewater discharge)**	
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Mailing Address: **(if different from location)**	
Business Phone Number:	
Business FAX Number	
Home Phone Number:	
Pager/Cell Phone Number:	
Email Address:	
Signature:	

CONTACT INFORMATION **PROPERTY OWNER**	
Property Owner:	
Mailing Address:	
Phone Number:	
FAX Number	
Signature:	

SECTION 2: FACILITY OPERATIONS & APPLIED CATEGORICAL STANDARDS

A. Provide a detailed description of the manufacturing processes, facilities or service activities that occur on the premises, *specifically* those processes which involve process wastewater or hazardous materials. Use additional sheets as necessary.

B. List all products manufactured or services provided by your facility and the corresponding SIC (Standard Industrial Code) Number. Attach additional sheets if necessary.

PRODUCT OR SERVICE PROVIDED	SIC

C. Please provide the following information regarding your facility's operating schedule and number of employees.

	S	M	TU	W	TH	F	S
NUMBER OF EMPLOYEES – FIRST SHIFT							
NUMBER OF EMPLOYEES – SECOND SHIFT							
NUMBER OF EMPLOYEES – THIRD SHIFT							

D. Is your facility subject to Federal Categorical Pretreatment standards as per 40 CFR 403? If yes, please include the categorical classification(s).

	No the facility is not subject to Federal Categorical Pretreatment Standards.

	Yes the facility is subject to Federal Categorical Pretreatment Standards including:

	New Source **Applicable Subpart:**

	Existing Source **Applicable Subpart:**

	Other Applicable Pretreatment Standard(s):

SECTION 3: RAW MATERIAL/CHEMICAL LISTING, STORAGE AND DISPOSAL PRACTICES

A. Provide a comprehensive list of the principal raw materials and chemicals compounds used on site at the facility. Include in the list, the quantity stored, as well as the storage practices observed for all of the identified materials and chemicals.

B. If your facility uses, or disposes of, any of the priority pollutants listed in the table below, please mark accordingly. Please note that a pollutant may have more than one use/disposal code.

Use/Disposal Code	Description
U	Item is used on site at the facility.
DT	Item is disposed of, after treatment, to the sewer collection system.
DW	Item is disposed of, without treatment, to the sewer collection system.
DO	Item is disposed of, off site, after being used and or generated.
TU	Item is totally used in production, therefore no waste product is left.
VU	Item is totally vaporized in use, therefore no waste product is left.

Use/Disposal Code(s)	Priority Pollutant	Use/Disposal Code	Priority Pollutant
	Antimony		Chlorobenzene
	Arsenic		1,2,4-trichlorobenzene
	Beryllium		Hexachlorobenzene
	Cadmium		1,2-dichloroethane
	Chromium		1,1,1-trichloroethane
	Copper		Hexachloroethane
	Cyanide		1,1-dichloroethane
	Lead		1,1,2-trichloroethane
	Mercury		1,1,2,2-tetrachloroethane
	Nickel		Chloroethane
	Selenium		Bis(2-chloroethyl)ether
	Silver		2-chloroethyl vinyl ether
	Thallium		2-chloronaphthalene
	Zinc		2,4,6-trichlorophenol
	Acenaphthene		Parachlorometa cresol
	Acrolein		Chloroform

Use/Disposal Code(s)	Priority Pollutant	Use/Disposal Code	Priority Pollutant
	Acrylonitrile		2-chlorophenol
	Benzene		1,2-dichlorobenzene
	Benzidine		1,3-dichlorobenzene
	Carbon tetrachloride		1,4-dichlorobenzene
	3,3-dichlorobenzidine		2,4-dinitrophenol
	1,1-dichloroethylene		4,6-dinitro-o-cresol
	1,2-trans-dichloroethylene		N-nitrosodimethylamine
	2,4-dichlorophenol		N-nitrosodiphenylamine
	1,2-dichloropropane		N-nitrosodi-n-propylamine
	1,3-dichloropropylene		Pentachlorophenol
	2,4,dimethylphenol		Phenol
	2,4-dinitrotoluene		Bis(2-ethylhexyl)phthalate
	2,6-dinitrotoluene		Butyl benzl phthalate
	1,2-diphenylhydrazine		Di-n-butyl phthalate
	Ethylbenzene		Di-n-octyl phthalate
	Fluoranthene		Diethyl phthalate
	4-chlorophenyl phenyl ether		Dimethyl phthalate
	4-bromophenyl phenyl ether		1,2-benzanthracene
	Bis(2-chloroisopropyl)ether		3,4-benzofluoranthene
	Bis(2-chloroethoxy)methane		Benzo(a)pyrene
	Methylene chloride		11,12-benzofluoranthene
	Methyl chloride		Chrysene
	Methyl bromide		Acenaphthylene
	Bromoform		Anthracene
	Dichlorobromomethane		11,12-benzoperylene
	Chlorodibromomethane		Fluorene
	Hexachlorobutadiene		Phenanthrene
	Hexachlorocylopentadiene		1,2,5,6-dibenzanthracene
	Isophorone		Indeno(1,2,3-cd)pyrene
	Naphthalene		Pyrene

Use/Disposal Code(s)	Priority Pollutant	Use/Disposal Code	Priority Pollutant
	Nitrobenzene		Tetrachloroethylene
	2-nitrophenol		Toluene
	4-nitrophenol		Trichloroethylene
	Vinyl chloride		Alpha-BHC
	Aldrin		Beta-BHC
	Dieldrin		Gamma-BHC
	Chlordane		Delta-BHC
	4,4-DDT		PCB-1242 (Arochlor 1242)
	4,4-DDE		PCB-1254 (Arochlor 1254)
	4,4-DDD		PCB-1221 (Arochlor 1221)
	Alpha-endosulfan		PCB-1232 (Arochlor 1232)
	Beta-endosulfan		PCB-1248 (Arochlor 1248)
	Endosulfan sulfate		PCB-1260 (Arochlor 1260)
	Endrin		PCB-1016 (Arochlor 1016)
	Endrin aldehyde		Toxaphene
	Heptachlor		2,3,7,8-tetrachlorodibenzo-p-dioxin
	Heptachlor epoxide		Asbestos

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SECTION 4: WATER USAGE AND DISCHARGE INFORMATION

A. List the intake water sources and daily average volumes. Blanks have been provided for additional entries.

Source	Volume (gallons per day)	Estimated or Measured	Indicate meter location(s) within facility
Municipal Water System			
Private Well			
Surface Water			

B. List the average daily volume of water discharged or consumed by process (attach sheets if needed).

Source	Volume (gallons per day)	Estimated or Measured	Indicate meter location(s) within facility
City Sewer System			
Natural Outlet (NPDES)			
Waste Hauler			
Evaporation			
Contained in Product			
Landscaping			

C. Break down the water discharged to the sewer system into the following categories. Blanks have been provided for additional entries.

Source	Description	Volume (gpd)	Estimated or Measured	Meter Location (if measured)
Process Wastestream #1				
Process Wastestream #2				
Process Wastestream #3				
Process Wastestream #4				
Process Wastestream #5				
Contact Cooling Water				
Non-contact Cooling Water				
Boiler Blowdown				
Sanitary				
Wet Air Scrubbers				
Housekeeping				

D. Which wastestreams identified in Section - 4C are continuous, which are batch?

Continuous Discharge	Batch Discharge

E. If batch discharges are indeed used, please answer the following (attach sheets if needed):

Description of Batch Discharge (#1):	
What is the frequency of occurrence?	
What is the average volume of each batch?	
What is the maximum volume of each batch discharge?	

Description of Batch Discharge (#2):	
What is the frequency of occurrence?	
What is the average volume of each batch?	
What is the maximum volume of each batch discharge?	

F. Provide a plumbing/floor plan of your facility which identifies the following:

- **Plumbing and drains, identify floor drains as "active" or "inactive";**
- **Plant flows identified in Section – 4C and their point(s) of entry into the sewer system;**
- **Pretreatment system location(s);**
- **Effluent monitoring (i.e., pH) and sample collection location(s); and,**
- **Chemical and waste storage location(s).**

SECTION 5 – PRETREATMENT PROCESSES AND REQUIRED EQUIPMENT

A. Provide a comprehensive list of all wastewater treatment processes currently employed by your facility and the treatment equipment required for these processes. Attach additional sheets if needed.

Wastewater Treatment Process	Required Equipment
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	
9.)	
10.)	

B. Is your facility presently considering any pretreatment system and/or process modifications/additions? If yes, please provide a detailed description of the work to be done and the anticipated time schedule for submittal of your proposal to the WSA for review. Changes in your facility processes/pretreatment system must be reviewed and approved by the WSA *prior* to implementation.

C. Does your facility have a certified pretreatment (wastewater) operator on staff?

☐ **No**

☐ **Yes**

If yes, please provide the name and certification number for the operator.

Name:	
Certification Number:	

D. Does your facility procure the services of a consultant to assist in maintaining your pretreatment system?

☐ **No**

☐ **Yes**

If yes, please supply the following consultant information.

Name of Company:	
Address:	
Company Contact:	
Phone Number:	

E. Does your facility have equipment operation and maintenance manuals or standard operating procedures (SOP) readily available for employee use?

☐ **No**

☐ **Yes**

If yes, please provide the location(s) where manuals/SOPs are stored.

F. Does your facility have spare parts available for on-site maintenance and repair of your pretreatment equipment?

☐ **No**

☐ **Yes**

If yes, please use the space provided to identify the type(s) of maintenance your staff performs and the frequency of these activities. Attach additional sheets if needed.

Maintenance Activity	Frequency
1.)	
2.)	
3.)	
4.)	
5.)	
6.)	
7.)	
8.)	

SECTION 6 – WASTE DISPOSAL

A. Does your facility dispose of any chemicals, solvents, sludges and/or hazardous materials as a result of your company's processes?

☐ **No**

☐ **Yes**

If yes, provide your facility's EPA Hazardous Waste Identification Number.

EPA Identification Number:	

B. Does your facility use an outside contractor(s) to haul sludges/residuals?

☐ **No**

☐ **Yes**

If yes, please provide the name(s) of the contractor(s) and EPA Identification Number(s).

Name:	
EPA Identification Number:	

Name:	
EPA Identification Number:	

C. Does your facility maintain records of all wastes hauled off-site for treatment?

☐ **No**

☐ **Yes**

If yes, please provide location(s) where these records are stored?

D. Please provide a description of each material disposed of, including, the name of the material, composition, the annual quantity (please identify units) and the means of disposal. Attach additional sheets as necessary.

Material/Composition	Disposal	Annual Quantity

SECTION 7 – SLUG DISCHARGE PREVENTION AND CONTROL

A. Does your facility have a Slug Discharge Prevention and Control Plan filed with the Warwick Sewer Authority?

☐ **No**

☐ **Yes**

If yes, provide the date of your most recent submittal.

Date:	

B. Is your Slug Discharge Prevention and Control Plan current?

☐ **No**

☐ **Yes**

If no, what parts of the Plan require revision:

C. Does your facility have a Solvent Management Plan?

☐ **No**

☐ **Yes**

If yes, provide a copy of the plan with this report submittal.

SECTION 8 - WASTEWATER CHARACTERISTICS & MONITORING

A. List your facility's permitted wastewater sampling location(s) and the pollutant analyses required for the location(s).

Sampling Location(s)	Pollutant(s)
1.)	
2.)	
3.)	
4.)	

B. Are the pollutants identified in Section – 8A inclusive of all pollutants which may potentially be present in your wastestream(s)?

☐ **Yes**

☐ **No**

If no, what additional pollutants may be present in your wastestream(s)?

C. Are self- monitoring samples collected by staff or by contracted personnel?

☐ **Staff collect the samples which are analyzed by a RIDOH Certified Lab.**

☐ **Consultant collects the samples which are analyzed by a RIDOH Certified Lab.**

☐ **Contracted RIDOH Certified Lab collects and analyzes samples.**

D. Please complete the following with regard to your RIDOH Certified Laboratory

Name of Laboratory:	
Address:	
Phone Number:	
RIDOH Laboratory ID:	

E. Does your facility maintain records of their self-monitoring events?

☐ **No**

☐ **Yes**

If yes, please provide location(s) where these records are stored?

F. How many years of monitoring records are maintained in storage?

Number of Years of Records:	

SECTION 9: WASTEWATER CHARACTERISTICS - NEW PERMITTEES ONLY

A. Attach all existing sampling data pertaining to your facility's discharge to the sewer system. Analytical results must be documented on a certified laboratory sheet listing the approved test procedure, method detection limit, location and date of sampling, type(s) of samples collected (i.e., grab, composite), date and time of analysis and certification (initials) of the qualified professional for each parameter tested. Chain(s)-of-Custody must accompany all reports.

B. A full scan of pollutants believed to be present as well as those contained in the table from Section 3-B will be required for a new discharge permit. Sampling and analyses shall be performed by a RI Department of Health (RIDOH) Certified Laboratory in accordance with EPA approved procedures (40 CFR Part 136). Should 40 CFR Part 136 not contain appropriate sampling or analytical techniques for the pollutant in question, alternate procedures approved by the EPA or the Warwick Sewer Authority must be used. Contact the Warwick Sewer Authority for additional details (401) 468-4726.

C. Please send this completed application and supporting attachments along with a $300.00 check (made payable to the Warwick Sewer Authority) to:

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

SECTION 10: REPORT 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**