

**PERMIT APPLICATION FORM**   
**WASTEWATER SURVEY**

Note: Please read all attached instructions prior to completing this application or wastewater survey.

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_  
a. Operator Name: \_\_\_\_\_  
b. Is the operator identified in 1.a., the owner of the facility?  
Yes  No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

\_\_\_\_\_  
\_\_\_\_\_

2. Facility Address  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address:  
Street or P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated signatory authority of the facility:  
(Attach similar information for each authorized representative)
- Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_

5. Designated facility contact:
- Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**SECTION B – BUSINESS ACTIVITY**

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

**Industrial Categories:\***

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products



SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility (Specify City): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

2. Name on the water bill: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Water service account number: \_\_\_\_\_

4. List average water usage on premises:  
(New facility may estimate)

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment washdown		
i. Irrigation and lawn watering		
j. Other		
k. TOTAL OF A-J		

**SECTION D – SEWER INFORMATION**

**1. a. For an existing business:**

Is the building presently connected to the public sanitary sewer system?

- Yes: Sanitary sewer account number \_\_\_\_\_  
 No: Have you applied for a sanitary sewer hookup?     Yes     No

**b. For a new business:**

(i). Will you be occupying an existing vacant building (such as in an industrial park)?  
 Yes     No

(ii). Have you applied for a building permit if a new facility will be constructed?  
 Yes     No

(iii). Will you be connected to the public sanitary sewer system?  
 Yes     No

**2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)**

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

- Yes If the answer to this question is “yes”, complete the remainder of the application.  
 No If the answer to this question is “no”, skip to Section I.

2. Provide the following information on wastewater flow rate:

[New facilities may estimate]

a. Hours/Day Discharged (e.g., 8 hours/day):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

c. Peak per minute flow rate (GPM) \_\_\_\_\_

d. Maximum daily flow rate (GPD) \_\_\_\_\_

e. Annual daily average (GPD) \_\_\_\_\_

3. If batch discharge occur or will occur, indicate:

[New facilities may estimate]

a. Number of batch discharges \_\_\_\_\_ per day

b. Average discharge per batch \_\_\_\_\_ (GPD)

c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of the week) (hours of the day)

d. Flow rate \_\_\_\_\_ gallons/minute

e. Percent of total discharge \_\_\_\_\_

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the *flow of materials, products, water, and wastewater* from the start of the activity to its own completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this *must* be indicated. *Number each unit process* having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.
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Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users Only: List Average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

**ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS**

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

7. For Categorical Users Subject To Total Toxic Organics (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes, (Please attach a copy)
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- |          |                    |                              |                             |                              |
|----------|--------------------|------------------------------|-----------------------------|------------------------------|
| Current: | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|          | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Planned: | Flow Metering      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
|          | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets, if needed.)

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11. Are any materials or water reclamation systems in use or planned?

- Yes  
 No, (skip Question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets, if needed.)

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**SECTION F – CHARACTERISTICS OF DISCHARGE**

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (nonregulated) pollutants, indicate whether the pollutant is unknown to be present (U), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a (P) expected to be present, (S) may be present, or (O) will not be present under the average reported values.











SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

- Yes
- No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

- Yes, describe: \_\_\_\_\_
- No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease trap
- Grinding filter
- Grit removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: \_\_\_\_\_
- Rainwater diversion or storage
- Other chemical treatment type: \_\_\_\_\_
- Other physical treatment, type: \_\_\_\_\_
- Other, type: \_\_\_\_\_

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

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5. 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.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

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7. Do you have a treatment operator?  yes  No

(if Yes,) Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment?

Yes

No

9. Do you have a written maintenance schedule for your treatment equipment?

Yes

No

**SECTION H – FACILITY OPERATIONAL CHARACTERISTICS**

**1. Shift Information**

Work days ➡	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Shifts per work day: ➡							
1st							
2nd							
3rd							
1st							
2nd							
3rd							

**2. Indicate whether the business activity is:**

- Continuous throughout the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**3. Indicate whether the facility discharge is:**

- Continuous through the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_



7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. *Number each sewer* and show existing and proposed sampling locations. This drawing *must* be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

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SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?  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  
If yes; Where do they discharge to?

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

- Yes — **[Please enclose a copy with the application]**
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharges(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

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**SECTION J – NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and *not* disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

Waste Generated	Quantity (per year)	Disposal Method
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.
- 3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.
- 4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. \_\_\_\_\_ b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permit No.  
(if applicable): \_\_\_\_\_

Permit No.  
(if applicable): \_\_\_\_\_

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
- No

If yes, please list the permit(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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, 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(s)

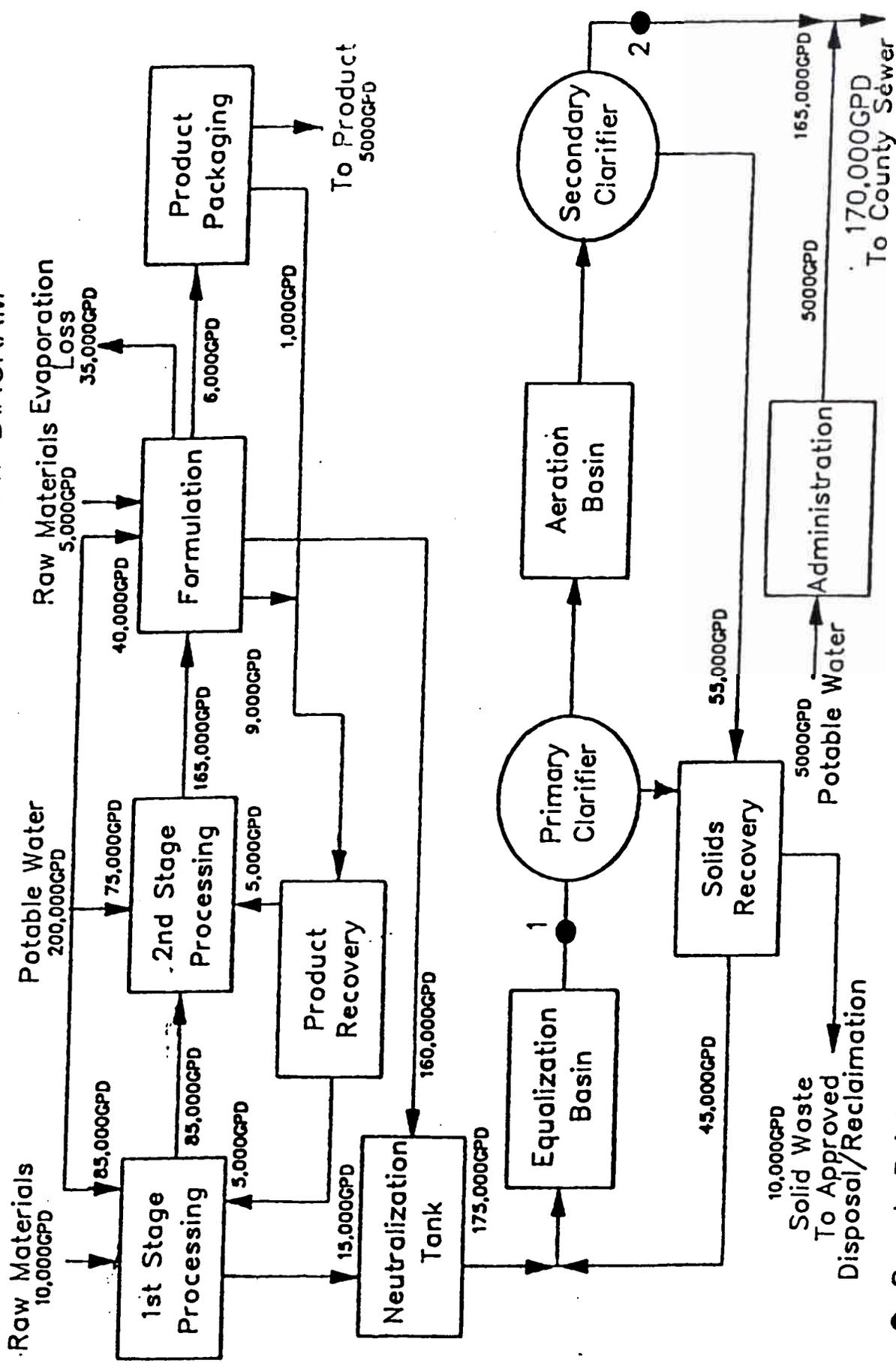
\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

# APPENDIX D2 - SCHEMATIC FLOW DIAGRAM

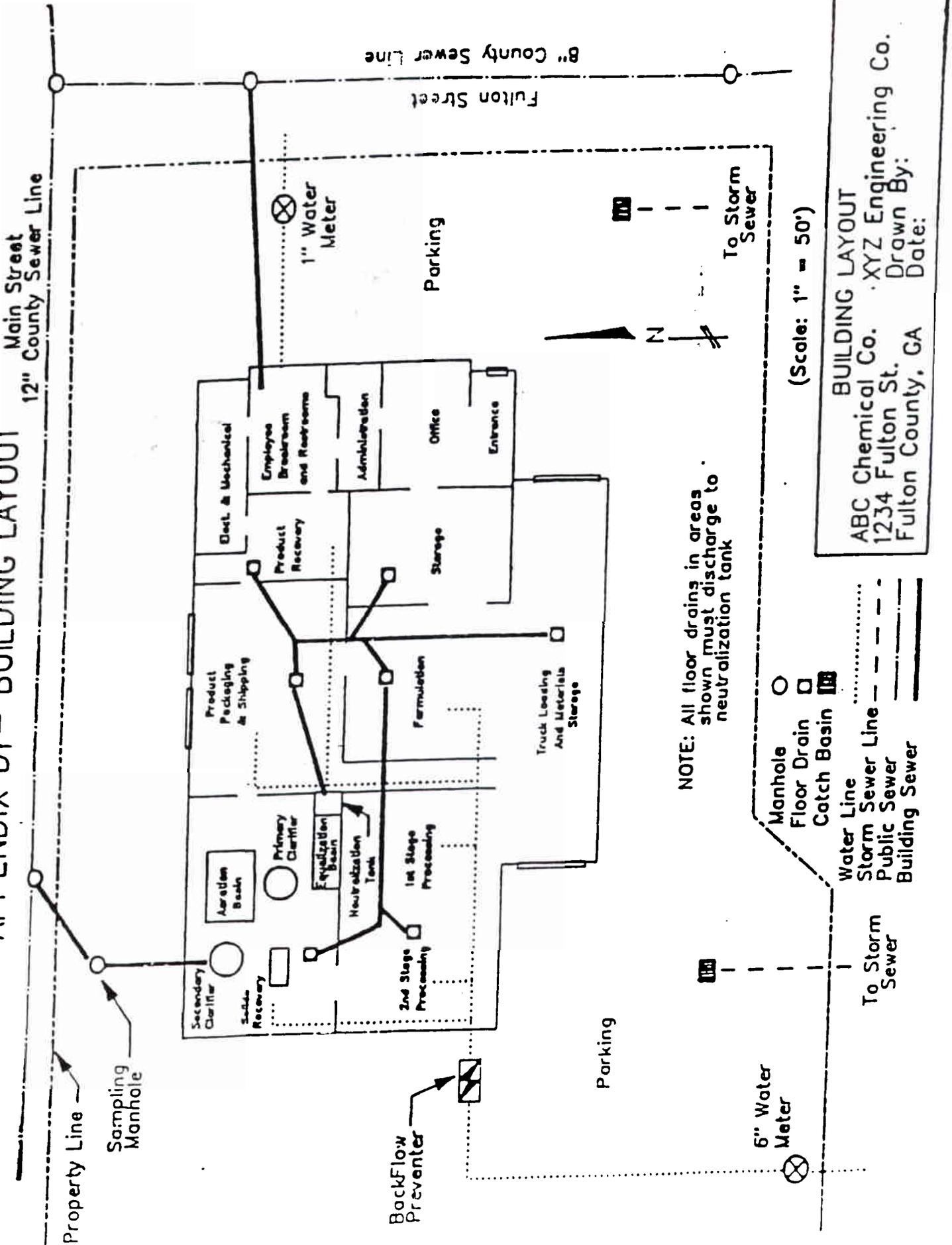


● Sample Points

- 1. Influent
- 2. Effluent

SCHEMATIC OF WATER FLOW  
 ABC Chemical Co. XYZ Engineering Co.  
 1234 Fulton St. Drawn By:  
 Fulton County GA Date:

# APPENDIX D1 - BUILDING LAYOUT



**BUILDING LAYOUT**  
 ABC Chemical Co. · XYZ Engineering Co.  
 1234 Fulton St. Drawn By:  
 Fulton County, GA Date:

# What you Don't Know CAN Hurt the Environment!!!



**Conserve Water.** Do not over-water your lawn or garden, use slow-watering techniques. Use low-flow faucets, shower heads, and toilets in your home.

**Pick up after pets** and properly dispose of their wastes in the garbage or toilet.



**Compost grass clippings and leaves.** Never allow them to wash into roadways where they will reach storm drains.



**Use natural alternatives to chemical fertilizers and pesticides.** If you must use chemicals, test your soil to determine the right amount.

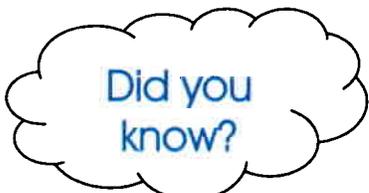


**Properly dispose of hazardous wastes.** Do not pour them down any toilet or drain. Do not discard with regular household trash.



Courtesy of the Fulton County Water Resources Management Program





- ◆ Only 0.3% of the water on the earth is useable by humans.
- ◆ There is the same amount of water on the Earth as there was when the Earth was formed. The water from your faucet could contain molecules that dinosaurs drank.
- ◆ 75% of the human brain is water and 75% of a living tree is water.
- ◆ It takes about 1,000 gallons of water to grow the wheat to make a 2 pound loaf of bread.

To learn more about water resource issues, surf these websites!



- ◆ Surf Your Watershed  
[www.epa.gov/surf2/](http://www.epa.gov/surf2/)
- ◆ Georgia Department of Natural Resources  
[www.dnr.state.ga.us/](http://www.dnr.state.ga.us/)
- ◆ Fulton County Adopt-A-Stream  
[www.fultonecd.org/enviro/aas.htm](http://www.fultonecd.org/enviro/aas.htm)
- ◆ EPA Office of Wetlands, Oceans, and Watersheds  
[www.epa.gov/OWOW/index.html](http://www.epa.gov/OWOW/index.html)
- ◆ Upper Chattahoochee Riverkeeper  
[www.chattahoochee.org](http://www.chattahoochee.org)