

CITY OF BOSSIER CITY
P.O. BOX 5337
BOSSIER CITY, LOUISIANA 71171-5337

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

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 No.:

5. Designated facility contact:

Name:

Title:

Phone No.:

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories 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

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

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency’s (EPA) categorical pretreatment standards. These facilities are termed “categorical users”.

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

a.

b.

c.

d.

e.

4. Product Volume

PRODUCT (Brand Name)	PAST CALENDAR YEAR Amounts per day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts per day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C – WATER SUPPLY

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

- Private Well
- Surface Water
- Municipal Water Utility
- Other (Specify)

2. Name on the water bill:

Name:

Street:

City: State: Zip:

3. Water service account number:

4. List Average water usage on premises:
(New facilities may estimate)

<u>Type</u>	<u>Average Water Usage (GPD)</u>	<u>Indicate Estimated (E) or Measured (M)</u>
a. Contact cooling water:	<input type="text"/>	<input type="text"/>
b. Non-contact cooling water:	<input type="text"/>	<input type="text"/>
c. Boiler Feed:	<input type="text"/>	<input type="text"/>
d. Process:	<input type="text"/>	<input type="text"/>
e. Sanitary:	<input type="text"/>	<input type="text"/>
f. Air pollution control:	<input type="text"/>	<input type="text"/>
g. Contained in product:	<input type="text"/>	<input type="text"/>
h. Plant and equipment wash down:	<input type="text"/>	<input type="text"/>
i. Irrigation and lawn watering:	<input type="text"/>	<input type="text"/>
j. Other:	<input type="text"/>	<input type="text"/>
k. TOTAL OF A-J:	<input type="text"/>	<input type="text"/>

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.)

<u>Sewer Size</u>	<u>Description of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>

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.)

Monday:	<input type="text"/>
Tuesday:	<input type="text"/>
Wednesday:	<input type="text"/>
Thursday:	<input type="text"/>
Friday:	<input type="text"/>
Saturday:	<input type="text"/>
Sunday:	<input type="text"/>

c. Peak hourly flow rate (GPD):

d. Maximum daily flow rate (GPD):

e. Annual daily average (GPD):

3. If batch discharges 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:
 Days of week hours of 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 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 Organic (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 No

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

Current: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

Planned: Flow Metering Yes No N/A
 Sampling Equipment Yes No N/A

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

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.)

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.)

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 known to be present (P), 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 discharges 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), or (S) (may be present) or (O) (will not be present) under the average reported values.

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis (2-chloroethyl) ether								
17 Bis (chloro methyl) ether								
2-chloroethyl vinyl ether								
2-Chloronaphthalene								

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichloropheno								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis (2-chlorisopropyl) ether								
Bis (2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitorbenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenyllamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis (2-ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a) anthracene								
Benzo(a) pyrene								
3,4-benzofluoranthene								
Benzo(k) fluoranthane								
Chrysene								
Acenaphthylene								

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
Anthracene								
Benzo (ghi) perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h) anthracene								
Indeno (1,2,3-cd) pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD ₅								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH ₃ -N								
Oil and Grease								
TSS								
TOC								
Kjedahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO ₄)								
Sulfide (S)								
Sulfite (SO ₃)								
Antimony								

POLLUTANT	DETECTION LEVEL USED	MAXIMUM DAILY VALUE		AVERAGE OF ANALYSIS		NUMBER OF ANALYSIS	UNITS	
		CONC.	MASS	CONC.	MASS		CONC.	MASS
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

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 a existing wastewater treatment) planned for this facility within the next three years?

Yes No

If yes, please describe:

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

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Grease or oil separation, (List type in blank below.) | |

- | | |
|---|--|
| <input type="checkbox"/> Grinding filter | <input type="checkbox"/> Grit Removal |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Neutralization, pH correction |
| <input type="checkbox"/> Ozonation | <input type="checkbox"/> Reserve Osmosis |
| <input type="checkbox"/> Screen | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Spill protection | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Biological treatment, (List type in blank below) | |

- Rainwater diversion or storage
- Other chemical treatment, (List type in blank below)

Other physical treatment, (List type in blank below)

Other, (List type in blank below)

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. (If additional space is needed, please attach an additional sheet(s).)

5. Attach a process diagram for each existing treatment system. Include process equipment, by-product disposal method, waste and by-product volume, 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.

7. Do you have a treatment operator? Yes No

(If yes,) Name:

Title:

Phone No.:

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:

- Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Shifts per workday:

WORK DAY	SHIFTS/ WORK DAY	EMPLOYEES PER SHIFT			SHIFT START & END TIMES		
		1 ST	2 ND	3 RD	1 ST	2 ND	3 RD
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

2. Indicate whether the business activity is:

- Continuous through the year, or
 Seasonal – Check the months of the year in which the business activity occurs:
 January February March April
 May June July August
 September October November December

COMMENTS:

3. Indicate whether the facility discharge is:

- Continuous through the year, or
 Seasonal – Check the months of the year during which the business activity occurs:
 January February March April
 May June July August
 September October November December

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.

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?

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
- 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 systems?

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

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

SECTION J – NON-DISCHARGED WASTES

1. Are any wastes 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 facility.

4. If an outside firm removes any of the above checked wastes, state the name(s) and addresses of all waste haulers.

NAME OF WASTE HAULER	PERMIT NO. (IF APPLICABLE)	ADDRESS OF WASTE HAULER

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

- Yes No

If yes, please list the permit(s) below:

SECTION K – AUTHORIZED SIGNATURES

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

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 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.

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Name(s)

Title

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Signature

Date

Phone Number