

Zero Wastewater Discharge User Permit Application



PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.

Information provided in this application will be used for issuance or renewal of a Zero Wastewater Discharge Permit, required by *Salem Revised Code* Chapter 74. Information on processing and compliance with standards is required to satisfy federal General Pretreatment Regulations 403.12.

Please send completed application with all attachments to the following address:

City of Salem
Environmental Services
1410 20th St SE Bldg 2
Salem OR 97302-1209

For Office Use Only

Permit #

Expiration Date

SECTION 1: GENERAL INFORMATION

Business Name _____

Type of Business _____

Business Description or Product _____

Business Location _____

Business Mailing Address _____

Street or PO Box

City

State

Zip

Name of Business Owner _____

Title _____ **Phone** _____

Email _____

Name of Facility Operator _____

Title _____ **Phone** _____

Email _____

Address _____

Street or PO Box

City

State

Zip

Is the operator identified above the owner of the facility?

☐ Yes ☐ No

If no, submit a copy of the contract, other documents indicating the operator's scope of responsibility for the facility, and/or documentation or registration of the ownership corporation. Also provide the name and address of the facility owner below, if other than the business owner.

Name of Property or Facility Owner _____

Title _____ Phone _____

Email _____

Address _____

Street or PO Box

City

State

Zip

Name of Local Designated Facility Contact _____

Title _____ Phone _____

Email _____

Name of Emergency Contact After Business Hours _____

Title _____ Phone _____

Email _____

Designated Signatory Authority of the Facility

Attach the information below for each additional authorized representative, if needed.

Name _____

Title _____ Phone _____

Email _____

Address _____

Street or PO Box

City

State

Zip

SECTION 2: WATER SOURCE, USE, AND DISPOSAL

The water source and use information will enable the City to determine the volume and sources of wastewater discharged to the sewer system. This information may be necessary to calculate discharge limits for applicable parameters.

WATER USE	SOURCE	GAL/DAY	DISCHARGED TO	GAL/DAY
Sanitary				
Process				
Boiler				
Contact				
Cooling				
Non-Contact Cooling Water				
Washing				
Irrigation				
Product				
Air Pollution Control				
Other				
TOTAL				

DISCHARGE PERIOD

Discharge occurs daily from _____ to _____

Indicate days of the week discharge occurs:

☐ S ☐ M ☐ T ☐ W ☐ T ☐ F ☐ S

Variation of operation indicates whether business activity is throughout the year or seasonal. Indicate months during which discharge occurs:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June
☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

EMPLOYEES PER SHIFT

1st Shift	2nd Shift	3rd Shift

Are there 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

If yes, briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional sheets, if needed):

SECTION 3: SCHEMATIC FLOW DIAGRAM/BUILDING LAYOUT

This permit application must include any changes or updates to the facility blueprints and/or changes and updates to the process flow schematic. Please submit drawings on a separate sheet of paper.

SECTION 4: COMPLIANCE WITH PRETREATMENT STANDARDS

Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No

I certify under penalty of law that all applicable Federal, State, or local pretreatment standards and requirements are being met on a consistent basis.

Name(s)

Title

Signature

Date

If no, provide a schedule for bringing the facility into compliance. Specify major events planned, along with reasonable completion dates.

MILESTONE ACTIVITY	COMPLETION DATE

Permit renewal applications must include any changes or updates to the facility Accidental Spill Prevention Plan (ASPP).

Please describe below any spill events and remedial measures taken to prevent their reoccurrence since your last permit renewal application.

SECTION 5: 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