

# Wastewater Discharge Permit Renewal Application



**PLEASE COMPLETE ALL PAGES OF THIS DOCUMENT.**

Information provided in this application will be used for renewal of a 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, 40 CFR 403.12

For Office Use Only
<b>Permit #</b>
<b>Expiration Date</b>

## SECTION 1: GENERAL INFORMATION

**Business Name** \_\_\_\_\_

Type of Business \_\_\_\_\_ SIC Code(s) \_\_\_\_\_

Business Description or Product \_\_\_\_\_

Business Location \_\_\_\_\_

Business Email \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Street or PO Box

City

State

Zip

**Name of Business Owner** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Business Owner Email \_\_\_\_\_

**Name of Facility Operator** \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Facility Operator 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 \_\_\_\_\_

Property or Facility Owner Email \_\_\_\_\_

Address \_\_\_\_\_

Street or PO Box

City

State

Zip



WATER DISCHARGES		
Process		
Product		
Sanitary		
Storm system		
Washing		
Other		
<b>Total</b>		

**Discharge Period**

Discharge occurs daily from \_\_\_\_\_ to \_\_\_\_\_

**Indicate the days of the week discharge occurs.**

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

**Indicate months during which discharge occurs.**

Variation of operation indicates whether business activity is throughout the year or seasonal.

Jan      Feb      Mar      Apr      May      Jun      Jul      Aug      Sep      Oct      Nov      Dec

**Employees Per Shift**

1st Shift \_\_\_\_\_ 2nd Shift \_\_\_\_\_ 3rd Shift \_\_\_\_\_

**Production Levels**

1st Shift \_\_\_\_\_ 2nd Shift \_\_\_\_\_ 3rd Shift \_\_\_\_\_

**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

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 renewal 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**

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

Milestone Activity \_\_\_\_\_ Completion Date \_\_\_\_\_

Milestone Activity \_\_\_\_\_ Completion Date \_\_\_\_\_

**THIS PERMIT RENEWAL APPLICATION MUST INCLUDE ANY CHANGES OR UPDATES TO THE FACILITY ACCIDENTAL SPILL PREVENTION PLAN.**

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

Event \_\_\_\_\_ Date \_\_\_\_\_

Remedial Measures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event \_\_\_\_\_ Date \_\_\_\_\_

Remedial Measures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **SECTION 5: TOXIC ORGANICS MANAGEMENT PLAN AND TTO MONITORING**

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**COMPLETE THIS PAGE OF THE PERMIT RENEWAL APPLICATION IF THIS BUSINESS IS SUBJECT TO TOTAL TOXIC ORGANIC (TTO) MONITORING. SUBMIT ANY CHANGES OR UPDATES TO THE TOXIC ORGANICS MANAGEMENT PLAN AND SIGN THE TTO CERTIFICATION.**

Has any testing for TTO been performed on the product or waste from the facility?

Yes      No

If yes, indicate the test date(s) and attach a copy of the last and/or significant test results.

**Toxic Organics Management Plan in accordance with 40 CFR 413.03(b)**

In requesting that no monitoring be required, industrial users of Publicly Owned Treatment Works (POTWs) shall submit a toxic organics management plan that specifies to the control authority's satisfaction:

- a. The toxic organic compounds used.
- b. The method of disposal used instead of dumping, such as reclamation, contract hauling, or incineration.
- c. Procedures for assuring that toxic organics do not routinely spill or leak into the wastewater.

**TTO Certification Statement in accordance with 40 CFR 413.03(a)**

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for TTO, I certify that, to the best of my knowledge and belief, no dumping of toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organics management plan submitted to the control authority.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION 6: AUTHORIZED REPRESENTATIVE STATEMENT**

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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 \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please send the completed application to the following address:

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