

CITY OF SHEBOYGAN  
WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION

Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

In consideration for granting this permit, the undersigned agrees:

1. To furnish any additional information relating to the installation or use of the sanitary sewer for which this permit is sought as may be requested by the City.
2. To accept and abide by all provisions of Chapter 122 of the Municipal Code of the City of Sheboygan or equivalent codes for respective municipalities, and of all other pertinent Ordinances or regulation that may be adopted in the future.
3. To operate and maintain any waste pretreatment facilities, as may be required as a condition of the acceptance into the POTW of the industrial wastes involved, in an efficient manner at all times, and at no expense to the City.
4. To cooperate at all times with the City and its representatives in their inspecting, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.
5. To notify the City immediately in the event of any accident, or other occurrence that contributes to the wastewater treatment system any wastewater or substances prohibited or not covered by this permit.
6. To update the City in the event of changes, additions, or deletions to reported information.
7. To submit all required reports and information in a timely manner.
8. To fulfill all obligations and meet the limits of the resulting industrial discharge permit, if granted.

Section I: Wastestreams

Facility Owner:

Facility Contact:

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Business Activity \_\_\_\_\_

Process Wastestreams: (All process wastewater discharged. Do not include sanitary wastes, non-contact cooling or boiler blowdown).

Line	Process	Continuous Discharge Flow (gallons per day)		Batch Flow (gallons)
		Average	Maximum	
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Total Flow Balance:	Gallons per day <sup>3</sup>		Estimate (E) or Measured (M)
	Average	Maximum	
A. Water consumption <sup>1</sup>	_____	_____	_____
B. Process wastewater (from above)	_____	_____	_____
C. Sanitary wastewater <sup>2</sup>	_____	_____	_____
D. Non-contact cooling water	_____	_____	_____
E. Boiler blowdown water	_____	_____	_____
F. Evaporation	_____	_____	_____
G. Other _____	_____	_____	_____
TOTAL Lines B-G (Should equal Line A)	_____	_____	_____

Total number of employees \_\_\_\_\_

Average number of work days per year \_\_\_\_\_

<sup>1</sup> Water consumption may be obtained through review of water usage bills

<sup>2</sup> If sanitary wastewater volume is not measured, use 10-20 gallons per employee per day

<sup>3</sup> Average and maximum flow data should be based on measurements taken over at least one year

Section II: Process Wastestreams - use one page per process

Line # \_\_\_\_\_ Process \_\_\_\_\_ Date Installed \_\_\_\_\_

Description of Operation \_\_\_\_\_

Average Production Rate \_\_\_\_\_ SIC Code \_\_\_\_\_

Normal Discharge: Hrs/day \_\_\_\_\_ Days/week \_\_\_\_\_ Time of discharge \_\_\_\_\_

Volume of Discharge:

Continuous Flow \_\_\_\_\_ gallons/day

Batch Flow \_\_\_\_\_ gallons # of tanks/stages \_\_\_\_\_

1st tank/stage \_\_\_\_\_ gallons 2nd tank/stage \_\_\_\_\_ gallons

3rd tank/stage \_\_\_\_\_ gallons 4th tank/stage \_\_\_\_\_ gallons

Normal frequency for batch discharges \_\_\_\_\_

Material Summary:

Raw Materials	Wastewater		Chemicals	Wastewater	
	Yes	No		Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No

Wastes and bi-products produced \_\_\_\_\_

Is the process regulated by Categorical Pretreatment Standards? Yes \_\_\_\_\_ No \_\_\_\_\_

Industrial Category \_\_\_\_\_

Pretreatment Standards: (If unknown, you may leave blank)

Pollutant \_\_\_\_\_

Daily Max. \_\_\_\_\_

Monthly Ave. \_\_\_\_\_

Section III: Sampling - use one page per sample point

Line #(s) \_\_\_\_\_ Process(es) \_\_\_\_\_

Description of sample point \_\_\_\_\_

Discharge location to public sanitary sewer \_\_\_\_\_

Flow Summary at sample point:

Type	Daily Flow (gal/day)		Estimate (E) or Measured (M)
	Average	Maximum	
Process wastewater	_____	_____	_____
Sanitary wastewater	_____	_____	_____
Other _____	_____	_____	_____
TOTAL	_____	_____	_____

Do you have automatic sampling equipment or continuous wastewater flow metering equipment installed? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the designated sample point allow for a flow proportional sample or do you have sampling techniques that will provide a representative sample of the daily discharge? Yes \_\_\_\_\_  
No \_\_\_\_\_

When wastewater is being discharged, is it discharged at a uniform flow rate or a variable flow rate? Uniform \_\_\_\_\_ Variable \_\_\_\_\_

Section IV: General

Briefly describe any existing or proposed wastewater pretreatment equipment.

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Describe the disposal method of any hazardous wastes or pretreatment sludges.

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List any toxic organic compounds used at your facility. Eg. solvents, flammable compounds, etc.

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Does your facility have a written spill control plan? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please submit a copy.

List any environmental control permits held by your facility. Eg. WPDES noncontact cooling water, etc.

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As part of the permit application, include a schematic diagram of the facility and property, showing the flow of all wastestreams (Eg. process wastewater, sanitary wastewater, cooling water, boiler blowdown, etc..) from their point of generation to their point of discharge to the public sanitary or storm sewer. Label the process or source of each wastestream. The flow monitoring locations(s), sample point(s) and any pretreatment equipment should also be included.

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.

_____	_____
Authorized Representative	Title
_____	_____
Signature	Date