

GREEN BAY METROPOLITAN SEWERAGE DISTRICT
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION

Facility _____

Mailing Address _____

Physical Address _____

City, State, Zip _____

The Green Bay Metropolitan Sewerage District (GBMSD) will use information provided in this application to determine the discharge status of your facility in accordance with the GBMSD Sewer Use Ordinance. Please complete all required information as accurately as possible. Additional paper may be used to provide any information requiring more space. If you have any questions regarding this application, please contact Bill Oldenburg, Pretreatment Program Coordinator, GBMSD 920-438-1079.

Part 1 - Facility Information

Owner:

Contact:

Name _____

Name _____

Title _____

Title _____

Phone _____

Phone _____

Business Activity _____

List all environmental permits currently held by your facility:

SIC Code _____

Part 2 – Waste Stream Information

Process wastewater is defined as any wastewater discharged to the sanitary sewer other than sanitary, noncontact cooling, or boiler blowdown.

Process Generating Wastewater*	Continuous Discharge Flow (gallons per day)		Batch Flow (gallons)
	Average	Maximum	
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

*This does not include pretreatment systems that *treat* wastewater.

Part 3 - Total Flow Balance

	Gallons Per Day		Estimated (E)
	Average	Maximum	or Measured (M)
1. Water Consumption*	_____	_____	_____
2. Process Wastewater (from above)	_____	_____	_____
3. Sanitary Wastewater	_____	_____	_____
4. Noncontact Cooling Water	_____	_____	_____
5. Boiler Blowdown	_____	_____	_____
6. Evaporation	_____	_____	_____
7. Other_____	_____	_____	_____
8. Add lines 2-7 for each column	_____	_____	_____

Line 8 must equal line 1.

* Water consumption can be obtained through a review of water bills.

Total number of employees _____

Average number of work days per year _____

Number of shifts per day _____

Number of hours per shift _____

Wastes and bi-products produced _____

Is this process regulated by Categorical Pretreatment Standards? Yes ____ No ____

What Category? _____

Is Quaternary Ammonia used at your facility? If yes, what is the maximum volume on hand at any time?

Describe any pretreatment process located at your facility:

Part 5 – Metering and Sampling (use one page per sample point)

Process(es) discharging to this sample point:

Description of Sample Point: _____

Lateral connection to the public sanitary sewer: _____

Flow Summary *at sample point*:

Type	Daily Flow (gallons per day)		
	Average	Maximum	Estimated (E) Or Measured (M)
Process Wastewater	_____	_____	_____
Sanitary Wastewater	_____	_____	_____
Other _____	_____	_____	_____
TOTAL	_____	_____	_____

Do you have a composite sampler? Yes _____ No _____

Do you have continuous wastewater flow monitoring equipment installed?

Yes _____ No _____

If yes, what kind of equipment?

When wastewater is discharged, is it at a uniform or variable flow rate?

Does your facility have a spill prevention or slug control plan?

Briefly describe how hazardous wastes are generated at your facility, and how and where they are disposed of:

Part 6: Monitoring Data – use one page per sample point

Process(es) _____

Sample Point _____

Sample Date _____ Flow volume during sampling _____ gal/day

Sample Type: Flow Composite _____ Time Composite _____ Grab _____

Pollutant	Average Concentration	Maximum Concentration	Units	Analytical Method

Sampling performed by _____

Analysis performed by _____

Was the sample that was collected representative of a normal production day at your facility? Yes _____ No _____

If the sample that was collected was not representative of a normal production day at your facility, explain why?

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 or 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 fines and imprisonment for knowing violations.

Authorized Representative

Title

Signature

Date