



Payson City Corporation WWTP Pretreatment Program

INDUSTRIAL USER APPLICATION QUESTIONNAIRE and BASELINE MONITORING REPORT

Section A – General Information

1. Business Name _____
2. Name(s) of Business Owner(s) _____
3. Facility Address _____
City _____ State _____ Zip _____
4. Mailing Address _____
City _____ State _____ Zip _____
5. Billing Address _____
City _____ State _____ Zip _____
6. List the name and mailing address of the person who has designated legal signatory authority for this business and can act on matters relating to an industrial wastewater discharge permit:

7. Name _____
Title _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Ext _____ Fax _____
Email Address _____
8. List designated site contact person (someone who is normally at the business and can be contacted by Payson City Pretreatment for industrial wastewater related matters):

Name _____
Title _____
Phone _____ Ext _____ Fax _____
Email Address _____

9. Management Firm or Owner of building or real property that this business occupies:

Name _____

Title _____

Phone _____

Ext _____

Fax _____

Email Address _____

Section B Business Activity Information

1. Please indicate by checkmark if your facility will engage in any processes or activities listed below, regardless of whether the process or activity will generate wastewaters, sludges, or solid wastes.

- 467 Aluminum Forming
- 427 Asbestos Manufacturing
- 461 Battery Manufacturing
- 407 Canned or Preserved Fruits and Vegetables
- 408 Canned or Preserved Seafood Processing
- 458 Carbon Black Manufacturing
- 411 Cement Manufacturing
- 434 Coal Mining
- 465 Coil Coating and Can Manufacture
- 468 Copper Forming
- 405 Dairy Products Processing
- 469 Electric and Electronic Components Manufacturing
- 413 Electroplating
- 457 Explosives Manufacturing
- 412 Feedlots
- 424 Ferroalloy Manufacturing
- 418 Fertilizer Manufacturing
- 464 Foundries (Metal Molding and Casting)
- 426 Glass Manufacturing
- 406 Grain Mills
- 415 Inorganic Chemicals Manufacturing
- 420 Iron and Steel Manufacturing

- 425 Leather Tanning and Finishing
- 432 Meat Products
- 433 Metal Finishing
- 436 Mineral Mining and Processing
- 471 Nonferrous Metals Forming and Powders
- 421 Nonferrous Metals Manufacturing
- 440 Ore Mining and Dressing
- 414 Organic Chemicals, Plastics, Synthetic Fibers
- 430 Pulp, Paper and Paperboard
- 430 Pulp, Paper and Fiberboard Manufacturing
- 446 Paint Formulating
- 447 Ink Formulating
- 443 Paving and Roofing Tars and Asphalt Manufacturing
- 455 Pesticide Chemicals
- 419 Petroleum Refining
- 439 Pharmaceuticals Manufacturing
- 463 Plastics and Synthetic Materials Manufacturing
- 463 Plastics Molding and Forming
- 466 Porcelain Enameling
- 428 Rubber Manufacturing
- 417 Soap and Detergent Manufacturing
- 423 Steam Electric Power Generation
- 409 Sugar Manufacturing
- 410 Textile Mills
- 429 Timber Products

A facility with processes or activities listed above may be regulated by U.S. Environmental Protection Agency categorical pretreatment standards. These facilities may be defined as "categorical industrial users" of wastewater treatment facilities.

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

3. List all applicable Standard Industrial Classification (SIC) and North American Industry Classification System (NAICS) codes for the business:

a. _____ c. _____ e. _____
 b. _____ d. _____ f. _____

4. Business Volume

Product Description	Previous Calendar Year		Current Calendar Year	
Brand Name or Generic Name	Amount per Day (Daily Units)		Amount per Day (Daily Units)	
	Average	Maximum	Average	Maximum

5. Provide a list of all environmental permits held by the facility:

Issuing Environmental Agency	Permit No.
_____	_____
_____	_____
_____	_____

Section C – Water Supply

1. Indicate sources of water used by the business

- Private Well(s)
- Surface Water
- Municipal Water Utility (specify city) _____
- Other (specify) _____

2. Water bills paid by _____

Street Address of PO Box _____

City _____ State _____ Zip _____

Water Service Account Number _____

3. List average water usage on premises (new facilities may estimate usage):

Location		Measured Gallons/Day	Estimated Gallons/Day
a.	Contact cooling water		
b.	Non-contact cooling water		
c.	Boiler feed water		
d.	Process water		
e.	Sanitary flow (toilets)		
f.	Air pollution control		
g.	Retained in product		
h.	Plant and equipment washdown		
i.	Irrigation and lawn watering		
j.	Other (specify):		
Total of a through j			

Section D – Sewer Information

1. This question is for ***existing facilities only***

a. Is the building presently connected to the public sanitary sewer system?

Yes

Sewer bill paid by _____

Street _____

City _____

State _____

Zip _____

Water Service Account Number _____

No

Has business applied to connect?

Yes

No

b. Does this facility have a sampling manhole?

Yes

No

If a sampling manhole exists, describe and give the location _____

2. This question is for ***new facilities only***

a. Will the business occupy an existing building or will a new building be constructed?

New Building

Existing Building

b. Will the building be connected to the public sanitary sewer system?

Yes

No

c. Does this facility currently have a sampling manhole?

Yes

No

d. Is a sampling manhole exist, or will be constructed describe and give location

3. List size, descriptive location, and flow of each facility service line(s) that connects to the sanitary sewer system. (If more than three sewer lines, attach additional information on a separate sheet).

Sewer Pipe Size (inches)	Descriptive Location of Sewer Connection of Discharge Point	Average Flow Gallons/Day

Section E – Wastewater Discharge Information

1. Does this facility now or in the future plan to discharge any non-domestic wastewater (wastewater other than from restrooms)?

Present Yes No

Future Yes No

2. Provide the following information on wastewater flow rate and times of discharge during the week. New facilities may estimate.

a. Total hours/day flow is discharged (e.g. 8 hours/day)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

b. Time of day discharge occurs (e.g. 9am-5pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

c. Maximum hourly flow rate (gallons per hour)

d. Maximum daily flow rate (gallons per day)

e. Average daily flow rate (gallons per day)

3. If batch discharge(s) occur or will occur, list times, flows and number of batches. New facilities may estimate.
- a. Number of batches discharged per day: _____
 - b. Average gallons discharged per batch _____
 - c. Time of batch discharges _____
 - d. Flow rate of a batch discharge _____ Gallons/minute
 - e. Discharge from one batch is _____ percent of the total daily discharge from all sewer discharge sources at facility.
4. **Attach schematic flow diagram** – For each major activity in which wastewater is or will be generated, attach a diagram of the flow 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 waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this MUST be indicated. Number each unit process having a wastewater discharge to the sanitary sewer. Use these numbers when showing this unit process in the building layout in Section H.

Facilities that checked activities in Section B 1 are considered Categorical Industrial Users and may skip to question 6, page 6.

5. For probable Non-Categorical Industrial Users: List the 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 (gallons/day)	Maximum Flow (gallons/day)	Type of Discharge (batch or continuous)
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous

6. **For Categorical Users Only:** Provide the wastewater discharge flows for each regulated and unregulated process or each proposed process. Include the reference numbers from the process schematic that correspond to each process. New facilities should provide estimates for each discharge.

No.	Regulated Process	Average Flow (gallons/day)	Maximum Flow (gallons/day)	Type of Discharge (batch or continuous)
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous

No.	Unregulated Process	Average Flow (gallons/day)	Maximum Flow (gallons/day)	Type of Discharge (batch or continuous)
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous

No.	Dilution	Average Flow (gallons/day)	Maximum Flow (gallons/day)	Type of Discharge (batch or continuous)
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous
				<input type="checkbox"/> batch <input type="checkbox"/> continuous

7. For all users subject to Total Toxic Organics (TTO) Requirements:

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 the EPA?

Yes No

b. Has a baseline monitoring report (BMR) been submitted to Payson City Pretreatment Department which contains TTO information?

Yes No

c. Has a toxic organics management plan (TOMP) been developed for this facility?

Yes No

If yes, please attach a copy of the TOMP to this form.

8. Does the facility have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment?

Current	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Future	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

9. Are any process changes or expansions planned in 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 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 (if No skip Question 12)

12. Briefly describe recovery processes, substances recovered, percent recovered, and the concentration(s) in the spent solution. Submit a flow diagram for each process. Attach additional sheets if needed:

Section F Characteristics of Wastewater Discharged

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the REPORTING TABLE provided on the next page, to report the analytical results. DO NOT LEAVE BLANKS. For all other non-regulated pollutants use the table to 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 list on a separate sheet, if necessary, the sample location and type of analysis used. Be sure testing methods conform to 40 CFR Part 136; if they do not indicate what method was used.

New dischargers should use the REPORTING TABLE provided below, to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a (P) for expected to be present, (S) for suspected to be present, or (O) for will not be present under the average reported values column.

Reporting Table					
Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Acenaphthene					
Acrolein					
Acrylonitrile					
Benzene					
Benzidine					
Carbon Tetrachloride					
Chlorobenzene					
1, 2, 4-Trichlorobenzene					
Hexachlorobenzene					
1, 2-Dichloroethane					
1, 1, 1-Trichloroethane					
Hexachloroethane					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
1, 1-Dichloroethane					
1, 1, 2-Trichloroethane					
1, 1, 2, 2-Tetrachloroethane					
Chloroethane					
Bis (2-chloroethyl) ether					
17 Bis (chloromethyl) ether					
2-Chloroethyl vinyl ether					
2-Chloronaphthalene					
2, 4, 6-Trichlorophenol					
Parachlorometa cresol					
Chloroform					
2-Chlorphenol					
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					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Flouranthene					
4-Chlorophenyl phenyl ether					
4-Bromophenyl phenyl ether					
Bis (2-chlorisopropyl) ether					
Bis (2-chloroethoxy) methane					
Methylene Chloride					
Methyl Chloride					
Methyl Bromide					
Bromoform					
Dichlorobromomethane					
Chlorodibromomethane					
Hexachlorocyclopentadiene					
Isophorone					
Naphthalene					
Nitrobenzene					
Nitrophenol					
2-Nitrophenol					
4-Nitrophenol					
2, 4-Dinitrophenol					
4, 6-Dinitro-o-cresol					
N-nitrosodimethylamine					
N-nitrosodiphenylamine					
N-nitrosodi-n-propylamine					
Pentachlorophenol					
Phenol					
Bis (2-ethylhexyl) phthalate					
Butyl benzyl phthalate					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Di-n-butyl phthalate					
Di-n-octyl phthalate					
Dimethyl phthalate					
Benzo (a) anthracene					
Benzo (a) pyrene					
3, 4-benzoflouranthene					
Benzo (k) flouranthene					
Chrysene					
Acenaphthylene					
Anthracene					
Benzo (ghi) perylene					
Flourene					
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					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
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					
PCB-1248					
PCB-1260					
PCB-1016					
Toxaphene					
(TCDD)					
Asbestos					
Acidity					
Alkalinity					
Bacteria					
BOD5					
COD					
Chloride					
Chlorine					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Flouride					
Hardness					
Magnesium					
NH3-N					
Oil and Grease					
TSS					
TOC					
Kjeldahl N					
Nitrate N					
Nitrite N					
Organic N					
Orthophosphate P					
Phosphorous					
Sodium					
Specific Conductivity					
Sulfate (SO4)					
Sulfide (S)					
Sulfite (SO3)					
Antimony					
Arsenic					
Barium					
Beryllium					
Cadmium					
Chromium					
Copper					
Cyanide					
Lead					

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Mercury					
Nickel					
Selenium					
Silver					
Thallium					
Zinc					

Section G – Wastewater Treatment

1. Is any form of wastewater treatment (see #3) practiced at this facility?

Yes No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility in the next three years?

Yes Describe _____

No

3. Treatment devices or processes used at this facility or proposed for future use for treating wastewater or sludge (check as many boxes as apply):

- Air Flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease Trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation

- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill prevention
- Sump
- Biological treatment, type: _____
- Rain water diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment device or system checked in question 3.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, the by-product disposal method, waste and by-product volumes 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 system. Please include the estimated completion dates.

7. Does the facility have a wastewater treatment plant operator? Yes No

If Yes: Name _____

Title _____

Phone no. _____

Full time _____ (specify hours)

Part time _____ (specify hours)

8. Does the facility have an operations and maintenance manual for the treatment equipment?

Yes No

9. Does the facility have a written maintenance schedule for the treatment equipment?

Yes No

Section H – Facility Operational Characteristics

1. Manufacturing operation shift information:

Mark the days worked:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Shifts per work day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Shift start and end times:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st							
2 nd							
3 rd							
4 th							

Employees per shift:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st							
2 nd							
3 rd							
4 th							

2. Indicate if the business activity is:

Continuous through the year, or

Seasonal – Check the months of the year during which the business activity occurs:

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

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:

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

Comments _____

4. Are facility operations shut down for vacation, holidays, maintenance or other reasons?

Yes, explain _____

No

5. List types and amounts (mass, weight or volume per day) of raw materials used or planned for use (attach separate sheet if necessary):

- List types and quantities of chemicals used or planned for use (attach additional list if necessary). Include copies of Material Safety Data Sheets for all chemicals identified. Chemicals include oils, solvents, refrigerants, fuels, cleaners and manufacturing raw materials, etc.:

Chemical	Quantity on Hand

- Building Layout- Draw to scale the location of each building on the premises. Show map orientation and the 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.

A blueprint or scaled drawing of the facility showing the above features shall be attached to this application.

Section I – Spill Prevention

- Are there chemical storage containers, above or underground tanks, drums, bins, ponds and/or piping at this facility?

Yes No

If yes, please provide a description of their location, contents, size, type of container, the frequency of use and the methods of cleaning (attach extra sheets if necessary):

2. 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.

3. Are there floor drains in the manufacturing or chemical storage area(s)?

Yes No

If yes, where do these drains discharge to?

4. If this facility has chemical storage containers, tanks, drums, bins, ponds, or chemical piping, an accidental spill would threaten the following (check all that apply):

An onsite wastewater disposal system (septic tank)

Public sanitary sewer system (e.g. Through a floor drain)

Storm drain

To the ground

Other, specify: _____

Not applicable, no possible discharge to any of the above routes.

5. Does the facility have a spill prevention and response plan designed to prevent the spills of chemicals or slug discharges from entering the sanitary sewer collection system?

Yes (enclose a copy of the spill plan with this application)

No

Not applicable since there are no floor drains and/or this facility discharges(s) only domestic wastes.

6. Please describe below any previous spill events and remedial measures taken to prevent future recurrence:

Section J – Waste Disposal

1. Please describe below any previous spill events and remedial measures taken to prevent future recurrence:

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 wastes are disposed of on-site.

3. If any of the facilities wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

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

Name of Waste Hauler	Address of Waste Hauler	Permit No. (If applicable):

5. Do the disposal facilities have required Federal, State and Local environmental permits?

Yes No

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

Section K – Compliance Information

Compliance certification:

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? List additional treatment technology or practice being considered in order to bring the facility into compliance (attach explanation if needed).

b. Provide a schedule for bringing the facility into compliance. Specify major events planned, along with reasonable completion dates. Note that if Payson City WWTP 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

Section H – Authorized Signatures

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 fines and imprisonment for knowing violations.

_____	_____
Name (Print)	Title
_____	_____
Signature	Date
_____	_____
Email	Phone No.

Please submit this form to:

Pretreatment Coordinator

Payson City WWTP

439 W Utah Ave

Payson, Utah 84651

Phone: 801.465.5277 Fax 801.465.5280