



PRETREATMENT PROGRAM
APPLICATION FOR INDUSTRIAL WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

1. Facility Name: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ Telephone Number: _____

Facility Location (if different than above):

Street Address: _____

City: _____ State: _____

Zip: _____

2. Designated signatory authority for this facility:

CERTIFICATION 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.

Signature: _____ Date: _____

Name: _____

Title: _____

Phone #: _____ Fax #: _____ Email: _____

3. Designated facility contact:

Name: _____

Title: _____

Phone #: _____ Fax #: _____ Email: _____

4. Date the facility was established on site: _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply).

Industrial Categories

- | | |
|--|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Meat & Poultry Products |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Metal Molding & Casting |
| <input type="checkbox"/> Canned & Preserved Fruits & Vegetables Processing | <input type="checkbox"/> Metal Products & Machinery |
| <input type="checkbox"/> Canned & Preserved Seafood Processing | <input type="checkbox"/> Mineral Mining & Processing |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Centralized Waste Treatment | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Ore Mining & Dressing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers |
| <input type="checkbox"/> Concentrated Animal Feeding Operations (CAFO) | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Concentrated Aquatic Animal Production | <input type="checkbox"/> Paving & Roofing Materials (Tars & Asphalt) |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Dairy Products Processing | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Photographic |
| <input type="checkbox"/> Ferrous Alloy Manufacturing | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Pulp, Paper & Paperboard |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Gum & Wood Chemicals Manufacturing | <input type="checkbox"/> Soap & Detergent Manufacturing |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Landfills | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Waste Combustors |

**A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".*

2. Indicate applicable Standard Industrial Classification (SIC) Code(s) for all processes (If more than one applies, list in order of importance):

a. _____ b. _____ c. _____ d. _____

3. Indicate applicable North American Industry Classification System (NAICS) Code(s) for all processes (If more than one applies, list in order of importance):

a. _____ b. _____ c. _____ d. _____

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

5. Product Volume:

PRODUCT	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amounts Per Day (Daily Units)		Amounts Per Day (Daily Units)	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility (Specify City/County): _____
- Other (Specify): _____

2. Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Water Service Account Number: _____

4. List Average Water Service Usage on Premises:
[New facilities may estimate]

Type	Average Water Usage (GPD)	Indicate Estimate (E) or Measured (M)
a. Contact Cooling Water	_____	_____
b. Non-contact Cooling Water	_____	_____
c. Boiler Feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air Pollution Control	_____	_____
g. Contained in Product	_____	_____
h. Plant and Equipment Washdown	_____	_____
i. Irrigation and Lawn Watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A - J	_____	_____

SECTION D – SEWER INFORMATION

1. **a. For an existing business:**

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

Yes: Sanitary Sewer Account Number: _____

No: Have you applied for a sanitary sewer hookup? Yes No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)?

Yes No

(ii). Have you applied for a building permit if a new facility will be constructed?

Yes No

(iii). Will you be connected to the public sanitary sewer system?

Yes No

2. List size, descriptive location, and flow of each facility sewer which connects to the City of Richmond's sewer system. (Attach additional information on another sheet if needed.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City of Richmond's sewer?

Yes: Complete the remainder of the application

No: Skip to Section I

2. Provide the following information on wastewater flow rate.
[New facilities may estimate]

a. Hours / Day Discharge (e.g., 8 hours / day):

M _____ T _____ W _____ TH _____ F _____ Sat _____ Sun _____

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

M _____ T _____ W _____ TH _____ F _____ Sat _____ Sun _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate:
[New facilities may estimate]
- a. Number of batch discharges _____ per day
 - b. Average discharge per batch _____(GPD)
 - c. Time of batch discharges _____ at _____
(Days of week) (Hours of day)
 - d. Flow rate _____gallons / minute
 - e. Percent of total discharge _____

4. **Schematic Flow Diagram** – For each major activity in which wastewater is or will be generated, attach a diagram of the flow of 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 wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing the unit processes in the building layout in Section H.

**Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.*

5. **For Non-Categorical Users Only:** List 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 (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. **For Categorical Users:** Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge.]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilutions Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject to Total Toxic Organics (TTO) Requirements:

Provide the following TTO information.

- 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 EPA? (See Appendix A)
 Yes No
- b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?
 Yes No
- c. Has a toxic organics management plan (TOMP) been developed?
 Yes (Please attach a copy) No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

- Current:**
- Flow Metering Yes No N/A
 - Sampling Equipment Yes No N/A
- Planned:**
- Flow Metering Yes No N/A
 - Sampling Equipment Yes No N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. 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 (Skip question 10)

10. Briefly describe these changes and their effects on wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

Yes No (Skip question 12)

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

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to indicate if certain pollutants are present or suspected of being present in the wastewaters discharged to the sanitary sewer. **DO NOT LEAVE BLANKS.** For all pollutants listed, indicate whether the pollutant is known to be present (**P**), suspected to be present (**S**), or not known to be present (**N**) by placing the appropriate letter in the column “**Present?**”. If a pollutant is known to be present, please provide the anticipated concentration (after pretreatment) in ppm (mg/L) or ppb.

Priority Pollutants – Metals and Cyanide

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.
Antimony and Compounds			Selenium and Compounds		
Lead and Compounds			Chromium and Compounds		
Arsenic and Compounds			Silver and Compounds		
Mercury and Compounds			Copper and Compounds		
Beryllium and Compounds			Thallium and Compounds		
Nickel and Compounds			Cyanide and Compounds		
Cadmium and Compounds			Zinc and Compounds		

Note: The term compounds shall include organic and inorganic compounds.

Priority Pollutants – Volatile and Semi-Volatile Organics

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.
1,1,1-Trichloroethane			2-Chloronaphthalene		
1,1,1,2-Tetrachloroethane			2-Nitrophenol		
1,1,2-Trichloroethane			3,3-Dichlorobenzidine		
1,1-Dichloroethane			4,6-Dinitro-o-cresol		
1,1-Dichloroethylene			4-Bromophenyl phenyl ether		
1,2,4-Trichlorobenzene			4-Nitrophenol		
1,2-Dichlorobenzene			Acenaphthene		
1,2-Dichloroethane			Acenaphthylene		
1,2-Dichloropropane			Acrolein		
1,2-Diphenylhydrazine			Acrylonitrile		
1,2-trans-Dichloroethylene			Antracene		
1,3-Dichlorobenzene			Benzene		
1,3-Dichloropropylene			Benzidine		
1,4-Dichlorobenzene			Benzo(a)anthracene		
2,3,7,8-Tetrachlorodibenzo-p-dioxin			Benzo(a)pyrene		
2,4,6-Trichlorophenol			Benzo(b)fluoranthene		
2,4-Dichlorophenol			Benzo(ghi)perylene		
2,4-Dimethylphenol			Benzo(k)fluoranthene		

2,4-Dinitrophenol			Bis (2-Chloroethoxy) methane		
2,4-Dinitrotoluene			Bis (2-Chloroethyl) ether		
2,6-Dinitrotoluene			Bis (2-Chloroisopropyl) ether		
2-Chloroethylvinyl ether			Bromodichloromethane		
Bromoform			Hexachlorocyclopentadiene		
Butylbenzyl phthalate			Indeno (1,2,3-cd) pyrene		
Carbon tetrachloride			Isophorone		
Chlorinated benzenes			Methyl Bromide		
Chlorinated ethanes			Methyl Chloride		
Chlorinated phenol			Methylene Chloride		
Chlorodibromomethane			N- Nitrosodimethylamine		
Chloroform			N- Nitrosodiphenylamine		
Chrysene			Naphthalene		
Di (2-ethylhexyl) phthalate			Nitrobenzene		
Dibenzo(a,h)anthracene			N-Nitrosodipropylamine		
Dibutyl phthalate			Parachlorometacresol		
Dichlorodifluoromethane			Pentachlorophenol		
Diethyl phthalate			Phenanthrene		
Di-n-octyl phthalate			Phenol		
Ethylbenzene			Phthalate esters		
Fluoranthene			Pyrene		
Fluorene			Tetrachloroethylene		
Hexachlorethane			Toluene		
Hexachlorobenzene			Trichloroethylene		
Hexachlorobutadiene			Trichlorofluoromethane		
Hexachlorocyclohexane			Vinyl Chloride		

Priority Pollutants – Pesticides and Pesticides Active Ingredients

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.
2,4-DB			Captafol		
a-BHC			Carbaryl		
Acifluorfen			Carbofuran		
Alachlor			Chlordane		
Aldrin			Chloroneb		
Atrazine			Chlorothalonil		
b-BHC			Chlorpyrifos		
Benfluralin			Cyanazine		
Biphenyl			Dazomet		
Bromacil			DCPA		
Bromoxynil			DEF		
Butachlor			Dichlorprop		
Fenvalerate			Dichlorvos		
Glyphosate			Dieldrin		
Heptachlor epoxide			Dinoseb		
KN methyl			Dioxathion		
Malathion			Disulfoton		
MCPP			Diuron		
Methamidophos			Endosulfan sulfate		
Methoxychlor			Endothall		
Mevinphos			Endrin		
Nabonate			Endrin aldehyde		
Norflurazon			Ethalfuralin		
Parathion			Ethion		
Polychlorinated byphenyls (PCBs)			Fenthion		
2,4-DB			PCB-1248 (Arachlor 1248)		
Acephate			PCNB		
a-Endosulfan			Pendimethalin		
Aldicarb			Permethrin		

Ametryn			Phorate		
Azinphos methyl			Phosmet		
b-Endosulfan			Prometon		
Benomyl			Prometryn		
Bolstar			Pronamide		
Bromacil lithium			Propachlor		
Bromoxynil octanoate			Propanil		
d-BHC			Pyrethrin I		
g-BHC			Pyrethrin II		
Heptachlor			Simazine		
Isopropalin			Stirofos		
Linuron			TCMBT		
MCPA			Tebuthiron		
Merphos			Terbacil		
Methomyl			Terbufos		
Metribuzin			Terbutylazine		
Nabam			Terbutryn		
Naled			Topaxene		
Organo-tin			Triadimefon		
Parathion methyl			Trifluralin		
PCB-1016 (Arachlor 1016)			Fenarimol		
PCB-1232 (Arachlor 1232)			Fensulfthion		
PCB-1221 (Arachlor 1221)			Vapam		
PCB-1242 (Arachlor 1242)			Ziram		
4,4'- DDE			Carbam-S		
4,4'- DDD			PCB-1254 (Arachlor 1254)		
4,4'- DDT			PCB-1260 (Arachlor 1260)		
Busan 40			Diazinon		
Busan 85			Propazine		

Priority Pollutants – Conventional Pollutants

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.
Biochemical Oxygen Demand, 5 day			Total Suspended Solids		
pH (S.U.)			Oil and Grease		
Fecal Coliform					

Priority Pollutants – Other Pollutants

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.
Algaecides			Cobalt		
Manganese			Sulfide		
Aluminum			Color (Pt-Co Units)		
Molybdenum			Sulfite		
Ammonia			Dyes (Inorganic)		
Nitrate			Surfactants		
Asbestos			Dyes (Organic)		
Nitrite			Tin		
Barium			Flammable liquids		
Organic nitrogen			Titanium		
Boron			Fluoride		
Phosphorus			Total Kjeldahl Nitrogen (TKN)		
Bromide			High temperature (> 80°F)		
Potassium			Total Organic Carbon		
Calcium			Iron		
Radioactivity (picocurie/liter)			TPH		
Chemical Oxygen Demand (COD)			Magnesium		
Sodium			Turbidity (Jackson Units)		
Chloride			Sulfate		

Other Wastewater substances/characteristics known to be present but not identified by the preceding lists.

Pollutant	Present?	Conc.	Pollutant	Present?	Conc.

SECTION G – TREATMENT

1. Are process industrial wastes physically separated from all other wastes?

Yes No

2. Is any form of wastewater treatment (see list below) practiced at this facility?

Yes No

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

Yes No

If yes, describe: _____

4. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- | | |
|--|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Grease or Oil Separation, type: _____ | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Biological Treatment, type: _____ |
| <input type="checkbox"/> Grinding Filter | <input type="checkbox"/> Rainwater Diversion or Storage |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other Chemical Treatment, type: _____ |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other Physical Treatment, type: _____ |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Other, type: _____ |

5. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

6. Attach a process flow diagram for each existing treatment system.

7. Describe sludge disposal method. If applicable, provide sludge disposal contractor, address and telephone number.

8. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

9. Do you have a treatment operator?

Yes No

(If Yes,) Name: _____

Title: _____

Phone: _____

Full Time: _____ (specify hours)

Part Time: _____ (specify hours)

10. Do you have a manual on the correct operation of your treatment equipment?

Yes No

11. Do you have a written maintenance schedule for your treatment equipment?

Yes No

12. List any existing Federal, State, or local regulatory and/or environmental permits. Attach copies with this application.

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per day		_____	_____	_____	_____	_____	_____	_____
Emp. Per Shift	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____
Shift Start/End Times	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the **business activity** is:

Continuous through the year, or

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

JAN FEB MAR APR MAY JUNE JULY AUG SEP OCT NOV DEC

Comments:

3. Indicate whether the **facility discharge** is:

Continuous through the year, or

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

JAN FEB MAR APR MAY JUNE JULY AUG SEP OCT NOV DEC

Comments:

4. Does the operation shut down for vacation, maintenance or other reasons?

Yes, indicate reasons and period(s) when shutdown occurs:

No

3. If you have chemical storage containers, bins or ponds in the manufacturing area, could an accidental spill lead to discharge to: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> An onsite disposal system | <input type="checkbox"/> To ground |
| <input type="checkbox"/> Public sanitary sewer system (e.g., through a floor drain) | <input type="checkbox"/> Other, specify: _____ |
| <input type="checkbox"/> Storm drain | <input type="checkbox"/> Not applicable, no possible discharge to any of the above routes |

4. Do you have a Spill Prevention Control and Countermeasures Plan (SPCC) to prevent spills of chemicals or slug discharges from entering the City of Richmond’s collection system?

- Yes – Please include a copy with the application
- No – An SPCC is required of all permitted industries within the City of Richmond.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and **not** disposed of in the sanitary sewer system?

- 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 are disposed of on-site.

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

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

SECTION K – COMPLIANCE

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? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance?

- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the City of Richmond 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
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

SECTION L – STORM WATER MANAGEMENT

1. Does this facility maintain a current Virginia Storm Water Discharge General Permit? Yes No
2. Does this facility conduct any process operation(s) or maintenance procedures outside of a covered building? Yes No

If yes, please identify the process and the frequency it is performed.

3. Briefly, describe the Storm Water Pollution Prevention Plan implemented by this facility to achieve compliance with Federal and State Storm Water Regulations.

SECTION M – HAZARDOUS WASTE NOTIFICATION

The Federal Resource Conservation and Recovery Act (RCRA) mandate the regulations of any hazardous wastes. On November 8, 1984, RCRA was amended to include any facility which generates 220 pounds or roughly half a 55-gallon drum but less than 2,200 pounds of hazardous waste in a calendar month. This amendment impacted five categories of commercial/industrial operations. **These categories are: Vehicle maintenance, manufacturing and finishing of metals, printing, photography, laundries and dry cleaners.**

The Federal and State Water Quality regulations require the City’s Approved Pretreatment Program to notify all commercial/industrial users of the existence of RCRA regulations and their obligation to comply with these regulations. For further information concerning RCRA, please contact the Virginia Department of Environmental Quality, Solid Waste Division at (804) 527-5138 or (804) 527-5145 or EPA Region 3 on (215) 597-9800.

SECTION N – ATTACHMENT CHECKLIST

1. Attach to this application a detailed schematic and/or final engineering drawing.

Attached: Yes No

Comments:

2. Attach to this application the Toxic Organic Management Plan, if applicable.

Attached: Yes No

Comments:

3. Attach to this application a flow diagram of the Water Reclamation Systems at your facility, if applicable.

Attached: Yes No

Comments:

4. Attach to this application a Treatment System Process Flow Diagram.

Attached: Yes No

Comments:

5. Attach to this application copies of all existing environmental/regulatory permits for this facility. If permits exist for a similar existing facility, please include a copy of these permits.

Attached: Yes No

Comments:

6. Attach to this application a Building Layout Plan which indicates processing/production area(s), buildings on site, all storage areas and any containment system(s).

Attached: Yes No

Comments:
