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

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Canned & Preserved Fruits & Vegetables Processing
[ ] Canned & Preserved Seafood Processing
[ ] Carbon Black Manufacturing
[ ] Cement Manufacturing
[ ] Centralized Waste Treatment
[ ] Coal Mining
[ ] Coil Coating
[ ] Concentrated Animal Feeding Operations (CAFO)
[ ] Concentrated Aquatic Animal Production
[ ] Copper Forming
[ ] Dairy Products Processing
[ ] Electrical & Electronic Components
[ ] Electroplating
[ ] Explosives Manufacturing
[ ] Ferroalloy Manufacturing
[ ] Fertilizer Manufacturing
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Gum & Wood Chemicals Manufacturing
[ ] Hospital
[ ] Ink Formulating
[ ] Inorganic Chemicals Manufacturing
[ ] Iron & Steel Manufacturing
[ ] Landfills
[ ] Leather Tanning & Finishing
[ ] Meat & Poultry Products
[ ] Metal Finishing
[ ] Metal Molding & Casting
[ ] Metal Products & Machinery
[ ] Mineral Mining & Processing
[ ] Nonferrous Metals Forming & Metal Powders
[ ] Nonferrous Metals Manufacturing
[ ] Oil & Gas Extraction
[ ] Ore Mining & Dressing
[ ] Organic Chemicals, Plastics, & Synthetic Fibers
[ ] Paint Formulating
[ ] Paving & Roofing Materials (Tars & Asphalt)
[ ] Pesticide Chemicals
[ ] Petroleum Refining
[ ] Pharmaceutical Manufacturing
[ ] Phosphate Manufacturing
[ ] Photographic
[ ] Plastics Molding & Forming
[ ] Porcelain Enamel
[ ] Pulp, Paper & Paperboard
[ ] Rubber Manufacturing
[ ] Soap & Detergent Manufacturing
[ ] Steam Electric Power Generating
[ ] Sugar Processing
[ ] Textile Mills
[ ] Timber Products Processing
[ ] Transportation Equipment Cleaning
[ ] 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 Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR 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-Thrichloroethane			2-Chloronaphthalene		
1,1,2,2-Tetrachloroethane			2-Nitrophenol		
1,1,2-Tricloroethane			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			Ethalfluralin		
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			Terbuthylazine		
Nabam			Terbutryn		
Naled			Topaxene		
Organo-tin			Triadimefon		
Parathion methyl			Trifluralin		
PCB-1016 (Arachlor 1016)			Fenarimol		
PCB-1232 (Arachlor 1232)			Fensulfothion		
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).

   [ ] 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 Protection
   [ ] Sump
   [ ] Biological Treatment, type:_____
   [ ] Rainwater Diversion or Storage
   [ ] Other Chemical Treatment, type:_____
   [ ] Other Physical Treatment, type:_____
   [ ] 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	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____
Shift Start/End Times	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____

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

5. List types and amounts (mass or volume per day) of raw materials and chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Material Safety Data Sheets for all chemicals):

Raw Material / Chemical	**Amount** *Avg. /Day*	*Max/day*

6. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit process (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.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? [ ] Yes [ ] No
*If **yes**, please give a description of their location, contents, size, type, frequency and method of cleaning. Also 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.*

_____

_____

_____

2. Do you have floor drains in your manufacturing or chemical storage area(s)? [ ] Yes [ ] No
*If **yes**, where do they discharge to?*

_____

_____

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)

[ ]	An onsite disposal system	[ ]	To ground
[ ]	Public sanitary sewer system (e.g., through a floor drain)	[ ]	Other, specify: _____
[ ]	Storm drain	[ ]	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
_____	_____
_____	_____
_____	_____
_____	_____

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:

   _____

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

   Attached: [ ] Yes [ ] No

   Comments:

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   _____

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:

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   _____

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:

   _____

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