

**EC/ BUFFALO SEWER AUTHORITY  
B.P.D.E.S. DISCHARGE PERMIT APPLICATION**

FOR BSA USE ONLY

DATE APPLICATION REC'D: \_\_\_\_\_

INDUSTRIAL NUMBER: \_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_

**PART A - GENERAL INFORMATION**

A1. Applicant Business Name \_\_\_\_\_

A2. Address of premises discharging wastewater:

\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

A3a. Business Address (if different than above):

\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

b. Mailing Address (if different than above):

\_\_\_\_\_

Street	City	State	Zip
--------	------	-------	-----

A4. Chief Business Official:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

A5. Facility Representative:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

A6. Person to be contacted about this application, if different from above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

A7. Person to be contacted in case of emergency, if different from above:

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

A8. Confidentiality:

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requesting confidentiality.

\_\_\_\_\_  
\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official (Seal if Applicable)

## PART B - BUSINESS DESCRIPTION

**PURPOSE** The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity.

B1. Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B2. Business Activity: North American Industry Classification System (NAICS) Codes for Principal Products or Services:

<u>Activity</u>	<u>NAICS Code (5-6 Digits)</u>	<u>Production (Monthly Avg.)*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B3. Is there a scheduled shutdown? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

B4. Is production seasonal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain, indicating month(s) of peak production:

\_\_\_\_\_  
\_\_\_\_\_

B5. Average number of employees per shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Shift start times: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Shift end times: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Shifts normally worked each day:

	<u>Sun.</u>	<u>Mon.</u>	<u>Tue.</u>	<u>Wed.</u>	<u>Thu.</u>	<u>Fri.</u>	<u>Sat.</u>
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____

\* Monthly average stated shall be the highest monthly average production in the previous three years.

### PART C - WATER SOURCE AND USE

**PURPOSE -** The Water Source and Use information will enable BSA to determine the Volumes and Sources of wastewater discharged to the BSA sewer.

#### WATER/WASTEWATER DATA

C1.	Water Sources	Average Volume (Gallons per Day)	Peak Flow & Estimated Duration (Gallons per Minute & Time)
	Municipal System	_____	_____
	Recycled	_____	_____
	Private Wells	_____	_____
	Other (Specify) _____	_____	_____
	Water Account No.(s)	_____	_____

C2.	Water Usage	Average Volume (Gallons per Day)	Peak Flow & Estimated Duration (Gallons per Minute & Time)
	Cooling Water	_____	_____
	Boiler Makeup	_____	_____
	Process Water	_____	_____
	Sanitary Purposes	_____	_____
	Other (Specify) _____	_____	_____

C3.	Waste Water Discharge	Average Discharge (Gallons per Day)	Peak Discharge & Estimated Duration (Gallons per Minute & Time)
	Municipal Sewer/Sanitary		
	- Process	_____	_____
	- Sanitary:	_____	_____
	- Cooling	_____	_____

#### Non-Sewered Discharges

- Natural Receiving Water \_\_\_\_\_
- Storm Drain \_\_\_\_\_
- Waste Hauler \_\_\_\_\_
- Evaporation \_\_\_\_\_
- Contained in Product \_\_\_\_\_
- Recycled \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

C4. Is your facility permitted to discharge liquid wastes under a State (S.P.D.E.S.) Permit?

Yes \_\_\_\_\_ No \_\_\_\_\_ Permit No. \_\_\_\_\_

C5. Does your facility have a wastewater discharge from any air pollution control equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so what discharge point \_\_\_\_\_

**PART D - SUBSTANCES OF CONCERN  
(REFER TO ATTACHED TABLE I)**

Complete all information for those substances your facility has used, produced, stored, distributed, listed under the TRI report or otherwise disposed of since last application. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A-M which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

[illegible]

TABLE 1 - SUBSTANCES OF CONCERN

<u>CLASS A - HALOGENATED HYDROCARBONS</u> <u>AROMATICS</u>	<u>CLASS B - HALOGENATED ORGANICS</u> (other than hydrocarbons)	<u>CLASS C - PESTICIDES</u> (including herbicides, algaecides, biocides, slimicides and mildewcides)	<u>CLASS F - SUBSTITUTE</u> (other than hydrocarbons and non-halogenated)
A01. Methyl chloride A02. Methylene chloride A03. Chloroform A04. Carbon tetrachloride A05. Freon/Genatron A06. Other halomethanes A07. 1, 1, 1-Trichlorethane A08. Other halocethanes A09. Vinyl fluoride A10. Vinyl chloride A11. Dichloroethylene A12. Trichloroethylene A13. Tetrachloroethylene A14. Chlorinated propane A15. Chlorinated propene A16. Hexachlorobutadiene A17. Hexachlorocyclopentadiene A18. Chlorinated benzene A19. Chlorinated toluene A20. Fluorinated toluene A21. Polychlorinated biphenyl (PCB) A22. Chlorinated naphthalene A23. Dechlorane (C <sub>10</sub> C <sub>12</sub> ) A99. Halogenated hydrocarbons not specified above	B01. Phosgene B02. Methyl Chloromethyl ether B03. bis-chloromethyl ether B04. Other chloroalkyl ethers B05. Benzoyl chloride B06. Chloroformol B07. Chlorinated phenol B08. Chlorinated cresols or xylenols B09. Chloroacetic acid B10. Chloroaryl ethers B11. Dichlorophene or hexachlorophene B12. Chlorinated aniline (including methylene bis (2-chloroaniline)) B13. Dichlorobenzidine B14. Chlorinated diphenyl oxide B15. Chlorinated toluidine B16. Kepone B17. Dichlorovinyl sulfonyl pyridine B18. Chloropicrin B20. Trichloro-propylsulfonyl pyridine B21. Tetrachloro-methylsulfonyl pyridine B22. Tetrachloro-isophthalonitrile B99. Halogenated organics not specified above	C01. Aldrin/Dieldrin C02. Chlordane and metabolites C03. DDT and metabolites C04. Endosulfan/Thiodan and metabolites C05. Endrin and metabolites C06. Heptachlor and metabolites C07. Malathion C08. Methoxychlor C09. Parathion C10. Toxaphene C11. Sevin C12. Kelthane C13. Diazinon C15. Carbaryl C16. Silvex C17. Dithiocarbamates C18. Maneb C19. Dioxathion C20. Tandex/Karbutilate C21. Carbofurans C22. Pentac C23. Folpet C24. Dichlorone C25. Rotenone C26. Lindane/Isotox C27. Simazine C28. Methoprene C99. Pesticides not specified above	F01. Phenol, cresol, or xlenol F02. Catechol, resorcinol, or hydroquinone F03. Nitrophenols F04. Nitrobenzenes F05. Nitrotoluenes F06. Aniline F07. Toluidines F08. Nitroanilines F09. Nitroanisole F10. Toluene diisocyanate F11. Dimethylaminoazobenzene F12. Benzoic Acid (and Benzoate salts) F13. Phthalic, isophthalic or terephthalic acid F14. Phthalic anhydride F15. Phthalate esters F16. Phenoxycetic acid F17. Phenylphenols F18. Nitrophenyls F19. Aminobiphenyls (including benzidine) F20. Diphenylhydrazine F21. Naphthylamines F22. Carbazole F23. Acetylaminofluorene F24. Dyes and organic pigments F25. Pyridine F99. Substituted aromatics not specified above
<u>CLASS D - AROMATIC HYDROCARBONS</u> D01. Benzene D02. Toluene D03. Xylene D04. Biphenyl D05. Naphthalene D06. Ethylbenzene D07. Styrene D08. Acenaphthene D09. Fluoranthene D99. Aromatic hydrocarbons not specified above <u>CLASS E - TARS</u> E01. Coal tar E02. Petroleum tar	<u>CLASS G - MISCELLANEOUS</u> G01. Asbestos G02. Acrolein G03. Acrylonitrile G04. Isophorane G05. Nitrosamines G06. Ethyleneimine G07. Propylacetone G08. Nitrosodimethylamine G09. Dimethyl hydrazine G10. Maleic anhydride G11. Methyl isocyanate G12. Epoxides G13. Nitrofurans G14. Cyanide	<u>CLASS M - METALS AND THEIR COMPOUNDS</u> M01. Anthimony M02. Arsenic M03. Beryllium M04. Cadmium M05. Chromium M06. Copper M07. Lead M08. Mercury M09. Nickel M10. Selenium M11. Silver M12. Thallium M13. Zinc M14. Boron M15. Manganese M18. Titanium M21. Tungster M22. Gold M83. Pladium M84. Platinum M99. Metals not specified	

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

NAME	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	SUPPLIER	PURPOSE OF USE (STATE WHETHER PRODUCED, REACTED, BLENDED, PACKAGED, DISTRIBUTED, NO LONGER USED)

Are you presently permitted to discharge radiological waste by the N.Y.S.D.E.C.? Yes \_\_\_\_ No \_\_\_\_

#### PART E - MISCELLANEOUS

- E1. Do you have automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans?

Current: Flow Metering Yes \_\_\_\_ No \_\_\_\_ Sampling Equipment Yes \_\_\_\_ No \_\_\_\_  
 Planned: Flow Metering Yes \_\_\_\_ No \_\_\_\_ Sampling Equipment Yes \_\_\_\_ No \_\_\_\_

- E2. Does your facility pretreat any wastewater prior to discharge to a sanitary sewer? Yes \_\_\_\_ No \_\_\_\_  
 If so, please show locations of pretreatment processes on attached schematic process diagram (Part F) and describe below:

---



---



---

- E3. Do you have a Spill Prevention, Containment and Control Plan (SPCC) and/or Slug Discharge Control Plan for your plant? Yes \_\_\_\_ No \_\_\_\_

- E4. Do you have a Solvent Management Plan or a Toxic Organic Management Plan? Yes \_\_\_\_ No \_\_\_\_

- E5. Do you generate any liquid or solid waste such as solvents, electroplating sludges, thinners, oils, still bottoms, fly ash, filler, etc? Yes \_\_\_\_ No \_\_\_\_ . If yes, please fill out the following table:

TYPE OF WASTE	IF THIS WASTE IS PRODUCED BY PRETREATMENT CHECK HERE	AMOUNT PER YEAR (SPECIFY LBS, TONS OR GALS)	METHOD OF DISPOSAL <u>CHECK EACH METHOD USED</u>				
			ON-SITE	SANITARY LANDFILL	HAZARDOUS WASTE FACILITY	RECLAIMED OR RESUED	OTHER

E6. Description of Disposal Method:

a. Disposal Site

\_\_\_\_\_

b. Hazardous Waste Hauler - Please give name and address \_\_\_\_\_

\_\_\_\_\_

c. Reclaimed or Reused - Please describe process, if on-site, or give name and address of reclaimer

\_\_\_\_\_

\_\_\_\_\_

d. Other - Please describe \_\_\_\_\_

\_\_\_\_\_

E7. Do you store any hazardous wastes on-site? Yes \_\_\_\_ No \_\_\_\_

E8. Have you filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)? Yes \_\_\_\_ No \_\_\_\_  
If yes, please attach.

E9. What is your Hazardous Waste Number? \_\_\_\_\_

E10. Do you discharge into the Buffalo Sewer Authority a waste identified by 40 CFR 261 as hazardous waste?  
Yes \_\_\_\_ No \_\_\_\_

E11. If your facility is discharging a hazardous waste, have you properly notified the Buffalo Sewer Authority?  
Yes \_\_\_\_ No \_\_\_\_

## **PART F - SCHEMATIC FLOW DIAGRAM**

**PURPOSE** - The Schematic Flow Diagram shows the flow pattern of products through the facility and the various sources of wastewater.

**F1.** Schematic Flow Diagram - For each major activity in which wastewater is generated, draw a diagram of the flow of materials and water from start to completed project, showing all unit processes generating wastewater. Number each unit process having wastewater discharges to the community sewer.

**F2.** General Instructions - Type or print the information. A line drawing (schematic flow diagram) of each major business activity described in Part B is to be drawn in on an attached sheet of paper (all sheets should be letter size). An example of drawing required is shown in Figure 1. To determine your average daily volume and maximum daily volume of wastewater flow you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

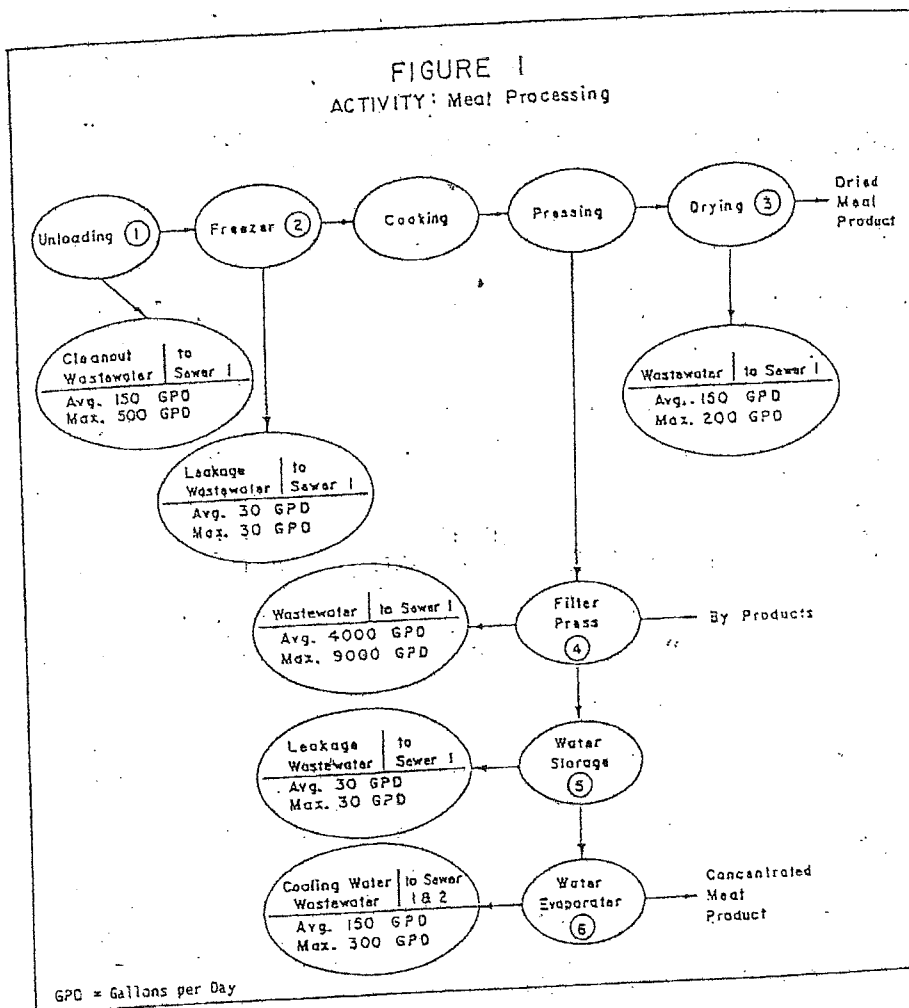
FILE: L\WPDOCS\APPLICATIONS\BPDESPERMITAPPLICAITON.DOC

REVISED 3/19/93, 8/30/94, 12/1/94, 10/7/96, 10/25/98, 5/1/05



DO NOT RETURN THIS PAGE WITH APPLICATION

FIGURE 1  
ACTIVITY: Meat Processing



DO NOT RETURN THIS PAGE WITH APPLICATION

**PART G - BUILDING LAYOUT**

**PURPOSE** - The building layout shows the wastewater generating operations which contribute to each side sewer.

**INSTRUCTIONS FOR COMPLETING PART G:** General Instructions - Type or print the information.

**Building Layout** - A building layout or plant site plan of the premise is required to complete Part G. An arrow showing north as well as the map scale must be shown. The location of each existing and proposed sampling manhole and side sewer must be clearly identified, including distances as well as all sanitary and wastewater drainage plumbing. Number each unit process discharging wastewater to the community sewer. Use the same numbering system shown in Part F (Schematic Flow Diagram). An example of the drawing required is shown below in Figure 2.

