

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

FOR BSA USE ONLY DATE APPLICATION REC'D: _____ INDUSTRIAL NUMBER: _____ INVESTIGATOR: _____
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PART A - GENERAL INFORMATION

A1. Applicant Business Name _____

A2. Address of premises discharging wastewater:

Street	City	State	Zip
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A3a. Business Address (if different than above):

Street	City	State	Zip
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b. Mailing Address (if different than above):

Street	City	State	Zip
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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 <u>(Gallons per Day)</u>	Peak Flow & Estimated Duration <u>(Gallons per Minute & Time)</u>
	Municipal System	_____	_____
	Recycled	_____	_____
	Private Wells	_____	_____
	Other (Specify) _____	_____	_____
	Water Account No.(s)	_____	_____
		_____	_____

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

C3.	Waste Water Discharge	Average Discharge <u>(Gallons per Day)</u>	Peak Discharge & Estimated Duration <u>(Gallons per Minute & Time)</u>
	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 _____

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, DISTRUBUTED, 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 CHECK EACH METHOD USED				
			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.

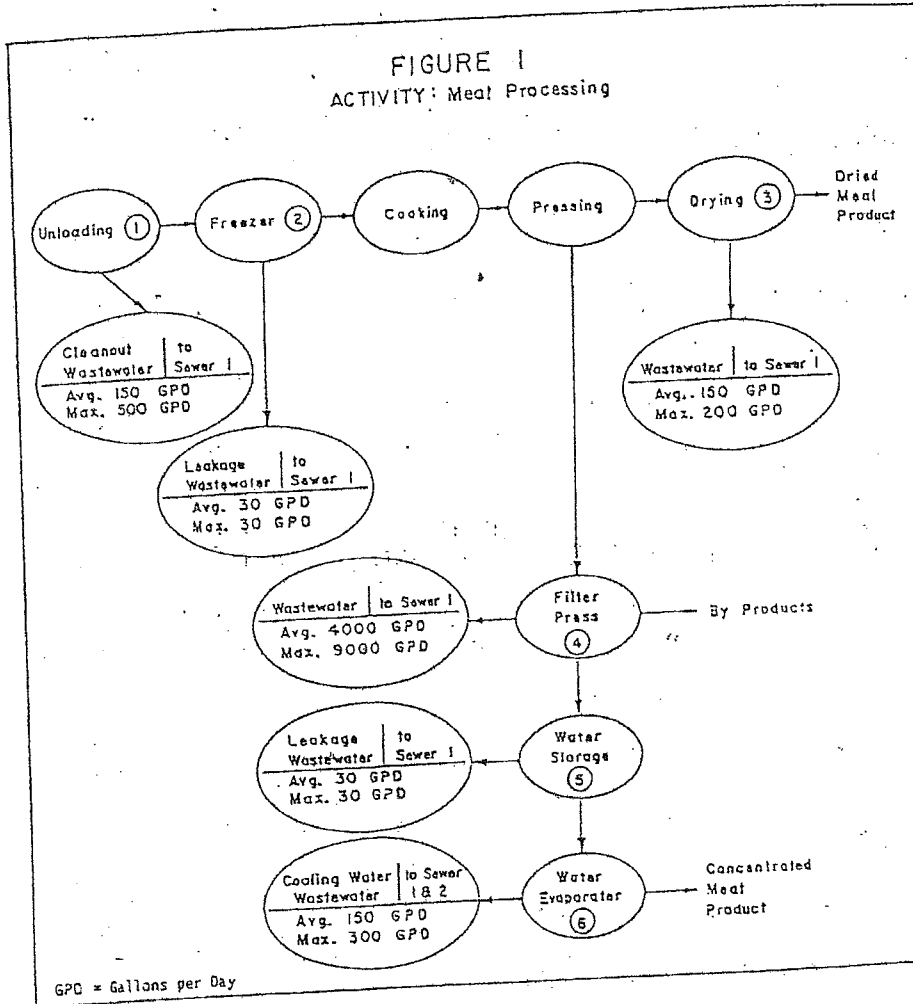
F2. General Instructions - Type or print the information. A line drawing (schematic flow diagram) of each major business activity described in Part B is to be drawn in on an attached sheet of paper (all sheets should be letter size). An example of drawing required is shown in Figure 1. To determine your 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

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FIGURE 1
ACTIVITY: Meat Processing



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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.

