



**Industrial Pretreatment Program Contact Information:**

Steven Stokes, Water Quality Coordinator

[Steven.Stokes@gwinnettcountry.com](mailto:Steven.Stokes@gwinnettcountry.com)

678.376.2117



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 1 – APPLICANT INFORMATION

<b>APPLICANT BUSINESS NAME</b>		<b>Permit Number</b>  (To be assigned by GCDWR)
<b>Address Of Site Discharging Wastewater</b>  _____  _____  _____  Street Address                      City                      Zip Code		
<b>Person To Be Contacted Regarding This Application</b>  _____ Name                      Title  _____ Mailing Address  _____ Electronic Mail Address                      Telephone Number                      Facsimile Number		
<b>Person(s) To Receive Permit And Correspondence If Different Than Person Signing Application</b>  _____ Name                      Mailing Address  _____ Name                      Mailing Address		
<b>Person To Be Contacted In The Event Of An Emergency</b>  _____ Name                      Daytime Telephone Number                      Nighttime Telephone Number		
<b>Authorization</b>  _____ Name <i>is authorized to sign reports, documents, and other correspondence required by this permit.</i>  _____ Title		



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 1 – APPLICANT INFORMATION

APPLICANT BUSINESS NAME:

Application Type

- ☐ **Permit Renewal** (including renewal of temporary permits) **Current Permit No.** \_\_\_\_\_  
Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last application for this facility?  
☐ YES ☐ NO
- ☐ **Permit Modification** **Current Permit No.** \_\_\_\_\_
- ☐ **Existing Unpermitted Discharge**
- ☐ **Proposed Discharge** Anticipated date of discharge: \_\_\_\_\_

CERTIFICATION

*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 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.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(To be signed by Chief Executive Officer or duly authorized representative.)

\_\_\_\_\_  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 2 – BUSINESS ACTIVITY

APPLICANT BUSINESS NAME:

**Industrial Categories**

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 wastes), place a check beside the category of business activity (check all that apply).

- |   |  |
|---|--|
| <input type="checkbox"/> Aluminum Forming                                   | <input type="checkbox"/> Iron and Steel Manufacturing                    |
| <input type="checkbox"/> Asbestos Manufacturing                             | <input type="checkbox"/> Landfills                                       |
| <input type="checkbox"/> Battery Manufacturing                              | <input type="checkbox"/> Laundry   |
| <input type="checkbox"/> Can Making   | <input type="checkbox"/> Leather Tanning and Finishing                   |
| <input type="checkbox"/> Canned, Preserved Fruits and Vegetables Processing | <input type="checkbox"/> Meat and Poultry Products                       |
| <input type="checkbox"/> Canned and Preserved Seafood Processing            | <input type="checkbox"/> Metal Finishing                                 |
| <input type="checkbox"/> Carbon Black Manufacturing                         | <input type="checkbox"/> Metal Products and Machinery                    |
| <input type="checkbox"/> Cement Manufacturing                               | <input type="checkbox"/> Non-Ferrous Metals Forming and/or Metal Powders |
| <input type="checkbox"/> Centralized Waste Treatment                        | <input type="checkbox"/> Paint and/or Ink Formulating                    |
| <input type="checkbox"/> Coil Coating                                       | <input type="checkbox"/> Paving and Roofing Materials (Tars and Asphalt) |
| <input type="checkbox"/> Copper Forming                                     | <input type="checkbox"/> Pesticide Manufacturing                         |
| <input type="checkbox"/> Dairy Products Processor                           | <input type="checkbox"/> Petroleum Refining                              |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing   | <input type="checkbox"/> Pharmaceutical Manufacturing                    |
| <input type="checkbox"/> Electroplating                                     | <input type="checkbox"/> Plastic and Synthetic Fibers Manufacturing      |
| <input type="checkbox"/> Etching (Ferrous and Non-Ferrous Materials)        | <input type="checkbox"/> Plastics Molding and Forming                    |
| <input type="checkbox"/> Explosives Manufacturing                           | <input type="checkbox"/> Porcelain Enameling                             |
| <input type="checkbox"/> Feedlots   | <input type="checkbox"/> Pulp, Paper, and Paperboard Manufacturing       |
| <input type="checkbox"/> Ferroalloy Manufacturing                           | <input type="checkbox"/> Rubber Manufacturing                            |
| <input type="checkbox"/> Fertilizer Manufacturing                           | <input type="checkbox"/> Soap and Detergent Manufacturing                |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)              | <input type="checkbox"/> Steam Electric Power Generating                 |
| <input type="checkbox"/> Glass Manufacturing                                | <input type="checkbox"/> Sugar Processing                                |
| <input type="checkbox"/> Grain Mills  | <input type="checkbox"/> Textile Mills                                   |
| <input type="checkbox"/> Groundwater Treatment                              | <input type="checkbox"/> Timber Products Processing                      |
| <input type="checkbox"/> Gum and Wood Chemicals Manufacturing               | <input type="checkbox"/> Transportation Equipment Cleaning               |
| <input type="checkbox"/> Inorganic and/or Organic Chemicals Manufacturing   | <input type="checkbox"/> Waste Combustors                                |

**Standard Industrial Classification Number(s) (SIC Codes) for all processes.** (If more than one applies, list in descending order of importance.)

\_\_\_\_\_

**North American Industry Classification Number(s) (NAIC)<sup>1</sup>** (If more than one applies, list in descending order of importance.)

\_\_\_\_\_

<sup>1</sup>NAIC is a new industry classification number that will eventually replace the SIC.



WINNETT COUNTY  
WATER RESOURCES  
WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 2 – BUSINESS ACTIVITY

APPLICANT BUSINESS NAME:

Provide A Brief Description Of Manufacturing Or Service Activity On Premises  
(Attach additional sheets if needed)

Principal Raw Materials Used:

Catalysts, Intermediates (where applicable):

Principal Product(s) or Service(s):

Scheduled Shutdowns:

Are there scheduled periodic If **Yes**, when and for what reason? Yes No

Are any of the products seasonal? ☐ Yes ☐ No

If **Yes**, explain indicating month(s) of peak production:

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

Average Number of Employees Per Shift:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Shift Starting and Ending Times

1<sup>st</sup> \_\_\_\_\_ to \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ to \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ to \_\_\_\_\_

Shifts Normally Worked Each Day (check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 <sup>st</sup>							
2 <sup>nd</sup>							
3 <sup>rd</sup>							



GWINNETT COUNTY  
WATER RESOURCES  
WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 3 – WATER SUPPLY

**APPLICANT BUSINESS NAME:**

**Water Supply (check all that apply)**

- ☐ Private Well
- ☐ Surface Water
- ☐ Municipal Water Utility (Specify City / County) \_\_\_\_\_
- ☐ Other (Specify) \_\_\_\_\_

**Water Account Information:**

Name on Water Bill \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**Water Service Account Number(s) and Type (if known):**

*(list all accounts including fire service, cooling water, irrigation, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Average Water Consumption In Plant in gpd, i.e. gallons per day:**

*(Please indicate E for estimated or M for Measured)*

Boiler Feed	_____ gpd	Sanitary Sewer	_____ gpd
Process Water	_____ gpd	Contained in Product	_____ gpd
Cooling Water	_____ gpd	Other (specify)	_____ gpd

**Describe Any Raw Water Treatment Processes Used:**

\_\_\_\_\_

\_\_\_\_\_

Please note the brand name and manufacturer of any algaecides used:

\_\_\_\_\_



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 4 – FACILITY LAYOUT

**APPLICANT BUSINESS NAME:**

**For an Existing Business:**

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

☐ **YES** Sanitary sewer account number (may be same as water acct.) \_\_\_\_\_  
☐ **NO** Have you applied for a sanitary sewer hookup? ☐ **Yes** ☐ **No**

**For a New Business:**

Will you be occupying an existing vacant building (such as in an industrial park)? ☐ **YES** ☐ **NO**  
Have you applied for a building permit if a new facility will be constructed? ☐ **YES** ☐ **NO**  
Will you be connected to the public sanitary sewer system? ☐ **YES** ☐ **NO**

**Fats, Oils and Grease:**

Do you or will you discharge fats, oils or grease to the public sewer? ☐ **YES** ☐ **NO**  
If yes, is there or will there be, an oil and grease trap in your sewer connection? ☐ **YES** ☐ **NO**  
If yes, what is your normal frequency of cleaning the oil and grease trap? \_\_\_\_\_  
Where do you dispose of trapped oil and grease? \_\_\_\_\_

**Inspection and Sampling Structure:**

Is an inspection and sampling manhole or similar structure available on-site? ☐ **YES** ☐ **NO**

**Discharge Meter:**

Does this facility have a wastewater discharge flow meter? ☐ **YES** ☐ **NO**

**Facility Layout:**

List facility sewer outlets (service lines to public sewer), indicating size, general location and average flow rate

Connection Number	Sewer Diameter (inches)	Location Description	Average Flow (gpd)
1			
2			
3			
4			
5			



**Instructions for Completing Facility Layout Drawing**

Submit an 8-1/2" x 11" facility layout drawing. A larger size drawing or a blueprint may be substituted. The facility layout is part of the wastewater discharge permit. Inspections may be conducted to verify accuracy.

**Facility Information**

- Show Applicant Business Name and date of drawing.

**Facility Outline**

- Show facility property lines.
- Show building outline.
- Show streets adjoining the facility.

**North Arrow**

- Show the North arrow.

**Legend**

- Describe the symbols/lines used in the drawing.

**Processes**

- Identify all wastewater-generating processes.
- Show the location of all floor drains in these areas

**Pretreatment System**

- Show the location of all pretreatment systems.

**Liquid Storage**

- Show the location of all major liquid product and chemical storage areas.
- Show the location of all floor drains in these areas.

**Water Meters**

- Show the location of all meters. Differentiate between municipal and private meters.
- Label private meters according to use. For example, well, cooling tower, boiler and production.

**Facility Water Lines**

- Show the location of all water lines from each source meter to where they enter the building.

**Facility Sewer Lines or Sewer Outlets**

- Show the location of all sanitary sewer lines from each wastewater generating process to where they join the County (or City) sewer.
- Show the location of all sanitary sewer lines from restrooms and wash areas to where they join the County (or City) sewer.
- Storm sewer lines are not required to be shown.

**Public Sewers**

- Identify all public (County or City) sewers to which the facility discharges and show size if known.

**Sampling and Metering Locations**

- Identify all wastewater discharge sampling locations, using the label "Sampling Location."
- Identify all wastewater discharge flow meter locations, using the label "WW Flow Meter."

**Other**

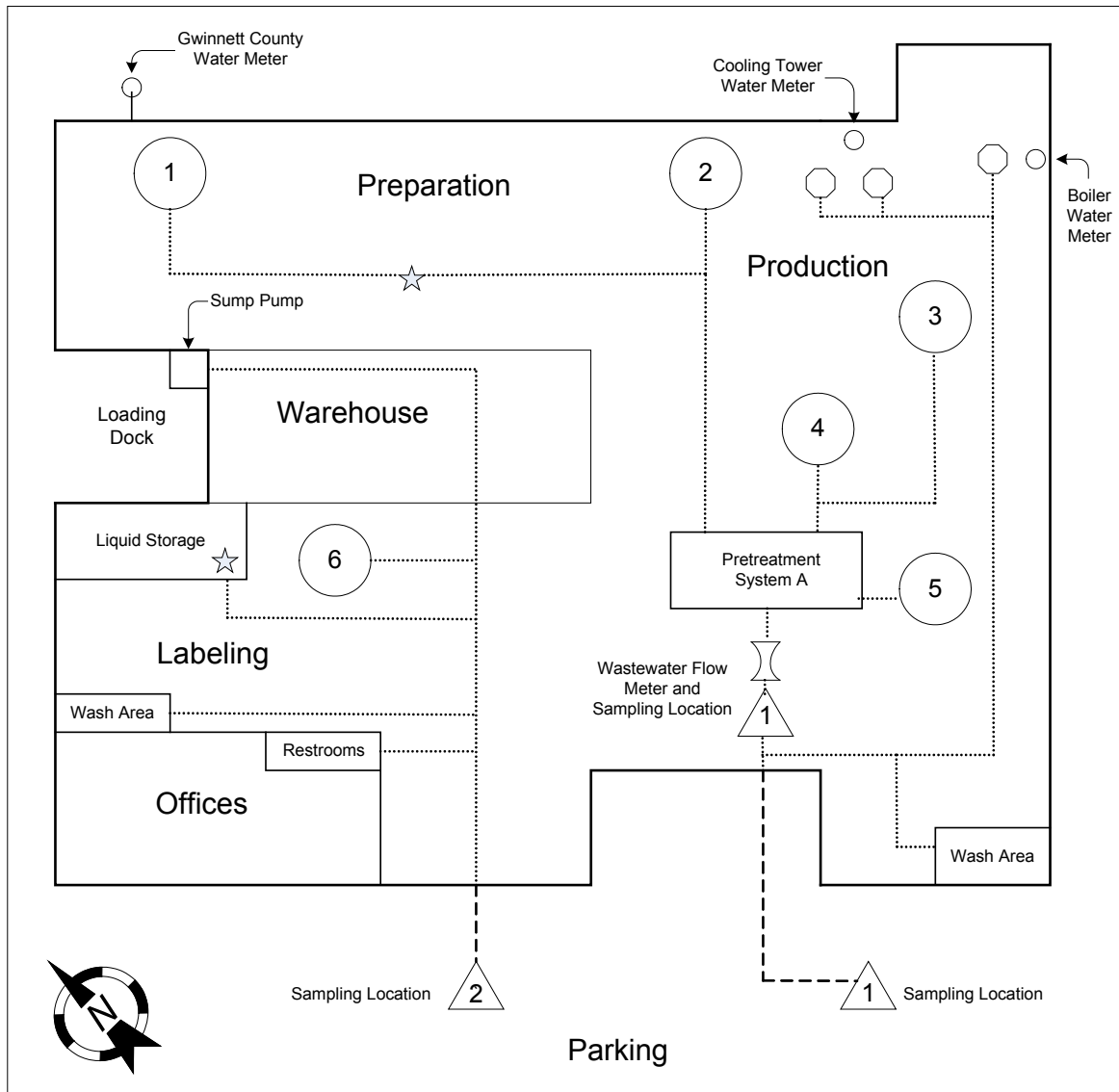
- Show the following required items: \_\_\_\_\_



**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 4 – FACILITY LAYOUT**

**EXAMPLE**

APPLICANT BUSINESS NAME: *Printed Circuit Board Company*  
DATE: *January 1, 2005*



**Frontage Road**

**Legend**

- |                                |                         |                                |
|--------------------------------|-------------------------|--------------------------------|
| ----- Property Line            | ○ Water Meter           | ○ Wastewater Producing Process |
| ----- Water Line               | ⌞ Wastewater Flow Meter | ⬡ Boiler Cooling Towers        |
| ..... Wastewater Line          | ⬡ Pretreatment Process  | △ Sampling Location            |
| - - - - - Sewer Line (Service) | ★ Floor Drain           |                                |

WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 5 – WASTEWATER DISCHARGE

APPLICANT BUSINESS NAME:

Does (or will) this facility discharge any wastewater, other than from restrooms, to the sanitary sewer?

☐

YES

If "YES", continue to the next question.

☐

NO

If "NO", provide a schematic drawing of your processes and waste streams as requested below, then skip to Part 8.

Type of Discharge:

☐

Batch

☐

Continuous

Wastewater Flow Rate:

Continuous Discharges

Number of Hours/Day (e.g. 8 hours/day)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Time of Discharge (e.g. 9 a.m. – 5 p.m.)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Peak Hourly Flow Rate \_\_\_\_\_ gpd

Maximum Daily Flow Rate \_\_\_\_\_ gpd

Annual daily average \_\_\_\_\_ gpd

Batch Discharges

Number of batch discharges \_\_\_\_\_ per day or \_\_\_\_\_ per week

Average volume per batch \_\_\_\_\_ gallons

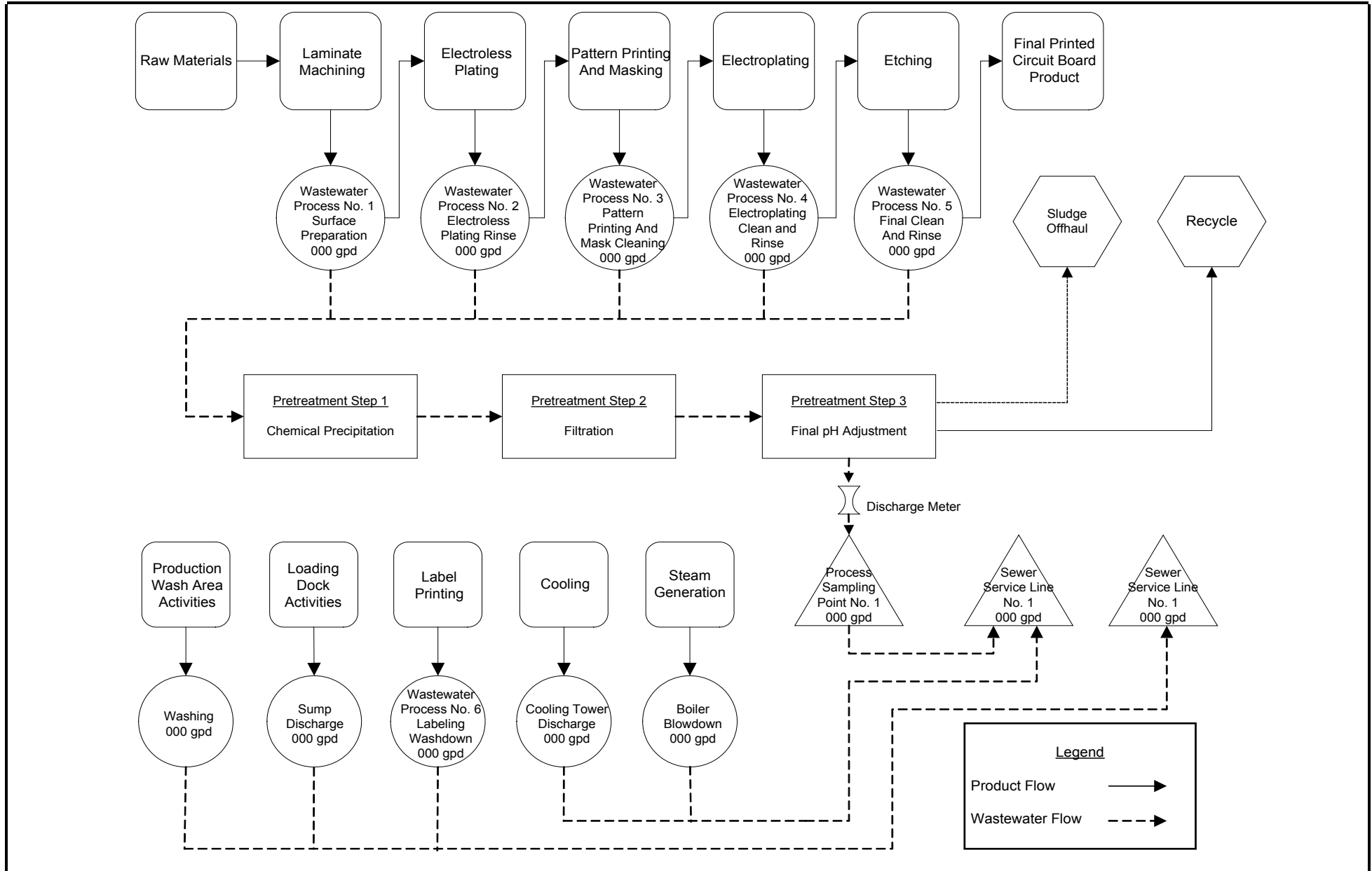
Flow rate when discharging \_\_\_\_\_ gallons/minute

Schematic Flow Diagram:

For each major activity in which wastewater is or will be generated, provide 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 waste streams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data please indicate they are estimates.

**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 5 – WASTEWATER DISCHARGE SCHEMATIC FLOW DIAGRAM**

**EXAMPLE: APPLICANT BUSINESS NAME:** *Printed Circuit Board Company*





WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS

APPLICANT BUSINESS NAME:					Waste Stream No.
<p>Wastewater characteristics should be provided for each separate process wastestream (i.e. not sanitary sewage). Tables may be duplicated for multiple waste streams. For each set of tables, the waste stream should be identified by a number keyed back to process schematic. All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. For <u>unregulated</u> pollutants, indicate whether the pollutant is present (P) or suspected to be present (SP), absent (A) or suspected to be absent (SA) in the column labeled "Average".</p> <p>New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams.</p>					
CONVENTIONAL POLLUTANTS AND WASTEWATER CHARACTERISTICS					
Characteristic or Pollutant	Units	Average	Minimum	Maximum	Number of Samples
Temperature	°F				
PH	Std. Units				
Fats, oil and grease	mg/L				
Total Petroleum Hydrocarbons, TPH	mg/L				
Biochemical Oxygen Demand, BOD <sub>5</sub>	mg/L				
Chemical Oxygen Demand, COD	mg/L				
Total Suspended Solids, TSS	mg/L				
Ammonia Nitrogen, NH <sub>3</sub> -N	mg/L				
Total Kjeldahl Nitrogen, TKN	mg/L				
Total Phosphorus, TP	mg/L				
Orthophosphate Phosphorus, PO <sub>4</sub> -P	mg/L				
Other – Use the space below to list any other relevant characteristics or pollutants of concern.					

**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS**
**APPLICANT BUSINESS NAME:**

**Priority Pollutant Information:** Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Known to be Present," "Suspected to be Present," "Known to be Absent," or "Suspected to be Absent," in the waste stream generated by your manufacturing or service activity.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known (K) or Suspected (S) Concentration
<b>I. METALS &amp; INORGANICS</b>					
1. Antimony					
2. Arsenic					
3. Asbestos					
4. Beryllium					
5. Cadmium					
6. Chromium					
7. Copper					
8. Cyanide					
9. Lead					
10. Mercury					
11. Nickel					
12. Selenium					
13. Silver					
14. Thallium					
15. Zinc					
<b>II. ACID EXTRACTABLES (PHENOLS AND CRESOLS)</b>					
1. Phenol(s)					
2. Phenol, 2-chloro					
3. Phenol, 2,4-dichloro					
4. Phenol, 2,4,6-trichloro					
5. Phenol, pentachloro					
6. Phenol, 2-nitro					
7. Phenol, 4-nitro					
8. Phenol, 2,4,-dinitro					
9. Phenol, 2,4-dimethyl					
10. Total Phenols					
11. m-Cresol, p-chloro					
12. o-Cresol, 4,6-dinitro					
<b>III. BASE/NEUTRAL EXTRACTABLES</b>					
1. Acenaphthene					
2. Acenaphthylene					
3. Anthracene					
4. Benzidine					

**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS**
**APPLICANT BUSINESS NAME:**

**Priority Pollutant Information:** Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Known to be Present," "Suspected to be Present," "Known to be Absent," or "Suspected to be Absent," in the waste stream generated by your manufacturing or service activity.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known (K) or Suspected (S) Concentration
<b>III. BASE/NEUTRAL EXTRACTABLES (cont'd)</b>					
5. Benzo(a)anthracene					
6. Benzo(b)fluoranthene					
7. Benzo(k)fluoranthene					
8. Benzo(ghi)perylene					
9. Benzyl butyl phthalate					
10. Bis(2-chloroethoxy)methane					
11. Bis(2-chloroethyl)ether					
12. Bis(2-chloroisopropyl)ether					
13. Bis(2-ethylhexyl)phthalate					
14. 4-Bromophenyl phenyl ether					
15. 2-Chloronaphthalene					
16. 4-Chlorophenyl phenyl ether					
17. Chrysene					
18. Di-n-butyl phthalate					
19. Di-n-octyl phthalate					
20. Dibenzo(a,h)anthracene					
21. 1,2-Dichlorobenzene					
22. 1,3-Dichlorobenzene					
23. 1,4-Dichlorobenzene					
24. 3,3'-Dichlorobenzidine					
25. Diethyl phthalate					
26. Dimethyl phthalate					
27. 2,4-Dinitrotoluene					
28. 2,6-Dinitrotoluene					
29. 1,2-Diphenylhydrazine					
30. Fluoranthene					
31. Fluorene					
32. Hexachlorobenzene					
33. Hexachlorobutadiene					
34. Hexachlorocyclopentadiene					
35. Hexachloroethane					
36. Ideno(1,2,3-cd)pyrene					
37. Isophorone					
38. Naphthalene					
39. Nitrobenzene					

**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS**
**APPLICANT BUSINESS NAME:**

**Priority Pollutant Information:** Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Known to be Present," "Suspected to be Present," "Known to be Absent," or "Suspected to be Absent," in the waste stream generated by your manufacturing or service activity.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known (K) or Suspected (S) Concentration
<b>III. BASE/NEUTRAL EXTRACTABLES (cont'd)</b>					
40. N-Nitroso-di-n-propylamine					
41. N-Nitrosodimethylamine					
42. N-Nitrosodiphenylamine					
43. Phenanthrene					
44. Pyrene					
45. 1,2,4-Trichlorobenzene					
<b>IV. VOLATILE ORGANICS</b>					
1. Acrolein					
2. Acrylonitrile					
3. Benzene					
4. Bromodichloromethane					
5. Bromoform					
5. Bromomethane					
7. Carbon tetrachloride					
8. Chlorobenzene					
9. Chloroethane					
10. 2-Chloroethylvinyl ether					
11. Chloroform					
12. Chloromethane					
13. Dibromochloromethane					
14. 1,2-Dichlorobenzene					
15. 1,3-Dichlorobenzene					
16. 1,4-Dichlorobenzene					
17. 1,1-Dichloroethane					
18. 1,2-Dichloroethane					
19. 1,1-Dichloroethylene					
20. trans-1,2-Dichloroethene					
21. 1,2-Dichloropropane					
22. cis-1,3-Dichloropropene					
23. trans-1,3-Dichloropropene					
24. Ethylbenzene					
25. Methylene chloride					
26. 1,1,2,2-Tetrachloroethane					
27. Tetrachloroethene					

**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS**
**APPLICANT BUSINESS NAME:**

**Priority Pollutant Information:** Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Known to be Present," "Suspected to be Present," "Known to be Absent," or "Suspected to be Absent," in the waste stream generated by your manufacturing or service activity.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known (K) or Suspected (S) Concentration
<b>IV. VOLATILE ORGANICS (cont'd)</b>					
28. Toluene					
29. 1,1,1-Trichloroethane					
30. 1,1,2-Trichloroethane					
31. Trichloroethene					
32. Trichlorofluoromethane					
33. Vinyl chloride					
34. Xylenes (Total)					
<b>V. ORGANOCHLORINE PESTICIDES/PCBs</b>					
1. Aldrin					
2. Arochlor-1016					
3. Arochlor-1221					
4. Arochlor-1232					
5. Arochlor-1242					
6. Arochlor-1248					
7. Arochlor-1254					
8. Arochlor-1260					
9. a-BHC					
10. b-BHC					
11. d-BHC					
12. g-BHC or Lindane					
13. Chlordane					
14. 4,4'-DDD					
15. 4,4'-DDE					
16. 4,4'-DDT					
17. Dieldrin					
18. Endosulfan I					
19. Endosulfan II					
20. Endosulfan sulfate					
21. Endrin					
22. Endrin aldehyde					
23. Heptachlor					
24. Heptachlorepoxyde					
25. Toxaphene					





WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 6 – WASTEWATER CHARACTERISTICS

APPLICANT BUSINESS NAME:

**Priority Pollutant Information:** Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Known to be Present," "Suspected to be Present," "Known to be Absent," or "Suspected to be Absent," in the waste stream generated by your manufacturing or service activity.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent	Known (K) or Suspected (S) Concentration
<b>VI. Chlorinated Herbicides</b>					
1. 2,4-D					
2. 2,4,5-TP (Silvex)					



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 7 – WASTEWATER PRETREATMENT

**APPLICANT BUSINESS NAME:**

Does your facility pre-treat or plan on pre-treating wastewater prior to discharge to a sanitary sewer?

Currently Pre-treat: ☐ Yes ☐ No Plan to Pre-treat: ☐ Yes ☐ No

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

- ☐ Aeration
- ☐ Air flotation
- ☐ Centrifuge
- ☐ Chemical precipitation
- ☐ Chlorination
- ☐ Cyclone
- ☐ Filter Press
- ☐ Filtration
- ☐ Flow equalization
- ☐ Grease or oil separation, type: \_\_\_\_\_
- ☐ Grease trap
- ☐ 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: \_\_\_\_\_

Any planned changes in wastewater treatment?

☐ Yes ☐ No

If Yes, describe (attach additional sheets if needed) and provide estimated completion dates:



**WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 7 – WASTEWATER PRETREATMENT**

**APPLICANT BUSINESS NAME:**

Do you have a certified operator for your pretreatment facility? ☐ Yes ☐ No

If Yes,

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

Georgia License No.: \_\_\_\_\_

Expiration Date" \_\_\_\_\_

Is this operator an employee of your company ☐ or a Contract Operator ☐.

Full-time: \_\_\_\_\_ (specify hours)

Part-time: \_\_\_\_\_ (specify hours)

Is there a Spill Prevention Control and Countermeasure Plan in effect for this facility?

☐ Yes ☐ No

Is there a Solvent Management Plan in effect for this facility?

☐ Yes ☐ No



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 8 – NON-DISCHARGED WASTES

**APPLICANT BUSINESS NAME:**

**Non-Discharged Waste Disposal**

Are any waste liquids or sludges generated at your facility and not disposed of in the sanitary sewer system?

- ☐ No      If No, skip to the next page.  
☐ Yes      If Yes, please describe handling below. Provide information for each waste stream. Attach additional pages if necessary to cover multiple waste streams.

**Non-Discharged Waste Characterization**

For any wastes generated at your facility and not disposed of in the sanitary sewer system provide the following information:

- Description of process or operation producing waste: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Brief characterization of waste produced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Annual waste production: \_\_\_\_\_ lbs/year      \_\_\_\_\_ tons/year      \_\_\_\_\_gallons/year
- Frequency of waste production:  
☐ Seasonal      ☐ Occasional      ☐ Continual      ☐ Other (specify) \_\_\_\_\_



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 8 – NON-DISCHARGED WASTES

**APPLICANT BUSINESS NAME:**

**Transportation:**

Waste is hauled off-site by

☐ You ☐ Others ☐ Not Applicable

Name and address of waste hauler: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Treatment and Disposal:**

Treatment or disposal: ☐ On-site ☐ Off-site

Waste is: ☐ Reclaimed ☐ Treated ☐ Land disposed ☐ Incinerated  
☐ Other (specify) \_\_\_\_\_

Off-site facility receiving waste:

Name of facility \_\_\_\_\_

Facility location \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_

Facility Operator \_\_\_\_\_

**Method for on-site storage for greater than 90 days;**

☐ Drum ☐ Roll-off container ☐ Tank ☐ Lagoon ☐ Other (specify) \_\_\_\_\_

Typical length of time waste stored: \_\_\_\_\_ days \_\_\_\_\_ weeks \_\_\_\_\_ months

Typical volume of waste stored: \_\_\_\_\_ tons \_\_\_\_\_ gallons

Is storage site diked? ☐ Yes ☐ No

Surface drainage collection: ☐ Yes ☐ No



WASTEWATER DISCHARGE PERMIT APPLICATION FORM  
PART 8 – NON-DISCHARGED WASTES

**APPLICANT BUSINESS NAME:**

**Laundry facilities used by your company:**

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you send cleaning cloths, rags, uniforms, etc. which may contain toxic residues to outside commercial laundries: ☐ Yes ☐ No

If Yes, please provide the name and address of the commercial laundry (if different from above):

Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Permits**

Have you been issued any Federal, State, or local environmental permits? ☐ Yes ☐ No

If Yes, please list the permit(s):

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