

## **WASTEWATER PERMIT APPLICATION**

All items are to be completed. If an item is not applicable, indicate "NA". Unless otherwise specified, please print or type.

### **PART I**

1. Company Name \_\_\_\_\_
2. Address:  
Number and Street \_\_\_\_\_  
City or Town \_\_\_\_\_
3. Name of Applicant \_\_\_\_\_
4. Mailing Address of Applicant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Telephone \_\_\_\_\_
6. Primary Standard Industrial Classification Code \_\_\_\_\_
7. Nature of Business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Principal Product \_\_\_\_\_
9. Quantity of Production \_\_\_\_\_

I certify that I am familiar with the information contained in this application and that to the best of my knowledge and belief such information is true, complete and accurate.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

10. FACILITY WATER USE

	Gallons Per Day		Gallons Per Year
	Ave.	Max.	
SOURCE: Municipal	_____	_____	_____
Groundwater	_____	_____	_____
Other	_____	_____	_____

11. WASTE: {Indicate the volume of water discharged or intended to be discharged into the municipal system.}

GALLONS PER YEAR

Cooling Water \_\_\_\_\_

Boiler Blow-Down \_\_\_\_\_

Sanitary Wastewater \_\_\_\_\_

Process Water \_\_\_\_\_

Air Conditioner \_\_\_\_\_

Other (Specify) \_\_\_\_\_

12. Number of Employees \_\_\_\_\_

13. Shifts Per Day \_\_\_\_\_

14. Working Days Per Week \_\_\_\_\_

15. Company or Production Expansion Plans (relate to product and waste flow):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Is pretreatment provided prior to entering municipal system? ☐ YES ☐ NO

17. Is wastewater discharge ☐ CONTINUOUS ☐ INTERMITTENT

18. Average Flow Rate: \_\_\_\_\_ Gallons Per Day

19. Peak Flow Rate: \_\_\_\_\_<sup>SF-2</sup> Gallons Per Day

20. Duration of Peak(s): \_\_\_\_\_ Hours Per Day

21. Maximum Flow Period From \_\_\_\_\_ To \_\_\_\_\_  
(month) (month)

22. Intermittent Discharges

Duration \_\_\_\_\_ Minutes Per Day

Frequency \_\_\_\_\_ Occurrences Per Day