

**CITY OF BANGOR WASTEWATER TREATMENT PLANT**  
**APPLICATION FOR RENEWAL OF INDUSTRIAL DISCHARGE PERMIT**

**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

2. Facility Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address (if different from above):

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated Facility Signatory Authority:

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

5. Designated Facility Contact (if different from above):

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

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

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

**SECTION B – BUSINESS ACTIVITY**

1. Has there been, or are there any expected process changes in any applicable Industrial Category or business activity since the issuance of the last Industrial Discharge Permit?    ( ) Yes    ( ) No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION C – WATER SUPPLY**

1. Water Sources (check all that apply):

- ( ) Private Well
- ( ) Surface Water
- ( ) Municipal Water Utility (specify city): \_\_\_\_\_
- ( ) Other (specify): \_\_\_\_\_

2. Water Service Account Number: \_\_\_\_\_

3. List average water usage by facility:

<u>Type</u>	<u>Av. Gallons Per Day</u>	<u>Estimate or Actual</u>	
		(E)	(A)
a. Contact Cooling	_____		
b. Non-contact Cooling	_____		
c. Boiler Feed	_____		
d. Process	_____		
e. Sanitary	_____		
f. Air Pollution Control	_____		
g. Contained in Product	_____		
h. Plant & Equipment Washdown	_____		
I. Irrigation & Lawns	_____		
j. Other	_____		
TOTALS:	_____		

**SECTION D – SEWER INFORMATION**

- 1. Sewer Account Number: \_\_\_\_\_
- 2. List size, location and flow for each connection to the public sewer system (attach additional sheets as needed):

<u>Sewer Size</u>	<u>Location</u>	<u>Av. Flow</u> (gallons per day)

**SECTION E – WASTEWATER DISCHARGE INFORMATION**

Provide the following information on wastewater flowrates (or estimate):

- 1. If continuous discharge:
  - a. Total hours/day of discharge:  
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 flowrate: \_\_\_\_\_
  - d. Maximum daily flowrate: \_\_\_\_\_
  - e. Average daily flowrate: \_\_\_\_\_
- 2. If batch discharge:
  - a. Days of discharge:  
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\_\_\_\_\_

**Wastewater Discharge Information (continued)**

- c. Number of discharges per day: \_\_\_\_\_
- d. Average gallons per discharge: \_\_\_\_\_
- e. Discharge flowrate: \_\_\_\_\_
- f. Percent of total facility discharge: \_\_\_\_\_

3. Schematic Flow diagram:

- a. For each activity in which process wastewater is or will be generated, provide a diagram of the flow of the material, products, water and wastewater from the start of activity to completion. Show all unit processes.
- b. Indicate which processes use water and which generate wastestreams. Include average and maximum volumes for each wastestream.
- c. Number each unit process generating wastewater discharged to the public sewer. Use these numbers when showing the unit processes in SECTION E, # 4.

4. Include the reference number from the process schematic that corresponds to each process.

<u>No.</u>	<u>Regulated Process</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)

<u>No.</u>	<u>Unregulated Process</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)

**Wastewater Discharge Information (continued)**

<u>No.</u>	<u>Dilution</u>	<u>Av. Flow</u>	<u>Max. Flow</u>	<u>Type of Discharge</u> (continuous, batch, none)

5. For Categorical Industrial Users subject to Total Toxic Organic (TTO) requirements:
- 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 the EPA?     Yes     No
  - b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information?     Yes     No
  - c. Has a Toxic Organic Management Plan (TOMP) been developed?  
 Yes     No  
If yes, please submit a copy with this application.

6. Do this facility have (or will it have) automatic sampling or wastewater flow metering equipment?

- |          |          |                              |                             |
|----------|----------|------------------------------|-----------------------------|
| Current: | Sampling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|          | Metering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Future:  | Sampling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|          | Metering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are any process changes or expansions planned during the next two years that could alter wastewater volumes or characteristics? Consider processes that may affect the discharge.     Yes     No

**Wastewater Discharge Information (continued)**

If yes, briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional sheets as needed): \_\_\_\_\_

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**SECTION F – WASTEWATER TREATMENT**

1. Is there any form of wastewater treatment to be added within the next two years?  
 Yes                       No

If yes, please describe below: \_\_\_\_\_

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**SECTION G – FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift information: Has there been any changes in working hours, or are any changes planned within the next two years?                       Yes                       No

If yes, please describe below: \_\_\_\_\_

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**SECTION H- SPILL PREVENTION**

1. Have any chemical storage containers, bins or ponds been installed since the issuance of the last Discharge Permit?  
 Yes       No

If yes, please give a description of their location, contents, size, type, and 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. Have any floor drains in the manufacturing or chemical storage areas been installed or has the status (ie. have any existing plugged floor drains been reactivated) of any floor drains changed since the issuance of the last Discharge Permit?       Yes       No

If yes, please describe their locations and explain: \_\_\_\_\_

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

3. Is there any chemical storage containers, bins or ponds that could, in the event of an accidental spill, discharge to (check all that apply)?

- an onsite disposal system  
 public sewer  
 storm drain  
 to ground  
 other (specify): \_\_\_\_\_  
 N/A, no possible discharge to any of the above.

4. Does this facility have an Accidental Spill Prevention Plan (ASPP) to prevent spills of chemicals or process discharge slug loads from entering the public sewer system?       Yes       No

If yes, please include a copy this application.

**SECTION I – NON-DISCHARGED WASTES**

1. Have there been any changes in the handling of liquid wastes or sludges not discharged to the public sewer system?    ( ) Yes    ( ) No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZED REPRESENTATIVE 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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date