

For Town Use Only

Date Application Received: _____

Industrial No.: _____

Inspector: _____

TOWN OF AMHERST WASTEWATER DISCHARGE PERMIT APPLICATION

Part A – General Information

A1. Applicant Business Name:

A2. Address of Premises Discharging Wastewater:

A3.a. Business Address (If Different Than Above):

b. Mailing Address (If Different Than Above):

A4. Chief Business Official:

Name: _____ Title: _____

Mailing Address: _____

A5. Person to Be Contacted About This Application:

Name: _____ Title: _____ Phone: _____

A6. Person to Be Contacted In Case Of Emergency:

Name: _____ Title: _____ Phone: _____

A7. 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 Responsible Official (Seal if Applicable)

Part B – Business Description

Purpose – The business description is primarily used to determine the substance, which may enter into the wastewater discharge from the business activity.

B.1 Brief Description: _____

B2. Business Activity: Standard Industrial Classification (SIC) Codes for Principle Products or Services:

Activity	SIC Code (4 Digits)	Production (Monthly Average)*

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:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 st							
2 nd							
3 rd							

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

Part C – Water Source and Use

Purpose – The water source and use information will enable the Town of Amherst to determine the volume and sources of wastewater discharged to the Town of Amherst Sewerage System.

C1. Water Sources	Average Volume (Gallons Per Day)	Peak Flow/Estimated Duration (Gallons Per Minute)
Water Authority		
Recycled		
Private Wells		
Other (Specify)		
Water Account Number(s)		

C2. Water Usage	Average Volume (Gallons Per Day)	Peak Flow/Estimated Duration (Gallons Per Minute)
Cooling Water		
Boiler Makeup		
Process Water		
Sanitary Purposes		
Other (Specify)		

C3. Wastewater Usage	Average Volume (Gallons Per Day)	Peak Flow/Estimated Duration (Gallons Per Minute)
Process		
Sanitary		
Cooling		

Non-Sanitary Sewer Discharges

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

C4: Is your facility permitted to discharge liquid waste under a (S.P.D.E.S.) Permit?
 Yes: _____ No: _____ Permit No.: _____

C5: Does your facility have wastewater discharge from any pollution control equipment?
 Yes: _____ No: _____

Table 1
Substances of Concern

Class A – HALOGENATED HYDROCARBONS	C16. Silvex	G05. Nitrosamines
	C17. Dithiocarbamates	G06. Ethyleneimine
A01. Methyl Chloride	C18. Maneb	G07. Propylacetone
A02. Methylene Chloride	C19. Dioxathion	G08. Nitrosodimethylamine
A03. Chloroform	C20. Tandex/Karbutilate	G09. Dimethyl Hydrazine
A04. Carbon Tetrachloride	C21. Carbofurans	G10. Maleic Anhydride
A05. Freon/Genatron	C22. Pentac	G11. Methyl Isocyanate
A06. Other Halomethanes	C23. Folpet	G12. Epoxides
A07. 1,1,1-Trichloroethane	C24. Dichlone	G13. NitroFurans
A08. Other Haloethanes	C25. Rotenone	G14. Cyanide
A09. Vinyl Fluoride	C26. Lindane/Isotox	
A10. Vinyl Chloride	C27. Simazine	CLASS M – METALS AND THEIR COMPOUNDS
A11. Dichloroethylene	C28. Methoprene	
A12. Trichloroethylene	C99. Pesticides not specified above	M01. Antimony
A13. Tetrachloroethylene		M02. Arsenic
A14. Chlorinated Propane	CLASS D – AROMATIC HYDROCARBONS	M03. Beryllium
A15. Chlorinated Propene		M04. Cadmium
A16. Hexachlorobutadiene	D01. Benzene	M05. Chromium
A17. Hexachlorocyclopentadiene	D02. Toluene	M06. Copper
A18. Chlorinated Benzene	D03. Xylene	M07. Lead
A19. Chlorinated Toluene	D04. Biphenyl	M08. Mercury
A20. Fluorinated Toluene	D05. Naphthalene	M09. Nickel
A21. Polychlorinated Biphenyl (PCB)	D06. Ethylbenzene	M10. Selenium
A22. Chlorinated Naphthalene	D07. Styrene	M11. Silver
A23. Dechlorene (C ₁₀ CL ₁₃)	D08. Acenaphthene	M12. Thallium
A99. Halogenated Hydrocarbons not Specified above	D09. Fluranthene	M13. Zinc
	D99. Aromatic Hydrocarbons not specified above	M14. Boron
		M15. Manganese
CLASS B – Halogenated Organics (other than Hydrocarbons)	CLASS E – TARS	M18. Titanium
B01. Phosgene	E01. Coal Tar	M21. Tungsten
B02. Methyl Chloromethyl Ether	E02. Petroleum Tar	M22. Gold
B03. Bis-Chloromethyl Ether		M83. Palladium
B04. Other Chloroalkyl Ethers	CLASS F – SUBSTITUTED AROMATICS (other than hydrocarbons and non-halogenated)	M84. Platinum
B05. Benzoyl Chloride		M99. Metals not specified above
B06. Chlorothymol	F01. Phenol, Cresol, or Xylenol	PHARMACEUTICAL REGULATED
B08. Chlorinated Cresols or Xylenols	F02. Catechol, Resorcinol, or Hydroquinone	
B10. Chlorendic Acid	F03. Nitrophenols	Acetone
B11. Dichlorophene or Hexachlorophene	F04. Nitrobenzenes	Acetonitrile
B12. Chlorinated Aniline (including Methylene bis (2-chloroaniline))	F05. Nitrotoluenes	Ammonia
B13. Dichlorobenzidene	F06. Aniline	n-Amyl acetate
B14. Chlorinated Diphenyl Oxide	F07. Toluidines	Amyl alcohol
B15. Chlorinated Toluidine	F08. Nitroanilines	Benzene
B16. Kepone (C ₁₀ Cl ₁₀ O)	F09. Nitroanisole	n-Butyl alcohol
B17. Dichlorovinyl Sulfonyl Pyridine	F10. Toluene Dilsocyanate	Chlorobenzene
B18. Chloropicrin	F11. Dimethylaminoazobenzene	Chloroform
B20. Trichloro-propylsulfonyl Pyridine	F12. Benzoic Acid (and Benzoate salts)	Cyanide
B21. Tetrachloro-methylsulfonyl Pyridine	F13. Phthalic, Isophthalic, Terephthalic Acid	o-Dichlorobenzene
B22. Tetrachloro-isophthalonitrile	F14. Phthalic Anhydride	Diethylamine
B99. Halogenated Organics not specified above	F15. Phthalate Esters	Dimetyl Sulfoxide
	F16. Phenoxyacetic Acid	Ethanol
	F17. Phenylphenols	Ethyl acetate
CLASS C – Pesticides (including herbicides, algicides, biocides, slimicides and mildewicides)	F18. Nitrophenyls	n-Heptane
C01. Aldrin/Dieldrin	F19. Aminobiphenyls (including Benzidine)	n-Hexane
C02. Chlordane and metabolites	F20. Diphenylhydrazine	Isobutyraldehyde
C03. DDT and metabolites	F21. Naphylamines	Isopropanol
C04. Endosulfan/Thiodan and metabolites	F22. Carbazole	Isopropyl acetate
C05. Endrin and metabolites	F23. Acetylaminofluorene	Isopropyl ether
C06. Heptachlor and metabolites	F24. Dyes and organic pigments	Methanol
C07. Malathion	F25. Pyridine	Methyl cellosolve
C08. Methoxychlor	F99. Substituted aromatics not specified above	Methyl formate
C09. Parathion		Methyl isobutyl ketone (MIBK)
C10. Toxaphene	CLASS G – MISCELLANEOUS	Methylene chloride
C11. Sevin		Phenol
C12. Kelthane	G01. Asbestos	Tetrahydrofuran
C13. Diazinon	G02. Acrolein	Toluene
C15. Carbaryl	G03. Acrylonitrile	Triethylamine
	G04. Isophorone	Xylenes

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

Name of Substance	Average Annual Usage	Amount Now on Hand	Supplier	Purpose of Use (State whether produced, reacted, blended, packaged, disturbed, no longer used)

PART E

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 yes, please show locations of pretreatment process on attached schematic process diagram (Part F) and describe below:

E3. Do you have a spill prevention, containment and control plan for your plant? Yes:___ No:___

E4. Do you generate any liquid or solid wastes 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.)	Onsite	Sanitary Landfill	Hazardous Waste Facility	Reclaimed or Reused	Other

E5. 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:

E6. Do you store any hazardous waste on-site? Yes:___ No:___

E7. Have you filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)? Yes:___ No:___

E8. What is your hazardous waste number? _____

Do you discharge any hazardous waste into the Town of Amherst Wastewater Plant a waste identified by 40 cfr 261?

Yes:___ No:___

If your Facility is discharging a Hazardous Waste, have you notified the Town of Amherst Pretreatment Department?

Yes:___ No:___

E9. Is there an Oil / Water Separator installed at your place of business? Yes:___ No:___

If yes, please provide the following information:

Holding Capacity: _____

How often is it cleaned?: _____

Are the records of cleaning kept at your place of business?

Yes:___ No:___

E10. Is there a Grease Interceptor / Trap installed at your place of business/ Yes:___ No:___

If yes, please provide the following information:

Holding Capacity: _____

How often is it cleaned?: _____

E11. Is there a Garbage Grinder (disposal) installed at your place of business? Yes:___ No:___

E12. Are you presently permitted to discharge any radiological waste by the N.Y.S.D.E.C.? Yes:___ No:___

E13. Does your facility perform any metal phosphating or etching onsite? Yes:___ No:___

If yes, please describe the process below:

E14. Do you have a Solvent Management Plan or Toxic Organic Management Plan? Yes:___ No:___

E15. Do you generate any Liquid or Solid Waste such as Solvents, Electroplating Sludge's, Thinners, Oils, Still Bottoms, Fly Ash, Filler, etc.?
Yes:___ No:___

If yes, please provide details below:

E16. Does your facility employ the use of acid for cleaning metal surfaces? Yes:___ No:___

If yes, please provide details below:

E17. Does your facility manufacture any form of Per or Polyfluoralkyl Substances of Concern including PFOA, PFOS, GenX, or any other form of organofluorine compound (s)? Yes:___ No:___

If so, please provide details listing all chemicals on additional sheet

PART F – SCHEMATIC FLOW DIAGRAM

Purpose – The Schematic Flow Diagram shows the flow pattern of the products through the facility and the various sources of wastewater.

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

General Instructions – Type or print the information. A separate PART F should be completed for each major business activity described in Part B.

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). Number each process, which generates wastewater using the same number as in the building layout or plant site plan shown in PART G.

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.

FIGURE 1 PROCESS DIAGRAM

ACTIVITY: _____

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 premises 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 Town sewer. Use the same numbering system shown in PART F (Schematic Flow Diagram).

FIGURE 2 FLOW DIAGRAM