

WASTEWATER DISCHARGE PERMIT APPLICATION

This application is for a wastewater discharge permit for a discharge of industrial wastewater to a Publicly Owned Treatment Works (POTW) as required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide Spokane County with information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge. Please answer all questions and include the required attachments. Indicate N/A if a question does not apply to your operations. Incomplete applications will not be accepted. Spokane County may require additional information to clarify the condition of this discharge.

SECTION A. GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

3. Facility Address: _____

4. Facility contact (person delegated to submit information in this application):

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email address: _____

5. Please check one: Permit Renewal
 Proposed Discharge
 Existing Unpermitted Discharge

1. Certification Statement:

Spokane County does not accept electronic signatures. If you are filling out this application electronically, please be sure to sign and date this page by hand after printing.

I certify under penalty of perjury of the laws of the State of Washington (or state of execution) that I am authorized to sign this statement on behalf of the person or entity for which it is submitted, that this document and all attachments are reliable and were prepared based upon my personal knowledge or under my direction or supervision, after diligent inquiry in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge or inquiry of the person or persons who manage the system, or those persons directly 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 inaccurate or false information, including the possibility of fine and imprisonment.

Signature of Authorized Representative*

Date

Printed Name

Title

Phone Number

Email Address

*Authorized Representative as defined in Spokane County Code 8.03A.0103D.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

Signature of Delegated Employee

Date

Printed Name

Title

Phone Number

Email Address

SECTION B. FACILITY OVERVIEW

1. List any environmental control discharge permits held by or for this facility:

2. Number of full-time employees: _____
 Number of part-time employees: _____
 Number of seasonal employees/months hired: _____

 Number of temporary employees: _____
 Number of contract employees: _____
 Total number of employees at this facility: _____

3. Indicate the facility’s operational schedule and process wastewater discharge schedule. If process wastewater is not discharged on a weekly basis (i.e., bimonthly, monthly, quarterly batch discharge) fill out the first two columns and write “N/A” through the third column of table 3a and fill out part 3b.

3a.

| Day | Operational Schedule | Process Wastewater Discharge Schedule |
|------------------------------------|----------------------|---------------------------------------|
| <input type="checkbox"/> Sunday | | |
| <input type="checkbox"/> Monday | | |
| <input type="checkbox"/> Tuesday | | |
| <input type="checkbox"/> Wednesday | | |
| <input type="checkbox"/> Thursday | | |
| <input type="checkbox"/> Friday | | |
| <input type="checkbox"/> Saturday | | |

List the start times for each operational shift:

1st _____ 2nd _____ 3rd _____

3b. How many process wastewater discharge events occur annually? When do batch process wastewater discharge events occur?

4. Please list and describe all products made/services conducted at this facility and associated processes and production and/or service rate.

| Product/Service Description | Processes | Rate of Production/Service |
|------------------------------------|--|-----------------------------------|
| e.g., Machined Parts | CNC machining, anodizing, powder coating | 200 units/month |
| e.g., Electroplating | N/A | 200 units/month |
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5. Please list the NAICS (North American Industrial Classification System) number for each of the facility’s processes or business activities and indicate if a waste or wastewater is discharged to the sanitary sewer. If there is or will be discharge to the sewer from the process, describe whether it is or will be a batch or continuous flow.

| NAICS Code | Service, Activity, Product, or Process |
|-------------------|---|
| e.g., 327213 | Glass Container Manufacturing |
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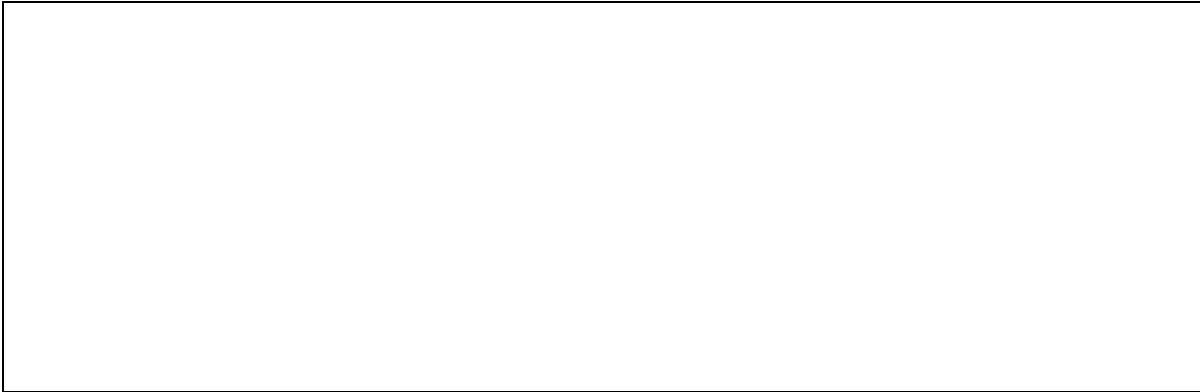
6. Please list all chemicals stored at this facility, average quantity stored at any given time (list only those with quantities greater than 5 gallons for liquids and 50 pounds for solids), and the average and maximum amount of each chemical used per day. Attach SDS for each chemical/substance and label as “ATTACHMENT B6.”

| Chemical | Storage Method | Amount Stored | Average Usage/Day | Max Usage/Day |
|---------------|-------------------|---------------|-------------------|---------------|
| e.g., Acetone | 55 gallon barrels | 6 | 0.5 gallons/day | 3 gallons/day |
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7. Please list all other raw materials stored at this facility and the average and maximum amount of each raw material used per day.

| Raw Material | Average Usage/Day | Max Usage/Day |
|------------------------|-------------------|---------------|
| e.g., Titanium billets | 20/day | 50/day |
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8. Please list any wastewater treatment technologies currently employed (e.g., screens, sediment traps, oil /water separators, pH neutralization, chemical precipitation, etc.)



9. Please Complete the Attachment Option that Corresponds with Your Application Type

Proposed Discharge or Existing Unpermitted Discharge:

Provide a site map for the entire facility and floor plans for every building on the site in which processes take place. The site map should show the general facility building layout, final sewer discharge points, sewer connections, and inspection manholes. The floor plans should include building sewer connections, in-building monitoring locations, floor drains, chemical storage areas, and process areas/equipment locations. Also produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices, waste streams, and outlets to sewer. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. All treatment units should be labeled. Label this drawing "ATTACHMENT B9." See the attachment included with this application as a deliverable sample resource.

Permit Renewal: Please attach a completed Engineering Report that has been approved by Spokane County Environmental Services. The Permit Application will not be accepted by the County without the approved Engineering Report. Label this report "ATTACHMENT B9."

SECTION C. WATER/WASTEWATER VOLUME

Please ensure that water usage = water discharge

1. For each process listed in B.5. that generates wastewater, list the process, assign the waste stream a name and an ID# and describe whether it is a batch or continuous flow.

| Process | Average Discharge Volume (gpd) | Maximum Discharge Volume (gpd) | Batch or Continuous Discharge? | Waste Stream Name | Waste Stream ID# | Discharges to (e.g., pretreatment, sanitary sewer, hauled) |
|--------------|--------------------------------|--------------------------------|--------------------------------|-------------------|------------------|--|
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| TOTAL | | | | | | |

2.

| Water Sources | Average Volume (gallons per day) | Maximum Volume (gallons per day) | Average Volume (gallons/month) |
|---|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Municipal system | | | |
| <input type="checkbox"/> Private wells | | | |
| <input type="checkbox"/> Other (specify) | | | |
| TOTAL | | | |

3.

| Water Usage | Average Volume (gallons per day) | Maximum Volume (gallons per day) | Average Volume (gallons/month) |
|--|-------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Non-contact Cooling Water | | | |
| <input type="checkbox"/> Boiler makeup | | | |
| <input type="checkbox"/> Process water | | | |
| <input type="checkbox"/> Sanitary purpose | | | |
| <input type="checkbox"/> Water Storage | | | |
| <input type="checkbox"/> Landscaping | | | |
| <input type="checkbox"/> Other (specify) | | | |
| TOTAL | | | |

4.

| Water Discharge/Loss | Average Volume (gallons per day) | Maximum Volume (gallons per day & gallons per minute) | Average Volume (gallons/month) |
|---|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Municipal sewer | | | |
| a. Process | | | |
| b. Sanitary | | | |
| c. Non-contact Cooling Water | | | |
| <input type="checkbox"/> Storm drain | | | |
| <input type="checkbox"/> Waste hauler | | | |
| <input type="checkbox"/> Direct evaporation | | | |
| <input type="checkbox"/> Indirect evaporation | | | |
| <input type="checkbox"/> Contained in product | | | |
| <input type="checkbox"/> Other (specify) | | | |
| TOTAL | | | |

SECTION D. WASTEWATER CHARACTERIZATION

Provide measurements for treated wastewater prior to discharge to the sanitary sewer for the parameters in the charts below. All analyses (except pH) must be conducted by a laboratory accredited by Washington State Department of Ecology (WAC 173-216-125). If this is an application for a permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.”

The applicant must use the specified analytical methods in the following tables unless the County approves an alternate method that is an EPA approved method in 40 CFR Part 136. If the wastewater has been analyzed for any parameters other than those listed in the chart below, please attach results to this application and label them “ATTACHMENT D.” The data must clearly show the date, method, and location of sampling. Spokane County may require additional testing.

1. Please describe the collection method for the samples analyzed below. (e.g., grab, 24-hour composite). Please note: Applicants must collect grab samples (not composites) for analysis of pH, oil and grease, cyanide (4 grab samples must be composited by the laboratory), volatile organics and semi-volatile organics.

2. Does this facility have a manhole or other location that is accessible and suitable for wastewater sampling? If yes, please describe.

TABLE D1

| Pollutant | Minimum Concentration | Average Concentration | Maximum Concentration | # of samples | Analytical Methods |
|------------------------|------------------------------|------------------------------|------------------------------|---------------------|--|
| BOD (5 day) | | | | | SM 5210 B |
| Total Suspended Solids | | | | | SM 2540 D |
| pH | | | | | SM 4500-H-B |
| Total Phosphorous | | | | | SM 4500-PE/PF |
| Total Ammonia | | | | | SM 4500-NH3-GH |
| Total Cyanides | | | | | EPA 335.4 or SM 4500-CN-C & D or E |
| Benzene | | | | | EPA 602 or EPA 624, or SM 6200B and 6210B, or SM 6200C and 6220B |
| Antimony (total) | | | | | EPA 200.7 or SM 3120 B |
| Arsenic (total) | | | | | EPA 200.7 or SM 3120 B |
| Beryllium (total) | | | | | EPA 200.7 or SM 3120 B |
| Cadmium (total) | | | | | EPA 200.7 or SM 3120 B |
| Chromium (total) | | | | | EPA 200.7 or SM 3120 B |
| Copper (total) | | | | | EPA 200.7 or SM 3120 B |
| Lead (total) | | | | | EPA 200.7 or SM 3120 B |
| Mercury (total) | | | | | EPA 245.1 or EPA 245.2 or SM 3112 B |
| Molybdenum(total) | | | | | EPA 200.7 or SM 3120 B |
| Nickel(total) | | | | | EPA 200.7 or SM 3120 B |
| Selenium (total) | | | | | EPA 200.7 or SM 3120 B |
| Thallium (total) | | | | | EPA 200.7 or SM 3120 B |
| Silver (total) | | | | | EPA 200.7 or SM 3120 B |

| | | | | | |
|--------------|--|--|--|--|---------------------------|
| Zinc (total) | | | | | EPA 200.7 or SM 3120 B |
|--------------|--|--|--|--|---------------------------|

TABLE D2

| Pesticides EPA Method 608 | | | | | |
|---------------------------------|-------------------|------------------|--------------------|-------------------|------------------|
| Pollutant | Avg. Conc µg/L | Max Conc µg/L | Pollutant | Avg. Conc µg/L | Max Conc µg/L |
| aldrin | | | Endrin | | |
| alpha-BHC | | | endrin aldehyde | | |
| beta-BHC | | | heptachlor | | |
| gamma-BHC (Lindane) | | | heptachlor epoxide | | |
| delta-BHC | | | PCB-1242 | | |
| chlordan | | | PCB-1254 | | |
| 4,4'-DDT | | | PCB-1221 | | |
| 4,4'-DDE | | | PCB-1232 | | |
| 4,4'-DDD | | | PCB-1248 | | |
| dieldrin | | | PCB-1260 | | |
| alpha-endosulfan (Endosulfan I) | | | PCB-1016 | | |
| beta-endosulfan (Endosulfan II) | | | toxaphene | | |
| endosulfan sulfate | | | | | |

TABLE D3

| Volatiles EPA Method 624 | | | | | |
|--|-------------------|------------------|----------------------------|-------------------|------------------|
| Pollutant | Avg. Conc µg/L | Max Conc µg/L | Pollutant | Avg. Conc µg/L | Max Conc µg/L |
| acrolein | | | 1,1-dichloroethylene | | |
| acrylonitrile | | | 1,2-dichloropropane | | |
| benzene | | | 1,3-dichloropropylene | | |
| bromoform | | | ethylbenzene | | |
| carbon tetrachloride | | | methyl bromide | | |
| chlorobenzene | | | methyl chloride | | |
| chloroethane | | | methylene chloride | | |
| 2-chloroethylvinyl ether [(2-chlorethoxy) ethane] | | | 1,1,2,2-tetrachloroethane | | |
| chloroform | | | tetrachloroethylene | | |
| 1,2-dichlorobenzene | | | toluene | | |
| 1,3-dichlorobenzene | | | 1,2-trans-dichloroethylene | | |
| 1,4-dichlorobenzene | | | 1,1,1-trichloroethane | | |
| dichlorobromomethane | | | 1,1,2-trichloroethane | | |
| 1,1-dichloroethane | | | trichloroethylene | | |
| 1,2-dichloroethane | | | vinyl chloride | | |

TABLE D4

| Base/Neutral EPA Method 625 | | | | | |
|--|-------------------|------------------|---------------------------------------|-------------------|------------------|
| Pollutant | Avg. Conc µg/L | Max Conc µg/L | Pollutant | Avg. Conc µg/L | Max Conc µg/L |
| acenaphthene | | | 3,3-dichlorobenzidine | | |
| acenaphthylene | | | diethyl phthalate | | |
| anthracene | | | dimethyl phthalate | | |
| benzidine | | | di-n-butyl phthalate | | |
| benzyl butyl phthalate | | | 2,4-dinitrotoluene | | |
| benzo(a)anthracene | | | 2,6-dinitrotoluene | | |
| benzo(a)pyrene | | | di-n-octyl phthalate | | |
| 3,4-benzofluoranthene [benzo (b) fluoranthene] | | | 1,2-diphenylhydrazine (as azobenzene) | | |
| benzo(j)fluoranthene | | | fluoranthene | | |
| benzo(r,s,t)pentaphene | | | fluorene | | |
| benzo(a)pyrene | | | hexachlorobenzene | | |
| benzo(ghi)perylene | | | hexachlorobutadiene | | |
| benzo(k)fluoranthene | | | hexachlorocyclopentadiene | | |
| bis(2-chloroethoxy)methane | | | hexachloroethane | | |
| bis(2-chloroethyl)ether | | | indeno(1,2,3-cd)pyrene | | |
| bis(2-chloroisopropyl)ether | | | isophorone | | |
| bis (2-ethylhexyl)phthalate | | | 3-methyl cholanthrene | | |
| 4-bromophenyl phenyl ether | | | naphthalene | | |
| 2-chloronaphthalene | | | nitrobenzene | | |
| 4-chlorophenyl phenyl ether | | | N-nitrosodimethylamine | | |
| chrysene | | | N-nitrosodi-n-propylamine | | |
| dibenzo(a,j)acridine | | | N-nitrosodiphenylamine | | |
| dibenzo(a, h)acridine | | | perylene | | |
| dibenzo(a, h)anthracene | | | phenanthrene | | |
| dibenzo (a,e)pyrene | | | pyrene | | |
| dibenzo (a,h)pyrene | | | 1,2,4-trichlorobenzene | | |

TABLE D5

| Acid Compounds EPA Method 625 | | | | | |
|---|-------------------|------------------|---|-------------------|------------------|
| Pollutant | Avg. Conc µg/L | Max Conc µg/L | Pollutant | Avg. Conc µg/L | Max Conc µg/L |
| 2-chlorophenol | | | 4-nitrophenol | | |
| 2,4-dichlorophenol | | | p-chloro-m-cresol [4-Chloro-3-methylphenol] | | |
| 2,4-dimethylphenol | | | pentachlorophenol | | |
| 4,6-dinitro-o-cresol [4,6-dinitro-2-methylphenol] | | | phenol | | |
| 2,4-dinitrophenol | | | 2,4,6-trichlorophenol | | |
| 2-nitrophenol | | | | | |

SECTION E. OTHER WASTES GENERATED

1. Describe liquid wastes and sludges being generated by your facility that are not disposed of to the sanitary sewer and how they are being disposed of. Please indicate if any wastes have been designated as Dangerous Waste.

2. For each type of waste, provide type of waste and the name, address, and phone number of the waste hauler.

3. Describe storage areas for raw materials, products, and wastes.

SECTION F. SUBMITTAL INFORMATION

1. A processing fee for this Permit Application will be billed for one of the following options:

- Permit Renewal - \$900.00 for the first 15 hours of staff time to process the permit renewal application. Additional hours will be charged at \$60.00 per hour. Total fee shall not exceed \$2000.00 per permit renewal application.
- Proposed Discharge - \$1500.00 for the first 25 hours of staff time to process the permit application. Additional hours will be charged at \$60.00 per hour. Total fee shall not exceed \$4000.00 per permit application.

2. Attach any additional information referred to in the Sections above:
- Section B-
 - 6. Material Safety Data Sheets for all chemicals
 - 9. Site map, floor maps, and production schematic flow diagram or Engineering Report
 - Section D – Additional analytical data

Completed applications should be submitted to:

Spokane County Regional Water Reclamation Facility
1004 N. Freya Street
Spokane, WA 99202
Attn: Joshua Villa, Project Manager

If you have questions about completing this document,
please contact the Industrial Pretreatment Program:

(509) 477-7296

THANK YOU for your cooperation!

Please make a copy of this application for your records.

Please note that 40 CFR 403.14 requires information provided in this application identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 2 and applicable State Law.