

Davenport Water Pollution Control Plant Industrial User Wastewater Discharge Permit Application

Section 1: Facility Contacts

Local Facility Name:					
Parent Company Name (if different):					
Name of primary responsible person on site at the facility authorized to represent the company in official dealings with the Pretreatment Office and/or the City.			Name of secondary on site person familiar with the day to day operations, environmental, permitting requirements, monitoring, record keeping and data management.		
Title:			Title:		
Phone #:		Fax #:	Phone #:		Fax #:
Email:			Email:		
Physical street address of facility:			Official mailing address, if different: Note if same.		
City:		State:	Zip:	City:	
				State:	
					Zip:

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in the provisions of 561-2 of the Iowa Administrative Code. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the local Sewer Use Ordinance, information and data provided in this form which identifies the content, volume, and frequency of discharge shall be available to the public without restrictions.

This statement is to be signed by an authorized official of your firm, as defined in the local Sewer Use Ordinance or the Federal Regulations; 40 CFR 403.12 (l), after completion of this form.

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 upon my 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 false information, including the possibility of fine and/or imprisonment for knowing violations.

Printed Name

Title

Signature

Date

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Section 2: General Facility Information

1. Give a brief narrative description of the type of business, manufacturing processes, or service activities your company conducts at this site. (attach additional sheets if necessary)

2. List raw materials and process additives/chemicals used or stored on-site. (attach additional sheets if necessary)

Technical Name	Common Name	Quantity Stored on-site (units)

3. Does Production vary significantly (+/- 20%) by season? No- Continuous through the year
 Yes- *Describe seasonal differences*
4. Are any significant (+/- 20%) changes in production that will affect wastewater discharge expected in the next 5 years? No Yes- *Attach Explanation*
5. Does operation shut down for vacation, maintenance or other reason?
 No Yes- *Attach sheet with reasons and periods when shut down occurs*
6. In Table 1, describe your facility's weekly production schedule, including average number of employees per shift, shift start and end times and primary operation during shift. The table has been set up for a normal 3 shift work day. Attach any additional documentation for other shifts.

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Table 1

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Employees per shift							
1 st							
2 nd							
3 rd							
Shift Start Time							
1 st							
2 nd							
3 rd							
Shift End Time							
1 st							
2 nd							
3 rd							
Primary Operation during shift (1)manufacture/process production; (2)wash down/cleanup, (3)maintenance, (4)other-describe							
1 st							
2 nd							
3 rd							

7. Schematic Flow Diagram – For each major activity in which waste water is or will be generated, draw a diagram of the flow of materials, products, water and wastes from the start of 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 waste stream. If estimates are used for flow data this must be indicated. **Number each unit process** having waste water discharges to the public sanitary sewer.

If your facility has a current wastewater discharge permit: Indicate outfalls from current permit and indicate all sampling points and whether you have an automatic sampler at that location.

8. Facility Layout- Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers and all sewer lines connected to the public sewer system. **Number each sewer** and show existing and/or proposed sampling locations. A blueprint of the facility showing the above items may be attached in lieu of submitting a drawing.

9. Have you been issued any of the following Federal or State permits?

If Yes, please provide the permit # and expiration date

a. National Pollutant Discharge Elimination System (NPDES):

i. Waste water Permit

No Yes

ii. Storm water Permit

No Yes

b. Air Permit, if water is discharged from the air-treatment system

No Yes

c. Resource Conservation and Recovery Act (RCRA) Plan or Disposal Permit

No Yes

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Section 3: Categorical Information

1. When were operations started at this facility? Facility start up date: _____
2. If your facility employs or will be employing processes in any of the industrial categories or business activities listed in Table 2 (regardless of whether they generate and/or discharge wastewater, waste sludge, or hazardous wastes), place a check beside the category or business activity (check all that apply and include percentage of total facility production that falls under each listing).

If you have any questions whether your facility falls under any of the categorical industries listed, contact the Davenport Water Pollution Control Pretreatment Office at (563) 326-7965.

Table 2

Industrial Activity	40 CFR Chapter	Check Below	Percent of total facility production	Industrial Activity	40 CFR Chapter	Check Below	Percent of total facility production
Aluminum Forming	467	<input type="checkbox"/>		Nonferrous Metal, Form & Powders	471	<input type="checkbox"/>	
Battery Manufacturing	461	<input type="checkbox"/>		Nonferrous Metals Manufacturing	421	<input type="checkbox"/>	
Carbon Black Manufacturing	458	<input type="checkbox"/>		Organic Chemicals, Plastics & Synthetic Fibers (OCPSF) Manufacturing	414	<input type="checkbox"/>	
Centralized Waste Treatment	437	<input type="checkbox"/>		Oil & Gas Extraction	435	<input type="checkbox"/>	
Coil Coating	465	<input type="checkbox"/>		Paint Formulating	446	<input type="checkbox"/>	
Copper Forming	468	<input type="checkbox"/>		Paving & Roofing Materials Manufacturing	443	<input type="checkbox"/>	
Electrical & Electronic Components	469	<input type="checkbox"/>		Pesticide Chemicals Manufacturing	455	<input type="checkbox"/>	
Electroplating	413	<input type="checkbox"/>		Petroleum Refining	419	<input type="checkbox"/>	
Feed Lots	412	<input type="checkbox"/>		Pharmaceutical Manufacturing	439	<input type="checkbox"/>	
Fertilizer Manufacturing	418	<input type="checkbox"/>		Porcelain Enameling	466	<input type="checkbox"/>	
Glass Manufacturing	426	<input type="checkbox"/>		Pulp, Paper & Paperboard	430	<input type="checkbox"/>	
Grain Mills	406	<input type="checkbox"/>		Rubber Manufacturing	428	<input type="checkbox"/>	
Ink Formulating	447	<input type="checkbox"/>		Soap & Detergent Manufacturing	417	<input type="checkbox"/>	
Inorganic Chemical Manufacturing	415	<input type="checkbox"/>		Steam Electric Power Generation	423	<input type="checkbox"/>	
Iron & Steel	420	<input type="checkbox"/>		Textile Mills	410	<input type="checkbox"/>	
Leather Tanning & Finishing	425	<input type="checkbox"/>		Timber Products Processing	429	<input type="checkbox"/>	
Metal Finishing	433	<input type="checkbox"/>		Transportation Equipment Cleaning	442	<input type="checkbox"/>	
Metal Molding & Casting	464	<input type="checkbox"/>		Waste Combustors	444	<input type="checkbox"/>	

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3. In Table 3, list each product or type of product produced. For each product listed, indicate the applicable Standard Industrial Classification (SIC) codes and any applicable 40 CFR numbers from Table 2. SIC codes may be found on tax forms, accounting records or visiting the following web site: <http://www.census.gov/epcd/www/naicstab.htm#download>

For each product produced, report the daily maximum, daily average, monthly maximum and monthly average pounds of product produced (based on the most recent previous 12 month period). (Attach additional sheets if necessary).

Note: Accuracy is very important; this data will be used to calculate your permit limits.

Table 3

Product Produced	SIC Code	40 CFR #	Daily Maximum pounds	Daily Average pounds	Monthly Maximum pounds	Monthly Average pounds

Section 4: Water Supply, Use & Discharge Methods

1. Fill out the Water Supply Worksheet (page 6). Check the appropriate box indicating whether flows are (M) measured or (E) estimated. For all measured flows, use data from the last 12 months. **Attach the last 12 months of water bills and any other supporting documentation.**
2. Do you have wells or any other water supply source(s) at this address which is (are) not in use at the present time? No Yes- *Describe*
3. Fill out the Water Discharge Worksheet (page 7). Check the appropriate box indicating whether flows are (M) measured or (E) estimated. For all measured flows, use data from the last 12 months. **Attach the last 12 months of sewer bills, waste hauler tickets and any other supporting documentation.**
4. If your facility does or will batch discharge any waste water, fill out Table 4 below. N/A

Table 4

Average number of batch discharges per day	
Maximum number of batch discharges per day	
Average volume (in gallons) per batch discharge	
Maximum volume (in gallons) per batch discharge	
Days of the week and shift times that batch discharges will occur	
Percent of total monthly average discharge	

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Water Supply Worksheet

(M)= Measured (E)=Estimated

Water Used for:	Water Sources (see source list below)	M	E	Maximum gallons/day	Average gallons/day	Maximum gallons/Month	Average gallons/Month
⁽¹⁾ Categorical Process Water (include applicable 40 CFR#)		<input type="checkbox"/>	<input type="checkbox"/>				
Non-Categorical Process Water		<input type="checkbox"/>	<input type="checkbox"/>				
Washdown/ Cleanup Water		<input type="checkbox"/>	<input type="checkbox"/>				
Water into Product		<input type="checkbox"/>	<input type="checkbox"/>				
Air Quality Control Units		<input type="checkbox"/>	<input type="checkbox"/>				
Domestic-Toilets, Showers, Café		<input type="checkbox"/>	<input type="checkbox"/>				
Non-Contact Cooling Water		<input type="checkbox"/>	<input type="checkbox"/>				
Boiler Feed/ Blowdown		<input type="checkbox"/>	<input type="checkbox"/>				
Cooling Tower Blowdown		<input type="checkbox"/>	<input type="checkbox"/>				
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>				
Totals =>							

Typical Water Sources:

1. City/ Public Supply (include acct. #) ⁽²⁾
2. Private Well
3. Groundwater remediation wells
4. Private Ponds
5. Surface water, please identify
6. Any other, if applicable

Note: Accuracy is very important; this data will be used to calculate your permit limits

⁽¹⁾ Categorical process water is water used for any of the industrial activities located in Table 2. If more than one CFR # from table 2 applies, separate volumes by CFR #.

⁽²⁾ Water bill quantities are typically listed in units of 100 cubic feet (ccf) 7.48 gallons = 1 cubic feet

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Water Discharge Worksheet

(M)= Measured (E)=Estimated

Water Used for:	Water Discharge Route (see source list below)	M	E	Maximum gallons/day	Average gallons/day	Maximum gallons/Month	Average gallons/Month
⁽¹⁾ Categorical Process Water (include applicable 40 CFR #)		<input type="checkbox"/>	<input type="checkbox"/>				
Non-Categorical Process Water		<input type="checkbox"/>	<input type="checkbox"/>				
Washdown/ Cleanup Water		<input type="checkbox"/>	<input type="checkbox"/>				
Water into Product		<input type="checkbox"/>	<input type="checkbox"/>				
Air Quality Control Units		<input type="checkbox"/>	<input type="checkbox"/>				
Domestic-Toilets, Showers, Café		<input type="checkbox"/>	<input type="checkbox"/>				
Non-Contact Cooling Water		<input type="checkbox"/>	<input type="checkbox"/>				
Boiler Feed/ Blowdown		<input type="checkbox"/>	<input type="checkbox"/>				
Cooling Tower Blowdown		<input type="checkbox"/>	<input type="checkbox"/>				
Other (explain)		<input type="checkbox"/>	<input type="checkbox"/>				
Totals =>							

Possible Water Discharge routes:

- | | |
|--|---|
| 1. Sanitary sewer with pretreatment | 6. Discharge to ground water |
| 2. Sanitary sewer without pretreatment | 7. Septic Tank |
| 3. Storm sewer | 8. Collected and hauled off site (attach documentation) |
| 4. Evaporation | 9. Water into product |
| 5. Land applied | 10. Any others, if applicable |

⁽¹⁾ Categorical process water is water used for any of the industrial activities located in Table 2. If more than one CFR # from table 2 applies, separate volumes by CFR #.

Note: Accuracy is very important; this data will be used to calculate your permit limits.

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5. For each connection from your facility to the municipal (city) sanitary sewer system indicate the size of the lateral pipe, the pipe location from the facility, the city that issues the monthly sewer bill, the account number for each bill, the average gallons/month flow and the maximum gallons/month flow for the last 12 months from each connection.

Table 5

Sewer Pipe Size (inches)	Location of Pipe from Facility	Name of City that issues sewer bill	Account #	Average gallons/month flow	Maximum gallons/month flow

Section 5: Characteristics of Facility Discharge

1. Has a baseline monitoring report (BMR) ever been submitted to the Davenport WPCP?
 No Yes

2. All current categorical and significant industries are required to submit monitoring data on all pollutants that are regulated specifically for each process or for which analytical data has been obtained. Use the tables provided in this section to report these analytical results for each outfall. If your facility has more than one outfall, make copies of all tables and complete for each outfall. For all pollutants, indicate in the ID column, whether the pollutant is:
 - a. Known to be Present (**KP**): the pollutant has been detected by reasonable analytical procedures in the discharge or by practice is known to be present in the raw waste load and is not expected to be entirely removed by any pretreatment. **Attach lab data from the last 12 months to support this entry**
 - b. Believed to be Present (**BP**): The pollutant is a raw material in the process used, a product, by-product or catalyst, etc. Its present at the plant site and therefore it is a reasonable technical judgment that it is in the discharge.
 - c. Known to be Absent (**KA**): Reasonable analytical procedures designed to detect the pollutant have yielded results that were less than the detection limit. **Attach lab data from the last 12 months to support this entry.**
 - d. Believed to be Absent (**BA**): There is no known reason that the pollutant would be present in the discharge.

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Outfall: Metals and Miscellaneous	ID	Maximum Daily Value		Average Value of Analyses		Number of Analyses
		Result	Units	Result	Units	
Aluminum						
Arsenic						
Barium						
Cadmium						
Chromium						
Copper						
Iron						
Lead						
Mercury						
Molybdenum						
Nickel						
Selenium						
Silver						
Zinc						
Total Phenol						
Total Cyanide						
Oil and Grease						
Base/ Neutral Compounds						
Acenaphthene						
Acenaphthylene						
Anthracene						
Benzidine						
Benzo(a)anthracene						
Benzo(a)pyrene						
Benzo(b)fluoranthene (3,4-benzofluoranthene)						
Benzo(ghi)perylene						
Benzo(k)fluoranthene						
Bis(2-Chloroethoxy)methane						
Bis(2-Chloroethyl)ether						
Bis(2-Chloroisopropyl)ether						
Bis(2-Ethylhexyl)phthalate						
4-Bromophenyl Phenyl Ether						
Butyl Benzyl Phthalate						
2-Chloronaphthalene						
4-Chlorophenyl Phenyl Ether						
Chrysene						

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Outfall: Base/ Neutral Compounds	ID	Maximum Daily Value		Average Value of Analyses		Number of Analyses
		Result	Units	Result	Units	
Dibenzo(a,h)anthracene						
1,2-Dichlorobenzene						
1,3-Dichlorobenzene						
1,4-Dichlorobenzene						
3,3-Dichlorobenzidine						
Diethyl Phthalate						
Dimethyl Phthalate						
Di-n-butyl Phthalate						
2,4-Dinitrotoluene						
2,6-Dinitrotoluene						
Di-n-octyl Phthalate						
1,2-Diphenylhydrazine						
Fluoranthene						
Fluorene						
Hexachlorobenzene						
Hexachlorobutadiene						
Hexachlorocyclohexadiene						
Hexachloroethane						
Indeno (1,2,3-cd) Pyrene						
Isophorone						
Naphthalene						
Nitrobenzene						
N-Nitrosodimethylamine						
N-Nitrosodi-N-Propylamine						
N-Nitrosodiphenylamine						
Phenanthrene						
Pyrene						
1,2,4-Trichlorobenzene						
Acid Compounds						
2-Chlorophenol						
P-Chloro M-Cresol (4-Chloro-3-methyl-phenol)						
4,6-Dinitro-O-Cresol						
2,4-Dichlorophenol						
2,4-Dinitrophenol						

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Outfall:	ID	Maximum Daily Value		Average Value of Analyses		Number of Analyses
Acid Compounds		Result	Units	Result	Units	
2,4-Dimethylphenol						
2-Nitrophenol						
4-Nitrophenol						
Pentachlorophenol						
Phenol						
2,4,6-Trichlorophenol						
Volatile Compounds						
Acrolein						
Acrylonitrile						
Benzene						
Bromoform						
Carbon Tetrachloride						
Chlorobenzene						
Chlorodibromomethane						
Chloroethane						
2-Chloroethylvinyl Ether						
Chloroform						
Dichlorobromomethane						
1,1-Dichloroethane						
1,2-Dichloroethane						
1,1-Dichloroethene						
1,2-Dichloropropane						
1,2-Dichloropropylene						
1,3-Dichloropropylene						
Ethylbenzene						
Bromomethane (Methyl Bromide)						
Chloromethane (Methyl Chloride)						
Dichloromethane (Methylene Chloride)						
1,1,2,2-Tetrachloroethane						
Tetrachloroethylene						
Toluene						
1,2-Trans-Dichloroethylene						
1,1,1-Trichloroethane						
1,1,2-Trichloroethane						

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Outfall: Volatile Compounds	ID	Maximum Daily Value		Average Value of Analyses		Number of Analyses
		Result	Units	Result	Units	
Trichloroethylene						
Vinyl Chloride						
Bis(chloromethyl)ether						
Pesticides and PCBs						
Aldrin						
Alpha-BHC						
Beta-BHC						
Delta-BHC						
Gamma-BHC (Lindane)						
Chlordane						
4,4'-DDT						
4,4'-DDE						
4,4'-DDD						
Dieldrin						
Alpha-Endosulfan						
Beta-Endosulfan						
Endosulfan Sulfate						
Endrin						
Endrin Aldehyde						
Heptachlor						
Heptachlor Epoxide						
PCB-1016						
PCB-1242						
PCB-1254						
PCB-1221						
PCB-1232						
PCB-1248						
PCB-1260						
Toxaphene						
2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)						

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Section 6: Chemical Storage and Spill Prevention

1. Does your facility have any chemical storage containers, bins or ponds? No Yes

If yes, please give a description of their locations, contents, size, type and frequency and method of cleaning. Also indicate on a diagram or comment on the proximity of these containers to a sewer or storm drain.

2. Does your facility have floor drains in the manufacturing or chemical storage area(s)?

No

Yes- **where do they discharge to?** _____

3. If your facility has chemical storage containers, bins or ponds in the manufacturing area, could an accidental spill lead to discharge to: (check all that apply)

an on-site disposal system

the ground outside

public sanitary sewer system

storm drain or receiving ditch

other, explain:

4. Does your facility have a Slug/Spill Prevention Plan (SPP) to prevent spills or slug discharges from entering the public sanitary sewer system?

No

Yes

N/A, facility has no floor drains.

5. Has your facility had any major spill event(s) over the last 5 years?

No

Yes- **Attach information describing the event(s), including any regulatory action that resulted from the event(s) and any remedial measures taken to prevent their reoccurrence.**

Section 7: Pretreatment Information

1. Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sanitary sewer?

No

Yes

2. Are there any pretreatment devices or process changes planned for this facility within the next three (3) years?

No

Yes

3. **If you answered No to both Question 1 and 2- Skip to # 9**

If you answered yes to Question 1 and/or 2:

Check all pretreatment devices or processes used or proposed for treating wastewater or sludge.

Activated Carbon

Dissolved Air Flotation

Oil/Water Separation

Activated Sludge

Filtration

Ozonation

Air Stripping

Flocculation

Reverse Osmosis

Centrifugation

Flow Equalization

Screening

Chemical Precipitation

Grease Trap

Septic Tank

Chlorination

Grit Removal

Silver Recovery

Cyanide Destruction

Ion Exchange

Solvent Separation

Cyclone

Neutralize, pH adjust

Other, **List:**

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4. Describe the pollutant loadings, flow rates, design capacity and physical size of each device or process checked in #3 of this section.
5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products produced, by-product disposal method, waste and by-product volumes and design and operating conditions.
6. Does your facility have a designated treatment operator? No Yes
7. Does your facility have a written Standard Operating Procedure (SOP) for the correct operation of the treatment equipment? No Yes- **Attach copy of SOP**
8. Does your facility have a written Preventative Maintenance (PM) schedule for the treatment equipment? No Yes- **Attach copy of PM**
9. Are all applicable Federal, State or local pretreatment standards and requirements being met on a consistent basis? This includes having successfully completed any current compliance schedules and not being in Significant Non-Compliance (SNC) as of the date this application was signed. Yes No- **Complete # 10 and # 11 below**
10. Attach a sheet listing what additional operations, maintenance procedures or compliance schedules are being implemented to bring the facility into compliance.
11. Provide a current schedule of the facility's compliance plan. Specify major events that have been completed and those planned with their approved completion dates.