City of Mebane
Industrial User Wastewater Survey
& Permit Application

COVER PAGE

<table>
<tr><td colspan="4">Company Name:</td><td colspan="4"></td></tr>
<tr><td colspan="4">Name of responsible person on site at the facility authorized to represent the company in official dealings with the Sewer Authority and/or the City.</td><td colspan="4">Name of alternative on site person familiar with the day to day operations, environmental permitting requirements, monitoring, record keeping, and data management..</td></tr>
<tr><td colspan="3">Title</td><td>Years with firm</td><td colspan="3">Title</td><td>Years with firm</td></tr>
<tr><td colspan="2">Phone #</td><td colspan="2">Fax #</td><td colspan="2">Phone #</td><td colspan="2">Fax #</td></tr>
<tr><td colspan="4">Physical street address of facility</td><td colspan="4">Official mailing address, if different. Note if same.</td></tr>
<tr><td>City</td><td>State</td><td colspan="2">Zip</td><td>City</td><td>State</td><td colspan="2">Zip</td></tr>
</table>

The information provided by you on this questionnaire serves two functions:

1. The information is used to determine if your facility needs an Industrial User Pretreatment Permit (IUP) for the discharge of wastewater to the local sewer.
2. If an Industrial User Pretreatment Permit (IUP) is required, this survey serves as the application for an Industrial User Pretreatment Permit (IUP).

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the Local Sewer Use Ordinance (SUO), information and data provided in this questionnaire which identifies the content, volume and frequency of discharge shall be available to the public without restriction.

This is to be signed by an authorized official of your firm, as defined in the Local Sewer Use Ordinance or the NC Model Sewer Use Ordinance, Section 1.2, 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.

_____ _____

Signature of Authorized Representative listed above (seal if applicable) | Date

City of Mebane
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A. GENERAL INFORMATION - Please check below to indicate the purpose(s) of this Submittal. Read each option carefully and check all that apply.

☐ **New Permit for *Proposed* Discharge** – This facility is a new facility or one currently under construction and has never discharged wastewater to the City of Mebane Sanitary Sewer System.

Anticipated Date of Discharge: _____

☐ **Existing Unpermitted Discharge** – This facility is an existing facility that is currently discharging wastewater to the City of Mebane sanitary sewer but has never applied for an SIU Permit.

☐ **Baseline Monitoring Report** – The discharge form this facility is covered by a Federal Categorical Pretreatment Standard and a *one-time* BMR is required by the US EPA.

☐ **BMR for "New Source" Categorical SIU** – The applicable Federal Categorical Standard is now in effect and this facility must meet "New Source" Standards.

☐ **BMR for "Existing Source" Categorical SIU** – This facility was in existence when the applicable Federal Categorical Standard was promulgated. Thus, this facility is subject to "Existing Source" Standards.

☐ **Permit Renewal for Existing SIU Permit** – This facility currently has a valid City of Mebane SIU Permit and wishes to renew the permit in response to the permit expiration date.

Does this application request a greater amount of wastewater discharge [flow], a greater amount of pollutant discharge, or a discharge of different pollutants that specified in the last wastewater permit application for this facility?

☐ **YES** ☐ **NO**

☐ **Permit Modification for Existing SIU Permit** – This facility currently has a valid City of Mebane SIU Permit and wishes to request a change in that permit for the following reason(s):

B. BUSINESS ACTIVITY [attach additional pages if space is not adequate]

B1.	Provide a **detailed** narrative description of the type of business conducted at this site.

B2.	Provide a **detailed** narrative description of the type of manufacturing processes and/or service activities conducted at this site.

B3.	List all manufacturing processes that will affect or contribute to the facility's discharge.

B4.	List the types of products [using common/brand names and/or the proper/scientific name] produced at this facility and the daily average and daily maximum production amounts for the previous calendar year. New facilities must estimate "full production" anticipated during the next three years. *Specify daily units of production.* Attach additional pages if necessary.

Check one: ☐ **PREVIOUS CALENDAR YEAR DATA**

☐ **ESTIMATED PRODUCTION DATA [New Facilities]**

Product	Daily Average [units]	Daily Maximum [units]

B5. For all processes on the premises, indicate the North American Industrial Classification System [NAICS] Code Number, as found in the NAICS manual [prepared by the Executive Office of the President, Office of Management and Budget]. If more than one code number applies, list in order starting with the process that has the most impact on wastewater generation.

NAICS Number	NAICS Description/Name

B6. Alternately, you may list the Standard Industrial Classification Numbers for all processes on the premises. Please use the 1987 edition of the SIC Code Manual [Executive Office of the President, Office of Management and Budget]. If more than one SIC code number applies, list in order starting with the process that has the most impact on wastewater generation.

SIC Number	SIC Description/Name

B7. **List of Federal Categorical Pretreatment Standards**

The United States Environmental Protection Agency has promulgated national discharge standards for certain industrial categories and processes. With the exception of facilities meeting the criteria listed in 40 CFR Part 403.3(v)(2) or 40 CFR Part 403.12(e)(3), any discharge regulated under a Federal Categorical Pretreatment Standard ***must*** be issued a "Significant Industrial User" Permit. If your facility employs processes in any of the industrial categories listed in this section you *may* be regulated by a Federal Categorical Pretreatment Standard. Place a check beside any industrial category or business activity that is applicable to your facility [regardless of whether the activity or process generates wastewater]. Check all that apply. If you have questions regarding how to categorize your business activity, contact the City of Mebane for technical assistance.

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B7. [continued] Check any activities/operations listed below that are performed at your facility:

Check below	40 CFR#	Industrial Activity	Check below	40 CFR#	Industrial Activity
	467	Aluminum Forming		432	Meat products
	427	Asbestos Manufacturing		433	Metal finishing
	461	Battery Manufacturing		464	Metal molding and casting
	431	Builders paper & board mills		436	Mineral mining and processing
	407	Canned & preserved fruits & veg.		471	Nonferrous Metal, Form & Powders
	408	Canned & preserved seafood		421	Nonferrous Metals Manufacturing
	458	Carbon black Manufacturing		414	OCPSF, Organic Chemicals, Plastics,
	411	Cement Manufacturing			& Synthetic Fiber Manufacturing
	437	Centralized Waste Treatment		435	Oil & gas extraction
	434	Coal Mining		440	Ore mining and dressing
	465	Coil Coating		446	Paint formulating
	468	Copper Forming		443	Paving and roofing materials Mfg.
	405	Dairy products processing		455	Pesticide Manufacturing
	469	Electrical, electronic components		419	Petroleum Refining
	413	Electroplating		439	Pharmaceutical Manufacturing
	457	Explosives Manufacturing		422	Phosphate Manufacturing
	412	Feedlots		459	Photographic supplies
	424	Ferro allay Manufacturing		463	Plastics molding and forming
	418	Fertilizer Manufacturing		466	Porcelain enameling
	464	Foundries, Metal Mold & Casting		430	Pulp, paper, and paperboard
	426	Glass Manufacturing		428	Rubber Manufacturing
	406	Grain mills		417	Soap & Detergent Manufacturing
	454	Gum & Wood Chemicals Mfg.		423	Steam Electric power Generation
	460	Hospitals		409	Sugar processing
	447	Ink formulating		410	Textile Mills
	415	Inorganic chemical Manufacturing		429	Timber products processing
	420	Iron & Steel Manufacturing		442	Transportation Equipment Cleaning
	425	Leather Tanning & Finishing		Others	

B8. When were operations started at this facility?	**Facility Start-Up Date:**	

B9. Has this facility ever *at any time* been considered a Categorical Industrial User (CIU) as described by the Code of Federal Regulations (40 CFR)?	
If **YES**, give complete 40 CFR number =>	
NO	

B10. Are any other facilities owned and/or operated by your company regulated under a Federal Categorical Pretreatment Standard? If **YES**, please give name(s) and location(s) below.	
If **YES**, give complete 40 CFR number =>	
NO	

C. FACILITY STAFFING AND OPERATIONAL INFORMATION

C1. **TOTAL NUMBER OF PERSONS EMPLOYED AT THIS SITE**	

C2. **Shift Information** – Complete the following information about the shifts worked at the facility. *For "Production Staff", please list the sifts worked on each work day [i.e. if all 3 shifts work on Monday, list "1,2,3"under Monday. If only the 3rd shift works on Sunday, list "3" in the shifts/day column for Sunday]*.

OFFICE/ADMINISTRATIVE STAFF

WORK DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
# Employees							
Start/End Time							

PRODUCTION STAFF

WORK DAY		MON	TUES	WED	THURS	FRI	SAT	SUN
List Shifts/Day								
# Employees	**Shift 1**							
# Employees	**Shift 2**							
# Employees	**Shift 3**							
Start/End Time	**Shift 1**							
Start/End Time	**Shift 2**							
Start/End Time	**Shift 3**							

C3. **Shift Activities –** Describe in general terms the type(s) of activities *[administrative/office, full manufacturing, limited manufacturing, clean-up of manufacturing areas, equipment maintenance, janitorial, etc.]* that are conducted on each shift on each workday. For instance, some facilities conduct "full manufacturing" on 1st and 2nd shifts and conduct only "manufacturing area clean-up" and "equipment maintenance" activities on 3rd shift. ***Please complete each row. If the facility does not conduct any activities during a particular day/shift, please write* "Closed"**.

WORK DAY	SHIFT	DESCRIPTION OF SHIFT ACTIVITIES
Monday	**Shift 1**	
	2	
	3	
Tuesday	**Shift 1**	
	2	
	3	
Wednesday	**Shift 1**	
	2	
	3	
Thursday	**Shift 1**	
	2	
	3	
Friday	**Shift 1**	
	2	
	3	
Saturday	**Shift 1**	
	2	
	3	
Sunday	**Shift 1**	
	2	
	3	

C4. Does any production process that generates wastewater vary significantly (+/-20%) by season? If **YES**, please describe.

YES ☐

Description:

NO ☐

C5. Does the facility shut down production activities for scheduled vacation periods, maintenance, or other reasons? If **YES**, please indicate reasons and time period(s) when shut down(s) occurs.	
YES	
Explanation:	
NO	

D. WATER SOURCES AND WASTEWATER DISCHARGES

D1. Water Supply, Use, and Disposal Summary [New Facilities Please Estimate]

Complete the worksheet on the next page to summary water usage and wastewater disposal practices at your facility. **There must be a final disposition for all water/wastewaters listed**. This is essentially a "balance worksheet" for water and wastewater. Therefore what comes in must go out in some form. Ensure that every drop of water is accounted for in the disposal column. One or more codes may be used. However each code and associated volume should be separated with "/" ***[i.e. 1/5/8, 200/500/1000]***. This is to be done in boht the Average and Maximum columns. The following information should also be helpful to you in the completion of this section.

Water Sources/Gallons: [All values should be "measured" except for NEW facilities.]
If you read your incoming water meter every day, just calculate the average daily value for the past calendar year and use as "average gallons per day". Use the maximum daily value recorded for the "maximum gallons per day".
If you do not conduct incoming water meter readings, refer to the previous 12 City of Mebane monthly water bills to determine average daily volume of water used. The volumes on the bills are in units [100 cubic feet] of water. **One unit is 748 gallons.** Take the Average of the 12 months. Thus if you average 1850 units of water per month you use 1,383,800 gallons per month. Divide this value by the average number of workdays in a month *[typically 22 for a facility that works Monday through Friday and 30 for facilities that operate every day]* to get the average gallons per day. Calculate the "maximum gallons per day" by using the highest monthly average.

Domestic Water Used:
Use 30 gallons per day per employee for a "typical" facility. If you have employee showers or require "ultra clean" procedures for all employees *[i.e. pharmaceutical manufacturing, food processing]* use 45 gallons per day per employee.

Dilution Wastestreams:
Boiler blowdown streams, non-contact cooling streams, stormwater streams, demineralized backwash streams, and domestic wastewater are considered to be dilution streams. If these are comingled with the regulated/categorical process, they could cause a reduction in the categorical limit based on the percentage of the dilution per 40 CFR Part 403.6(e)(1).

D1. Water Supply, Use, & Disposal Summary:

Water Used for:	Water Source(s)	Avg. gal/day	Max. gal/day	Measured	Estimated	Disposal Method(s)	Avg. gal/day	Max. gal/day	Measured	Estimated
	(see Source List below)					(see Disposal List below)				
1. Process water										
2. Washdown water										
3. Water into product										
4. Air Quality Permitted units										
5. Domestic - toilets, drinking, cafe										
6. Cooling water, Process NON-Contact										
7. Boiler / Cooling tower blowdown										
8. Cooling water, HVAC										
9. Other:										
	Totals =>					Totals =>				

Typical Water Sources:

1. City / Public supply
2. Private wells, drinking
3. Groundwater remediation wells
4. Private ponds
5. Surface waters of NC, please identify
6. Include others if applicable

Possible Water Disposal Methods

1. Sanitary sewer, with pretreatment
2. Sanitary sewer, without pretreatment
3. Storm sewer
4. Surface waters of NC
5. Evaporation
6. Land applied
7. To groundwater
8. Septic Tank
9. Waste Haulers (identify)
10. Water into Product
11. Include others, if applicable

D2. How many hours per day does a process wastewater discharge occur from this facility? *If the facility does not discharge any wastewater on certain days, please write "No Discharge" in the column for that day.*

NUMBER OF HOURS PER DAY THAT WASTEWATER DISCHARGE OCCURS

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D3. During what specific hours does the wastewater discharge occur? Please use military time designation [i.e. 1:00pm would be 1300 and if you discharge from 5am until 7pm you would write 0500-1900]. *If the facility does not discharge any wastewater on certain days, please write "No Discharge" in the column for that day.*

SPECIFIC TIMES OF WASTEWATER DISCHARGE

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

D4. Indicate whether any of the production process(es) at your facility generate a continuous "flow-through" wastewater discharge to the Mebane POTW and/or whether the production process(es) at your facility generate a "batch" wastewater discharge to the Mebane POTW. Please not that you may have some of both. *For example, a production process may generate an overflow rinse that is "continuous" but on Friday the same tank may be emptied as a "batch" discharge. The discharge of a wastewater flow equalization tank should be listed as a "batch" discharge.]* **This information should reflect the information provided in D1. Water Supply, Use, and Disposal Summary.**

CONTINUOUS DISCHARGE

	MON	TUE	WED	THUR	FRI	SAT	SUN
Continuous Flow [Y/N]							

BATCH DISCHARGES

	MON	TUE	WED	THUR	FRI	SAT	SUN
#Batches/Day							
Avg. Gallons per Batch							

D5. Describe any seasonal or unusual discharge variations at your facility. *[For example, some textile facilities change from "winter goods" to "summer goods", certain food processing (ice cream) and pharmaceutical manufacturing (cold remedies) have "seasonal" changes in the wastewater characteristics due to varying product demand.]*

E. WASTEWATER EFFLUENT CHARACTERISTICS

E1. **"PRIORITY POLLUTANT" CHECKLIST**

The US EPA published the following list of "Priority Pollutants". The list contains pollutants that EPA considers to be generally incompatible with conventional wastewater treatment processes when discharged in certain quantities. *The EPA requires the City of Mebane to request information on these pollutants from all significant dischargers to the POTW.*

Does your facility purchase, store on-site, use, generate, or have the potential to discharge in measureable quantities, any of the compounds on the "EPA Priority Pollutant" list?

A review of Material Safety Data Sheets [MSDS] for chemicals purchased, stored on-site, or used at your facility will assist you in the completion of this section. Usually Section 2 of the MSDS is called "Hazardous Ingredients" or "Composition/Information on Ingredients". This section lists the chemical ingredients [usually by percent (%)]. The Chemical Abstract Number [CAS#] will often be listed in addition to the name of the chemical. The same chemical may have more than one "brand name", but the CAS# is unique to a specific chemical formula regardless of the name. *[CAS Numbers are included on this Priority Pollutant Checklist to assist you.]*

PLEASE CHECK <u>TWO</u> COLUMNS FOR EACH CHEMICAL ON THIS LIST

*If the chemical is **<u>not</u>** <u>present</u> at the facility [i.e. <u>not</u> purchased, <u>not</u> stored on-site, <u>not</u> used, and <u>not</u> generated in any of the processes], check "*Absent at Facility" *and* "Absent in Discharge to POTW".

If the chemical is purchased, stored on-site, used, or generated at the facility BUT is <u>not</u> present in the wastewater discharged to the City of Mebane POTW, check "Present at Facility" *and* "Absent in Discharge to POTW".

NOTE CONCERNING SMALL QUANTITES OF CHEMICALS: If the chemical is purchased, stored on-site, or used at the facility but it present <u>only</u> in laboratory quantities, please indicated by the use of an asterisk (*) next to the check in "Present at Facility" *column and/or the check in the* "Present in Discharge to POTW" *column.*

E1. PRIORITY POLLUTANT CHECKLIST [Two Columns MUST be Checked]

Wastewater Pollutant Checklist

Chemical Name	Chemical Abstract Number **[CAS#]**	Check if **Present** at Facility	Check if **Absent** at Facility	Check if **Present** in Discharge to POTW	Check if **Absent** in Discharge to POTW	Concentration in Discharge, if Known (mg/l)
Acid Extractable Organics						
2-Chlorophenol	95-57-8					
2,4-Dichlorophenol	120-83-2					
2,4-Dimethylphenol	105-67-9					
2,4-Dinitrophenol	51-28-5					
2-Methyl-4,6-dinitrophenol	534-52-1					
4-Chloro-3-methylphenol	59-50-7					
2-Nitrophenol	88-75-5					
4-Nitrophenol	100-02-7					
Pentachlorophenol	87-86-5					
Phenol	108-95-2					
2,4,6-Trichlorophenol	88-06-2					
Base Neutral Organics						
1,2,4-Trichlorobenzene	120-82-1					
1,2-Dichlorobenzene	95-50-1					
1,2-Diphenylhydrazine	122-66-7					
1,3-Dichlorobenzene	541-73-1					
1,4-Dichlorobenzene	106-46-7					
2,4-Dinitrotoluene	121-14-2					
2,6-Dinitrotoluene	606-20-2					
2-Chloronaphthalene	91-58-7					
3,3-Dichlorobenzidine	91-94-1					
4-Bromophenyl phenyl ether	101-55-3					
4-Chlorophenyl phenyl ether	7005-72-3					
Acenaphthene	83-32-9					
Acenaphthylene	208-96-8					
Anthracene	120-12-7					
Benzidine	92-87-5					
Benzo (a) anthracene	56-55-3					
Benzo (a) pyrene	50-32-8					
Benzo (b) fluoranthene	205-99-2					
Benzo (ghi) perylene	191-24-2					
Benzo (k) fluoranthene	207-08-9					
Bis(2-chloroethoxy) methane	111-91-1					
Bis(2-chloroethyl) ether	111-44-4					
Bis(2-chloroisopropyl) ether	102-60-1					
Bis(2-ethylhexyl) phthalate	117-81-7					
Butyl benzyl phthalate	85-68-7					
Chrysene	218-01-9					
Di-n-butyl phthalate	84-74-2					

Wastewater Pollutant Checklist

Chemical Name	Chemical Abstract Number [CAS#]	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
Base Neutral Organics (continued)						
Di-n-octyl phthalate	117-84-0					
Dibenzo (a,h) anthracene	53-70-3					
Diethyl phthalate	84-66-2					
Dimethyl phthalate	131-11-3					
Fluoranthene	206-44-0					
Fluorene	86-73-7					
Hexachlorobenzene	118-74-1					
Hexachlorobutadiene	87-68-3					
Hexachlorocyclopentadiene	77-47-4					
Hexachloroethane	67-72-1					
Indeno(1,2,3-cd) pyrene	193-39-5					
Isophorone	78-59-1					
N-nitroso-di-n-propylamine	621-64-7					
N-nitrosodimethylamine	62-75-9					
N-nitrosodiphenylamine	86-30-6					
Naphthalene	91-20-3					
Nitrobenzene	98-95-3					
Phenanthrene	85-01-8					
Pyrene	129-00-0					
Metals						
Aluminum	7429-90-5					
Antimony	7440-36-0					
Arsenic	7440-38-2					
Beryllium	7440-41-7					
Cadmium	7440-43-9					
Chromium	7440-47-3					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Silver	7440-22-4					
Thalium	7440-28-0					
Zinc	7440-66-6					

Wastewater Pollutant Checklist

Chemical Name	Chemical Abstract Number [CAS#]	Check if Present at Facility	Check if Absent at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (mg/l)
Other Inorganics						
Barium	7440-39-3					
Chloride	16887-00-6					
Cyanide	57-12-5					
Fluoride	7782-41-4					
1,1,1-Trichloroethane	71-55-6					
1,1,2,2-Tetrachloroethane	79-34-5					
1,1,2-Trichloroethane	79-00-5					
1,1-Dichloroethane	75-34-3					
1,1-Dichloroethylene	75-35-4					
1,2-Dichloroethane	107-06-2					
1,2-Dichloropropane	78-87-5					
2-Chloroethyl vinyl ether	110-75-8					
Acrolein	107-02-8					
Acrylonitrile	107-13-1					
Benzene	71-43-2					
Bromodichloromethane	75-27-4					
Bromoform	75-25-2					
Bromomethane	74-83-9					
Carbon tetrachloride	56-23-5					
Chlorobenzene	108-90-7					
Chloroethane	75-00-3					
Chloroform	67-66-3					
Chloromethane	74-87-3					
cis 1,3-Dichloropropene	10061-01-5					
Dibromochloromethane	594-18-3					
Ethylbenzene	100-41-4					
Methylene chloride	75-09-2					
Tetrachloroethylene	127-18-4					
Toluene	108-88-3					
trans 1,3-Dichloropropene	10061-02-6					
trans-1,2-Dichloroethylene	156-60-5					
Trichloroethylene	79-01-6					
Trichlorofluoromethane	75-69-4					
Vinyl chloride	75-01-4					
Others						
Xylene	1330-20-7					

E2.	How was the determination of "Pollutants Present at the Facility" but "Absent in the Discharge to the POTW" made [MSDS, sampling, etc.]?

E3.	How was the determination of "Absent at the Facility made [MSDS, sampling, etc.]?

E4.	Are biocides [chemicals used to control bacterial and/or algal growth] added to any water [in cooling towers, boilers, etc.] that is eventually discharged to the POTW? If **YES**, complete the biocide section below:

YES	
NO	

BIOCIDE	**DOSAGE**	**USED IN**

E5.	List all raw materials that affect or contribute to the facility's discharge. [Attach additional sheet(s) if needed.

E6.	Is there any wastestream or any wastewater being discharged from your facility that was not originally generated on-site at your facility? If **YES**, complete the following section: [Check all that apply]	
	YES	
	NO	

- ☐ **YES**, this facility discharges wastewater generated "off-site" because it is a Centralized Waste Treatment Facility [40 CFR Part 437]
- ☐ **YES**, this facility discharges wastewater generated "off-site" because it is a Transportation Equipment Cleaning Facility [40 CFR Part 442]
- ☐ **YES – OTHER** PLEASE COMPLETE TABLE E6

TABLE E6 – OTHER OFF-SITE WASTEWATER GENERATED

WASTESTREAM DESCRIPTION	
WASTESTREAM ORIGINATION	
WASTESTREAM VOLUME	
DISCHARGE FREQUENCY	

F. WASTEWATER PRETREATMENT FACILITIES

NOTE TO NEW FACILITES: North Carolina Law requires that plans for all pretreatment facility processes must be submitted to the City of Mebane and an "Authorization to Construct [A to C]" must be obtained from the City prior to construction.

F1. Are there any pretreatment devices or processes used for treating wastewater before being discharged to the sewer? Check all that are present, and describe.

No wastewater pretreatment facilities [SKIP TO SECTION G] => ☐

1. Flow equalization

Aerated equalization => ☐

NON-Aerated equalization => ☐

Total volume of equalization (gallons) => ☐

2.	Activated Carbon	Yes ☐	No ☐	Describe any, if present.
3.	Activated Sludge	Yes ☐	No ☐	
4.	Air Stripping	Yes ☐	No ☐	
5.	Centrifugation	Yes ☐	No ☐	
6.	Chemical Precipitation	Yes ☐	No ☐	
7.	Chlorination	Yes ☐	No ☐	
8.	Cyanide Destruction	Yes ☐	No ☐	
9.	Cyclone	Yes ☐	No ☐	
10.	Dissolved Air Floatation	Yes ☐	No ☐	
11.	Filtration	Yes ☐	No ☐	
12.	Flocculation	Yes ☐	No ☐	
13.	Grease Trap	Yes ☐	No ☐	
14.	Grit Removal	Yes ☐	No ☐	
15.	Ion Exchange	Yes ☐	No ☐	
16.	Neutralize, pH adjust	Yes ☐	No ☐	
17.	Other Biological Treatment	Yes ☐	No ☐	
18.	Ozonation	Yes ☐	No ☐	
19.	Reverse Osmosis	Yes ☐	No ☐	
20.	Screening	Yes ☐	No ☐	
21.	Sedimentation	Yes ☐	No ☐	
22.	Septic Tank	Yes ☐	No ☐	
23.	Silver Recovery	Yes ☐	No ☐	
24.	Solvent Separation	Yes ☐	No ☐	
25.	Spill protection	Yes ☐	No ☐	

List any others.

F2.	Describe any bypass lines or procedures intended to accommodate unusual occurrences that may allow untreated wastewater to be discharged. Include even if there is a system in place but has never been utilized.

F3.	Who is the on-site wastewater pretreatment facility operator for you company?	
	Name	
	Title	Yrs with Company
	Phone #	Fax #
	e-mail Address	

F4.	Is there a written procedures manual for the operation of the wastewater pretreatment system/process? If **YES**, submit with application.	
	YES	
	NO	

F5.	Is there an established maintenance schedule for the wastewater pretreatment system/process? If **YES**, submit with application.	
	YES	
	NO	

F6.	Are there any changes planned for the wastewater pretreatment facility/processes in the next five years? If **YES**, please describe. [Attach additional sheet if needed.]	
	YES	
	NO	

Note: North Carolina Law requires that plans for any changes to the pretreatment facility/processes must be submitted to the City of Mebane Wastewater Director or his/her designee and an "Authorization to Construct" [A to C] must be obtained from the City prior to modification.

G. NON-DISCHARGED WASTEWATERS/WASTES

G1. Are there any wastewaters, wastes, or sludges generated at this facility that are NOT disposed of via discharge to the City of Mebane POTW? *[Examples include solvents, off-spec products, alkaline cleaners, spent silver solutions, treatment sludges, plating solutions, pesticides, etc.]*	
YES, complete the rest of Section G	
NO, skip to Section H	

Description/Type of Waste	*** (H) or (N)	Quantity (per year)	Disposal Method (off-site/on-site)

***Hazardous Waste (H) or Non-Hazardous Waste (N)

G2. If any of your wastewater/waste/sludges are sent to an off-site Centralized Waste Treatment Facility, identify the waste/wastewaters and the CWT facility.

Type of Waste/Wastewater	Centralized Waste Treatment Facility

G3.	If a waste hauler [other than the CWT facilities listed above] removed/transported any waste/wastewaters/sludges from your facility, complete the name, address/phone number, and waste description for all waste haulers used in the previous calendar year.

Waste Hauler	Address/Phone Number	Type of Waste

G4.	Do you have copies of manifests for all waste/wastewater/sludges hauled off-site within the last calendar year?

YES	
NO	

H. CHEMICAL STORAGE AND SPILL PREVENTION

H1.	Do you have any underground storage tanks at your facility? If **YES**, list contents and volume of each tank. *[Remember to show location of tank(s) on site diagrams required in Section J.]*

YES	
NO	

UNDERGROUND TANK CONTENTS	TANK VOLUME

H2.	Do you have any above ground storage tanks at your facility? If **YES**, for each tank, list contents, volume, spill prevention and/or containment devices, and procedures for draining any containment devices. Use Codes provided below and use additional pages if necessary. *[Remember to show location of tank(s) on site diagrams required in Section J.]*

YES	
NO	

ABOVE GROUND TANK CONTENTS	TANK VOLUME (gallons)	SPILL PREVENTION CODE(S)	CONTAINMENT AREA DRAINING PROCEDURES

Spill Prevention Codes for Above Ground Tanks [to be used with question H2]
0 = No containment or spill prevention devices
1 = Earthen Dike with no drain – Liquid must be manually pumped from dike
2 = Concrete Dike with no drain – Liquid must be manually pumped from dike
3 = Earthen Dike with drain/sump to *sanitary* sewer
4 = Concrete Dike with drain/sump to *sanitary* sewer
5 = Earthen Dike with drain to storm sewer or ground
6 = Concrete Dike with drain to storm sewer or ground
7 = Other type of Containment [Please describe in box below]
8 = Tank High Level Alarm
9 = Other type of spill prevention [Please describe in box below]

Containment Area Draining Procedure Codes [to be used with question H2]
A = Containment area is covered
B = Containment area is never drained. Liquid is allowed to evaporate
C = Containment area drain is manually opened before rainfall event
D = Containment area drain is manually opened during rainfall event
E = Containment area drain is manually opened after rainfall event
F = Containment area drain opens automatically
G = Containment area liquid is tested before being drained
H = Containment area liquid is visually examined before being drained
I = Containment area liquid is shipped off-site for disposal
J = Containment area liquid is pretreated on-site before discharge
K = Other Procedure [Please describe in box below]

H2.	"OTHER" Description [Please use corresponding code(s)]

H3.	Some types of facilities and/or operations are required to have specific spill or waste control plans. Does this facility have:

a. **Spill Prevention Control and Countermeasure Plan** [SPCC]
[This is a Plan designed to prevent and/or control spills of oil products to streams and storm drains and is required for certain facilities per 40 CFR Part 112.]
☐ **NO** ☐ **YES**

b. **Spill/Slug Control Plan** [may be required by City of Mebane]
[This is a Plan designed to prevent spills and slug loads from entering the POTW and details the actions the facility will take to prevent and/or control a Spill/Slug.]
☐ **NO** ☐ **YES**

c. **Toxic Organic Management Plan** [TOMP] or **Solvent Management Plan** [may be required/allowed by certain Federal Categorical Pretreatment Standards]
[This a Plan that outlines the storage, use, and final disposal practiced for specific regulated toxic organics and is included in certain Federal Categorical Standards.]
☐ **NO** ☐ **YES**

d. Any other spill or pollution prevention plan required by local , State, or Federal authorities
☐ **NO** ☐ **YES** **If YES, give a brief description of the plan**

H4.	Do any of your plans include notification of the POTW in the event of a spill, bypass, or pretreatment facility upset?	
	YES, identify Plan	
	NO	

H5. Do you have floor drains in the manufacturing/process area of your facility?	
YES	
NO	

H6. Do you have floor drains in any chemical storage area of your facility?	
YES	
NO	

I. OTHER ENVIRONMENTAL PERMITS

I1. List any other environmental control permits held by or for this facility. *[Examples include Air Permits, National Pollutant Discharge Elimination System (NPDES) Permits, Resource Conservation and Recovery Act (RCRA) Hazardous Waste Permits, Stormwater Permits, etc.]*

Type of Permit	Issuing Authority	Permit Number & Expiration Date

J. OTHER REQUIRED INFORMATION – Diagrams and Effluent Data

The following diagrams and/or flow schematics are **required** as part of this application. The diagrams or flow schematics can be separate or combined, can be hand drawn, and do not necessarily have to be drawn to scale.

Submit each diagram on 8 ½ x 11 inch paper, if possible. If a larger size is needed, the diagram(s) should be no larger than 11x17 inches.

If your facility has previously submitted similar diagrams or if the City of Mebane has drawn similar diagrams and no changes have been made at your facility, you may copy the previous drawing(s) for this section.

J1. SCHEMATIC FLOW DIAGRAM **[REQUIRED]**

The schematic flow diagram is a simple line drawing that illustrates the nature and flow of your plant's processes, placing particular emphasis on the processes that generate wastewater. It also includes any associated wastewater pretreatment processes/systems. At a minimum, the schematic flow diagram should include the following:

- Each plant process that generates wastewater
  - Include all process steps and tanks [with volumes]
  - Identify the chemicals/raw materials used in each step/tank/vessel
- Each process and wastestream should have a unique identifying number
- Discharge points for each process/wastestream

J2. WASTEWATER PRETREATMENT SYSTEM FLOW DIAGRAM [if applicable]

At a minimum, this schematic flow diagram should include the following:

- Flow schematic showing order of treatment units
  - Include all process tanks [with volumes]
  - Identify the chemicals/additives used in each tank/vessel
- Each process and wastestream should have a unique identifying number
- Piping and control features
- Compliance sampling point

J3. PLANT SITE LAYOUT **[REQUIRED]**

The site layout locates each activity included in the schematic flow diagrams in a geographical setting. At a minimum, the site layout should include the following:

- Building Outlines, Property Lines
- Water lines and meters
- Sewer Lines [including floor drains] and all connections to sewer
- Storm Drains
- Production Areas, Office Areas, and Warehouse Areas
- Cooling Towers, Boilers
- Chemical Storage Areas [including above ground and underground tanks]
- Waste Storage Areas
- Compliance Sampling and Flow Measurement Locations

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe#

						BOD		**TSS**		**Ammonia**	
Lab =>				Laboratory performing analysis =>							
MDL =>				Laboratory Method Detection Limits =>							
Notes =>				Notes =>							
			Q = Flow								
Sample ID, or Count	Date Sample Collected	Notes about Sample	M = Metered E = Estimated	mgd	gal/day	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l	<?	Conc. Results from Lab mg/l
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
etc											
TNS =>				Total number of samples =>							
Max. value =>				Maximum data value (mg/l) =>							
Avg. (use 1/2 BDL) =>				Avg. data value, Include BDL values as 1/2 detection limit =>							

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Arsenic		**Copper**		**Chromium**		**Cadmium**		**COD**		**Copper**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Cyanide		**Lead**		**Mercury**		**Nickel**		**Silver**		**Zinc**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Data Summary Form

	<= Receiving POTW
	<= Receiving NPDES #
	<= Specific Sample Location!
	i.e., Give IU Name, IUP#, and/or pipe #

		Other		**Other**		**Other**		**Other**		**Other**		**Other**	
	Lab =>												
	MDL =>												
	Notes =>												
Sample ID or Count	Date Sample Collected		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab		Conc. Results from Lab
		<?	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l	**<?**	mg/l
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
etc													
	TNS =>												
	Max. Value =>												
	Avg. (use1/2 BDL) =>												

Part V, Waste Reduction Information :

State Pretreatment Rule 15A NCAC 2H.0916 (c)(1)(M) requires Significant Industrial Users to include a description of current and projected waste reduction (pollution prevention) activities. The codes listed are standard EPA codes found on Toxic Release Inventory and other environmental forms. Please check all applicable codes for your facility related to wastewater discharge.

Current	Projected	Code	Description
		W13	Improved maintenance scheduling recordkeeping, or procedures
		W14	Changed production schedule to minimize equipment and feedstock changeovers
		W19	Other changes in operating practices (explain briefly in comments)
		W21	Instituted procedures to ensure that materials do not stay in inventory beyond shelf-life
		W22	Began to test outdated material-continue to use if still effective
		W23	Eliminated shelf-life requirements for stable materials
		W24	Instituted better labeling procedures
		W25	Instituted clearinghouse to exchange materials that would otherwise be discarded
		W29	Other changes in Inventory control (explain briefly in comments)
		W31	Improved storage or stacking procedures
		W32	Improved procedures for loading, unloading and transfer operations
		W33	Installed overflow alarms or automatic shutoff valves
		W34	Installed secondary containment
		W35	Installed vapor recovery systems
		W36	Implemented inspection or monitoring program of potential spill or leak sources
		W39	Other spill and leak prevention (explain briefly in comments)
		W41	Increased purity of raw materials
		W42	Substituted raw materials
		W49	Other raw material modifications (explain briefly in comments)
		W51	Instituted recirculation within a process

Current	Projected	Code	Description
		W52	Modified equipment, layout, or piping
		W53	Use of a different process catalyst
		W54	Instituted better controls on operating bulk containers to minimize discarding of empty containers
		W55	Changed from small volume containers to bulk containers to minimize discarding of empty containers
		W58	Other process modifications (explain briefly in comments)
		W59	Modified stripping / cleaning equipment
		W60	Changed to mechanical stripping / cleaning devices (from solvents or other materials)
		W61	Changed to aqueous cleaners (from solvents or other materials)
		W62	Reduced the number of solvents used to make waste more amenable to recycling
		W63	Modified containment procedures for cleaning units
		W64	Improved draining procedures
		W65	Redesigned parts racks to reduce dragout
		W66	Modified or installed rinse systems
		W67	Improved rinse equipment design
		W68	Improved rinse equipment operation
		W71	Other cleaning and degreasing operation (explain briefly in comments)
		W72	Modified spray systems or equipment
		W73	Substituted coating materials used
		W74	Improved application techniques
		W75	Changed from spray to other system
		W78	Other surface preparation and finishing (explain briefly in comments)
		W81	Changed product specifications
		W82	Modified design or composition of product
		W83	Modified packaging
		W89	Other product modifications (explain briefly in comments)
		W99	Other (specify in comments)

Comments (Please list corresponding code)