

# Industrial User Discharge Permit Application



**Note to authorized signing official:** This application for an Industrial Discharge Permit is required by Dalton Utilities. All of the information requested allows Dalton Utilities to comply with all Federal, State, and local Regulations concerning industrial wastewater discharges. Please complete all questions and furnish any additional information as is appropriate. If you have any questions regarding the information requested in this document, direct them to the Watershed & Regulatory Programs Manager. Please return the completed application to the following address:

Laboratory Services Manager  
1200 VD Parrott Jr. Parkway  
P.O. Box 869  
Dalton, GA 30722-0869  
Brian Harrison: 706-529-1241

## Section I. General Facility Information

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

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

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

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

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

## Section II. Facility Contact Information

Provide the name and title of the company representative to be contacted concerning the data provided in this application.

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

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

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

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ e-mail: \_\_\_\_\_

Provide the designated emergency contact information (A person who has the ability to curtail effluent flow to Dalton Utilities).

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

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 gathered and evaluated the information submitted. Based on my inquiry of the person(s) 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 imprisonment for knowing violation.

Date: \_\_\_\_\_

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

Signed: \_\_\_\_\_

### Section III. Product or Service Information

List all applicable SIC Codes for this facility (**VERY IMPORTANT**): \_\_\_\_\_

\* Visit this website for detailed SIC Code information: [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html)

What product(s) are produced or what service is provided at this facility: \_\_\_\_\_

Describe the plant processes or activities of this facility as they relate to the products/services provided: \_\_\_\_\_

List potentially hazardous chemicals that are stored, handled, or used at this facility: \_\_\_\_\_

Can these potentially hazardous chemicals reach the sewer?  No  Yes  Yes, but containment diking is in place to prevent it.

### Section IV. Plant Operational Characteristics

Please indicate the typical work schedule for this facility:

|           | SHIFT TIMES          |                      | SUN<br>HOURS         | MON<br>HOURS         | TUE<br>HOURS         | WED<br>HOURS         | THU<br>HOURS         | FRI<br>HOURS         | SAT<br>HOURS         |
|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|           | START                | END                  |                      |                      |                      |                      |                      |                      |                      |
| 1st Shift | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2nd Shift | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3rd Shift | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total number of employees at this facility? \_\_\_\_\_

Does this facility have a written Spill Prevention Control and Countermeasures (SPCC) Plan?  Yes  No

Does this facility have a written Slug Control Plan?  Yes  No

### Section V. General Facility Water Usage Data

Does this facility purchase water from Dalton Utilities?  Yes  No From other sources?  Yes  No

If yes, does this facility have more than one water meter?  Yes  No If yes, how many water meters? \_\_\_\_\_

List the account number(s) for this facility (the number can be found on the utility bill):  
Account No. \_\_\_\_\_  
Account No. \_\_\_\_\_  
Account No. \_\_\_\_\_

List the average daily total water usage at this facility: \_\_\_\_\_ gallons per day

Does this facility use water for any purpose other than sanitary/restrooms?  Yes  No

## Section VI. Specific Facility Water Usage Data

Identify all sources of water usage at this facility:

|  | Measured<br>or<br>Estimated?                          | Discharges To Sewer?                                     | Percent<br>of Total<br>Usage |
|--|---|--|------------------------------|
| Sanitary System: _____ gallons per day             | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Lawn Sprinklers: _____ gallons per day             | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Non-Contact Cooling Water: _____ gallons per day   | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Contact Cooling Water: _____ gallons per day       | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Boiler Feed Water: _____ gallons per day           | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Dye Water: _____ gallons per day                   | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Contained In Product: _____ gallons per day        | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Mix Tank Water: _____ gallons per day              | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Tank Rinse Water (Cleanout): _____ gallons per day | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Washdown Water (Cleaning): _____ gallons per day   | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Truck Washing: _____ gallons per day               | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| Process or Other (Please Specify)                  |   |  |                              |
| _____ : _____ gallons per day                      | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____ : _____ gallons per day                      | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____ : _____ gallons per day                      | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____ : _____ gallons per day                      | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |
| _____ : _____ gallons per day                      | <input type="checkbox"/> M <input type="checkbox"/> E | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                        |

## Section VII. General Facility Wastewater Data

Does this facility discharge wastewater to Dalton Utilities?  Yes  No

If yes, is the discharge to sewer from restrooms only?  Yes  No  No Wastewater Discharged to Dalton Utilities

If no, characterize your effluent in the following manner:

Average daily discharge: \_\_\_\_\_ gallons per day

Daily peak flow rate: \_\_\_\_\_ gallons per minute

Is the discharge to sewer intermittent or steady?  Steady  Intermittent

Does this facility discharge any hazardous waste to the sewer?  Yes  No

## Section VIII. Specific Facility Wastewater

List the average volume of wastewater discharge or water loss to the following:

Measured  
or  
Estimated?

Percent  
of Total  
Loss

Contained In Product: \_\_\_\_\_ gallons per day

M  E

\_\_\_\_\_

Natural Outlet: \_\_\_\_\_ gallons per day

M  E

\_\_\_\_\_

Waste Hauler: \_\_\_\_\_ gallons per day

M  E

\_\_\_\_\_

Evaporation: \_\_\_\_\_ gallons per day

M  E

\_\_\_\_\_

Sewer: \_\_\_\_\_ gallons per day

M  E

\_\_\_\_\_

*Identify below all wastestreams that combine to form the total discharge to sewer.  
(attach additional sheets as necessary)*

|  | Process Name  | gallons/day   |   |   |   |
|--|---|---|---|---|---|
|  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
|  | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

*List below all raw products (used or unused) expected to enter wastestream at each of the processes listed above.*

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*List below all raw products used in the processes listed above that could potentially reach the waste stream in the event of abnormal operations (such as equipment failure or cleaning).*

|       |       |       |       |       |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

## Section IX. Wastewater Treatment

Does this facility have any type of wastewater treatment on site?  Yes  No

If yes, what treatment methods are used? Check all that apply.

| Physical Treatment   | Chemical Treatment  | Biological Treatment  | Other (Specify)  |
|--|---|---|--|
| <input type="checkbox"/> Bar Screens<br><input type="checkbox"/> Lint Drags<br><input type="checkbox"/> Clarifiers<br><input type="checkbox"/> DAF Unit<br><input type="checkbox"/> Media Filtration<br><input type="checkbox"/> Ultrafiltration | <input type="checkbox"/> Oil Separator<br><input type="checkbox"/> Heat Exchange<br><input type="checkbox"/> Aeration<br><input type="checkbox"/> Centrifuge<br><input type="checkbox"/> Plate Press<br><input type="checkbox"/> Belt Press | <input type="checkbox"/> Coagulation<br><input type="checkbox"/> Flocculation<br><input type="checkbox"/> Oxidation<br><input type="checkbox"/> pH Adjustment | <input type="checkbox"/> Aerobic<br><input type="checkbox"/> Anaerobic<br><br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |

If any of the above treatment methods are employed, what is removed? \_\_\_\_\_

If any of the above treatment methods are used, how is it managed or disposed of? \_\_\_\_\_

Does this facility have wastewater hauled off site?  Yes  No Who hauls it? \_\_\_\_\_