



"RE-BUILDING THE CITY'S WATER SYSTEMS FOR THE 21ST CENTURY"

Sewerage & Water Board OF NEW ORLEANS

MITCHELL J. LANDRIEU, President
WM. RAYMOND MANNING, President Pro-Tem

625 ST. JOSEPH STREET
NEW ORLEANS, LA 70165 • 504-529-2837 OR 52W-ATER
www.swbno.org

INDUSTRIAL WASTE CONNECTION PERMIT APPLICATION

DATE _____

1. (A) Name of applicant _____

(B) Identify applicant

_____ Owner

_____ Leasee

_____ Tenant

_____ Other (Explain)

(C) Standard Industrial Classification (SIC) Code

2. Municipal address _____

3. Mailing address _____

4. Name and title of the signing principal executive official

5. Name, address, email, telephone number and title of applicant's authorized representative for coordination and correspondence

6. A. List all waste connections and/or discharges including size, average daily flow each, minimum flow each, maximum flow each and average total daily flow

B. Plot the daily flow in gallons vs. hours for each item listed in 6A.

7. Name, municipal address and mailing address of each separate facility where waste connections and/or discharges do now or will occur (please identify on all drawings). _____

8. Identify on drawings and list waste connections and/or discharges as permanent or temporary.

9. If temporary, explain and estimate duration _____

10. Identify water intake sources _____ Public water supply system
_____ Private water supply system
_____ Surface water body
_____ Ground water
_____ Other (Explain)

11. Describe any water treatment processes in use: _____

12. List Water Consumption in Plant:

- Cooling Water _____ gallons per day
Boiler Feed _____ gallons per day
Process Water _____ gallons per day
Evaporation _____ gallons per day
Contained in product _____ gallons per day
Other (Specify) _____ gallons per day

13. List average volume of discharge or water loss to:

- Public sewerage system _____ gallons per day
Public storm drainage system _____ gallons per day
Navigable water _____ gallons per day
Land application _____ gallons per day
Waste hauler _____ gallons per day
Underground disposal _____ gallons per day

14. Private disposal acceptance company (Identify) _____

15. Please identify on drawings and list navigate waterways at point of discharge and/or connection _____

16. A. Identify all approvals and/or denials or Federal, Interstate, State or local agencies for discharge or waste connection.

<u>Type of Permit</u>	<u>I.D. No.</u>	<u>Date</u>	<u>Issuing Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____

B. Have you applied for an NPDES Permit for all discharges to drains or surface water? _____ Yes _____ No

C. If so indicate permit or application numbers. _____

17. Describe and identify on applicable drawings any and all methods of instrumentation monitoring waste connection and/or discharge flows by volume, weight, content, etc. _____

18. Brief description of manufacturing process _____

19. A. List all chemicals and materials used in process. _____

B. List all chemicals used in boiler, cooling waters. _____

20. A. Principal Product or Service. _____

B. Average daily quantity of product. _____

C. Average daily quantity of raw material used. _____

21. Type of Discharge: _____ Batch _____ Continuous

22. Is there a scheduled shutdown? _____
When? _____

23. Is production seasonal? _____
If yes, explain indicating month(s) of peak production.

24. A. Average number of employees served by sanitary system per shift:
_____ 1st; _____ 2nd; _____ 3rd.

B. Shift start times: _____ 1st; _____ 2nd; _____ 3rd.

C. Shifts normally worked each day:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

25. Are any of the toxic pollutants listed in Form B being used at this facility in manufacturing of the product or as a by-product? If so, please indicate by a check mark on Form B.

26. If any pollutant in Form B is present in discharge indicate concentration in Mg/l. (Use E.P.A. Storet Numbers when available.)

27. List and indicate concentrations of any other toxicants known or anticipated to be present in the discharge. _____

28. Is there a Spill Prevention Control and Countermeasure Plan in effect for this plant?

_____ Yes _____ No

29. If the utilization of a pretreatment device is anticipated or is now in use, submit plans of, specifications of and data relevant to the pretreatment process.

30. Describe and explain other "in-house" waste discharge pollution abatement practices _____

31. Is this plant subject to an existing Federal Pretreatment Standard? _____
If so, are Pretreatment Standards being met on a consistent basis? _____

32. Are additional pretreatment facilities and/or operation and maintenance required to meet Pretreatment Standards? If additional pretreatment and/or operation and maintenance are required, list the schedule by which they will be provided:

33. Name of Licensed Master Plumber responsible for waste connections at Plant Site. _____

34. A. For those processes or operations which produce wastes which are NOT discharged into city or storm sewers or to surface waters, complete the following:
(Use separate form for each waste stream)

B. Waste Stream No. _____
Description of process or operation producing waste _____

C. Brief characterization of waste _____

35. A. Annual waste production _____ tons/yr. _____ gal./yr.
B. Frequency of waste production: _____ seasonal _____ occasional

36. Waste Composition
A. Average percent solids _____% b. pH range _____ to _____

B. Physical state: _____ liquid, _____ slurry, _____ sludge,
_____ solid, _____ other (specify) _____

C. Hazardous properties of waste: _____ flammable _____ toxic
_____ reactive _____ explosive _____ infectious
_____ corrosive _____ other (specify) _____

37. Transportation

A. Waste hauled off site by _____ you _____ others

B. Name of waste hauler _____

Address

_____ Street _____ City

_____ () _____
State Zip Code Phone

38. Treatment and Disposal

A. Treatment of disposal: _____ on site _____ off site

B. Waste is _____ reclaimed _____ treated _____ land disposed
_____ incinerated _____ other (specify) _____

C. Off site facility receiving waste

Name of Facility _____

Facility Operator _____

Facility Location _____

_____ Street _____ City

_____ () _____
State Zip Code Phone

39. On site Storage for greater than 90 days

- A. Method: _____ drum, _____ roll-off container, _____ tank,
_____ lagoon, _____ other (specify) _____
- B. Typical length of time waste stored ____ days, ____ weeks, ____ months.
- C. Typical volume of waste stored _____ tons, _____ gallons
- D. Is storage site diked? _____ Yes _____ No
- E. Surface drainage collection _____ Yes _____ No

40. Signatory Requirements.

I certify under penalty of law that this document and all attachments were prepared under my direction in accordance with a system design to assure qualified personnel gathered and evaluated the information submitted. Based on inquiry of the persons who manage the system, 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.

Principal Executive Officer _____
Print Name and Title

Principal Executive Officer _____
Signature

Date Signed _____