



# CITY OF McPHERSON

**WASTEWATER DEPARTMENT**  
**PRETREATMENT DIVISION**  
1400 TREATMENT PLANT ROAD P.O. BOX 1008  
McPHERSON, KANSAS 67460

## APPLICATION FOR INDUSTRIAL WASTEWATER PERMIT

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

### SECTION A - GENERAL INFORMATION

Renewal Application

New Application

1. Facility Name: \_\_\_\_\_

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

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

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. Owner/Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of other company representatives with signature authority

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Please attach similar information on additional representatives on a separate sheet.

3. Designated Facility Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ 24-Hour Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

SECTION B - BUSINESS ACTIVITY

1. If your industry employs or will be employing processes in any of the industrial activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place an "X" beside the category of business activity that applies. Note: Check all that apply.

Industrial Categories \*

- |   |   |
|---|---|
| <input type="checkbox"/> Asbestos Manufacturing                           | <input type="checkbox"/> Nonferrous Metals Forming                    |
| <input type="checkbox"/> Aluminum Forming                                 | <input type="checkbox"/> Nonferrous Metals Manufacturing              |
| <input type="checkbox"/> Battery Manufacturing                            | <input type="checkbox"/> Organic Chemicals Manufacturing              |
| <input type="checkbox"/> Coal Mining                                      | <input type="checkbox"/> Paint & Ink Formulating                      |
| <input type="checkbox"/> Carbon Black                                     | <input type="checkbox"/> Paving & Roofing Manufacturing               |
| <input type="checkbox"/> Can Making                                       | <input type="checkbox"/> Pesticides Manufacturing                     |
| <input type="checkbox"/> Coil Coating                                     | <input type="checkbox"/> Petroleum Refining                           |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Pharmaceutical                               |
| <input type="checkbox"/> Electroplating                                   | <input type="checkbox"/> Plastics & synthetic Materials Manufacturing |
| <input type="checkbox"/> Feedlots   | <input type="checkbox"/> Plastics Process Manufacturing               |
| <input type="checkbox"/> Fertilizer Manufacturing                         | <input type="checkbox"/> Porcelain Enamel                             |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)            | <input type="checkbox"/> Pulp, Paper & Fiberboard Manufacturing       |
| <input type="checkbox"/> Glass Manufacturing                              | <input type="checkbox"/> Rubber                                       |
| <input type="checkbox"/> Grain Mills                                      | <input type="checkbox"/> Soap & Detergent Manufacturing               |
| <input type="checkbox"/> Inorganic Chemicals                              | <input type="checkbox"/> Steam Electric                               |
| <input type="checkbox"/> Iron & Steel                                     | <input type="checkbox"/> Sugar Processing                             |
| <input type="checkbox"/> Leather Tanning & Finishing                      | <input type="checkbox"/> Textile Mills                                |
| <input type="checkbox"/> Metal Finishing                                  | <input type="checkbox"/> Timber Products                              |

A facility with processes inclusive in these business areas may be covered by EPA categorical pretreatment standards. These facilities are termed "Categorical Users."

2. Give a brief description of all operations of this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) codes for all processes:

_____	_____	_____
_____	_____	_____

**SECTION B - BUSINESS ACTIVITY - CONTINUED**

4. Product Volume - (if applicable)

Product Name Trade or Common Name	Amounts Per Day Past Calendar Year		Amounts Per Day Estimate for Present Year		Units (each pound package)
	Average	Maximum	Average	Maximum	

**SECTION C - WATER SUPPLY**

1. Water Sources and Average Water Usage in Gallons Per Day (GPD)  
(Check all that are applicable)

- Municipal Water    GPD \_\_\_\_\_
- Surface Water    GPD \_\_\_\_\_
- Private Well    GPD \_\_\_\_\_
- Other    Specify \_\_\_\_\_ GPD \_\_\_\_\_

2. List average water usage on premises: (New facilities may estimate)

Type of Water Usage	Average Water Usage (GPD)	Measured or Estimated
Process Water		
Plant & Equipment Washdown		
Contact Cooling		
Boiler Feed		
Non-Contact Cooling Water		
Irrigation and Lawn Water		
Sanitary / Domestic		
Contained in Product		
Air/Groundwater Pollution Control		
Other (Specify)		
<b>Average Total</b>		

**SECTION D - SEWER LINE INFORMATION**

- List size, descriptive location and flow of each facility sewer line which connects to the City's sanitary sewer system. (If more than four, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

**SECTION E - WASTEWATER DISCHARGE INFORMATION**

- Does this facility discharge any wastewater other than from restrooms to the City's sanitary system?

- Yes - Please complete the remainder of this application.
- No - Skip to Section I

- Provide the following information on wastewater flow rate:

- Hours/Day Discharged (e.g., 9 AM - 5 PM)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
 Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Sunday \_\_\_\_\_

- Maximum flow rate (gallons/month) \_\_\_\_\_
- Annual daily average (gallons/day) \_\_\_\_\_

- If batch discharges will occur, indicate:

- Number of batch discharges per day \_\_\_\_\_
- Average discharge per batch (gallons) \_\_\_\_\_
- Time of day of batch discharge \_\_\_\_\_
- Day(s) of week of batch discharge \_\_\_\_\_

**SECTION E - WASTEWATER DISCHARGE INFORMATION - CONTINUED**

4.

Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, attach a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Number each unit process having wastewater discharge to the municipal sewer system.

5.

List average wastewater discharge, maximum discharge and type of discharge for each plant process. Include the reference number from the process schematic that corresponds to the process.

Number	Process Description	Average Flow (GPD)	Type of Discharge (batch, continuous, none)

6. List any discharge used for dilution processes (Categorical users only; applicants who checked any of the activities in Section B).

Dilution	Average Flow (GPD)	Type of Discharge (batch, continuous, none)

7. For Categorical Users subject to Total Toxic Organic Management Plan (TTOMP) requirements (i.e., Metal Finishers, Electroplaters, Electronic Component Manufacturers and Aluminum Formers) or for any others that the Pretreatment Administrator decides are subject to TTOMP requirements. Provide the following TTO information:

- a. Does this facility use any of the toxic organics that are listed under the EPA Pretreatment Standards for TTOs and on page 7 of this application.
  - Yes       No
- b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information:
  - Yes       No
- c. Has a Total Toxic Organic Management Plan (TTOMP) been developed? If yes, please attach a copy.
  - Yes       No

SECTION E - WASTEWATER DISCHARGE INFORMATION - CONTINUED

8. Does the facility have a discrete sampling location, continuous sampling equipment, and/or flow metering equipment which is accessible to authorized representatives from the Public Works Department?

a. Sampling location isolating your facility's discharge?

Yes       No      Date Location available: \_\_\_\_\_

b. Sampling equipment? (automated sampler, composite, flow activated, etc..)

Yes       No       Not Applicable

c. Flow metering equipment?

Yes       No       Not Applicable

Please indicate the sample location with subsequent equipment, on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes       No

10. Briefly describe these changes and their effects on the wastewater volume and characteristics:

Not Applicable

11. Are materials or water reclamation systems in use or planned?

Yes       No

12. Briefly describe recovery process, substance recovered, percent removed, and the concentration in the agent solution. Submit a flow diagram for each process.

(Attach additional sheets if necessary.)

Not Applicable

SECTION F - CHARACTERISTICS OF DISCHARGE

All industrial users subject to the EPA Pretreatment Standards, 40 CFR Part 403, are required to submit monitoring data on all pollutants that are regulated specific to each process. All waste streams are to be sampled and analyzed by a Kansas Department Health & Environment (KDH&E) approved laboratory for all pollutants that are regulated. The sample results are to be attached to this permit application if required.

TABLE 1 - TOTAL ORGANIC COMPOUNDS - REGULATED PRIORITY POLLUTANTS

Acenaphthene	1,2-dichloropropane (1,3-dichloropropene)	Chlorodibromomethane
Acrolein	2,4-dinitrotoluene	Hexachlorobutadiene
Acrylonitrile	4,6-dinitro-o-cresol	Hexachlorocyclopentadiene
Benzene	PCB-polychlorinated biphenyls	Isophorone
Benzidine	PCB-1254 (Arochlor 1254)	Naphthalene
Carbon tetrachloride (tetrachloromethane)	PCB-1232 (Arochlor 1232)	Nitrobenzene
Chlorobenzene	PCB-1260 (Arochlor 1260)	2-nitrophenol
1,2,4-trichlorobenzene	Aldrin	4-nitrophenol
Hexachlorobenzene	Chlordane (technical mixture and metabolites)	2,4-dinitrophenol
1,2-dichloroethane	4,4' DDE (p,p'-DDX)	N-nitrosodimethylamine
1,1,1-trichloroethane	Beta-endosulfan	N-nitrosodiphenylamine
Hexachloroethane	Endrin aldehyde	Toluene
1,1-dichloroethane	BHC-hexachlorocyclohexane	Vinyl chloride (chloroethylene)
1,1,2-trichloroethane	Gamma-BHC	1,1-dichloroethylene
1,1,2,2-tetrachloroethane	2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)	2,4-dichlorophenol
Choroethane	Bis-(2-chloroethyl) ether	2,4-dimethylphenol
Diethyl phthalate	2-chloroethyl vinyl ether (mixed)	2,6-dinitrotoluene
Dimethyl phthalate	2-chloronaphthalene	1,2-diphenylhydrazine
1,2-benzanthracene [benzo(a)anthracene]	2,4,6-trichlorophenol	PCB-1242 (Arochlor 1242)
3,4-benzopyrene [benzo(a)pyrene]	Parachlorometa cresol	PCB-1221 (Arochlor 1221)
3-4-benzofluoranthene [benzo(b)fluoranthene]	Chloroform (Trichloromethane)	PCB-1248 (Arochlor 1248)
11,12-benzofluoranthene [benzo(k)fluoranthene]	Ethylbenzene	PCB-1016 (Arochlor 1016)
Chrysene	2-chlorophenol	Endrin
Acenaphthylene	1,2-dichlorobenzene	Heptachlor epoxide
Anthracene	1,3-dichlorobenzene	Beta-BHC
1,12-benzoperylene [benzo(ghi)perylene]	1,4-dichlorobenzene	Toxaphene
Fluorene	N-nitrosodi-n-propylamine	Fluoranthene
Phenanthrene	Pentachlorophenol	Dieldrin
1,2,5,6-dibenzanthracene [dibenzo(a,h)anthracene]	Phenol	Endosulfan sulfate
Indeno (1,2,3-cd)pyrene (2,3-o-phenylene pyrene)	Bis (2-ethylhexyl) phthalate	Heptachlor
Pyrene	Butyl benzyl phthalate	Alpha-BHC
Tetrachloroethylene	Di-n-butyl phthalate	Delta-HBC
Trichloroethylene	Di-n-octyl phthalate	Alpha-endosulfan
3,3-dichlorobenzidine	4-chlorophenyl phenyl ether	4,4'-DDD (p,p'-TDE)
1,2-trans-dichloroethylene	4-bromophenyl phenyl ether	4,4'-DDT
	Bis (2-chloroisopropyl) ether	
	Bis (2-chloroethoxy) methane	
	Methylene chloride (dichloromethane)	
	Methyl chloride (chloromethane)	
	Methyl bromide (bromomethane)	
	Bromoform (tribromomethane)	
	Dichlorobromomethane	

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

- Yes       No

If no, is any wastewater treatment planned within the next three years?

- Yes       No

2. Treatment devices or processes used or proposed for treating wastewater or sludge at this facility.  
(Check all that are applicable.)

- Air Flotation
- Biological Treatment      Type: \_\_\_\_\_
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation      Type: \_\_\_\_\_
- Grease Trap
- Grinding Filter
- Grit Removal
- Ion Exchange
- Neutralization, pH Adjustment, pH Control
- Ozonation
- Rain Water Diversion or Storage
- Reverse Osmosis
- Screen
- Sedimentation Trap
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Other      Describe: \_\_\_\_\_

3. Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures of each treatment device or process checked above. Include a process flow diagram and include process equipment, by-products, by-product disposal methods, and waste and by-product volumes. Attach additional sheets, if necessary.



SECTION G - TREATMENT - CONTINUED

4. Do you have a treatment operator?  
 Yes       No       Not Applicable

If Yes Provide the following information:

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

Title: \_\_\_\_\_

KDH&E Wastewater License Classification: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

5. Do you have a manual on the correct operation of your treatment equipment?

Yes       No       Not Applicable

6. Do you have a written maintenance schedule for your treatment equipment?

Yes       No       Not Applicable

SECTION H - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information:

- a. Indicate which days are worked per week:

Mon     Tues     Wed     Thur     Fri     Sat     Sun

- b. Indicate number of shifts worked per day

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

- c. Indicate number of employees per shift:

1st Shift    Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

2nd Shift    Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

3rd Shift    Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

2. Indicate whether the business activity is:

Continuous through the year

Seasonal - Indicate months of the year the activity occurs:

3. Do operations shut down for vacation, maintenance or other reasons?

Yes       No

If yes, indicate reasons and period of shutdown:

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS - CONTINUED**

4. List types and amounts (mass or volume) of raw material used or planned for use. Indicate whether per day, month or year. Attach a separate sheet if needed.

5. List types and quantity of chemicals used or planned for use. Attach copies of Material Safety Data Sheets (MSDS) for all chemicals identified.

Chemical	Average Quantity Kept On Hand

6. Building Layout -  
 Attach a drawing to scale of the location of each building on the premises. Show map orientation and location of all water meters, storm water collecting devices, storm drains, storm drain outfall or connection to the municipal storm sewer system, numbered unit processes (from the schematic flow diagram), municipal sewer lines, and facility sewer lines connecting the municipal sewer system. Number each sewer line and show existing and proposed sampling locations. A blueprint may be used in lieu of a drawing.

**SECTION I - SPILL PREVENTION**

1. Do you have a chemical storage container area at your facility?

Yes       No

If yes, please provide a location, contents, size, type, and frequency and method of cleaning. Indicate proximity of these areas to storm or sanitary sewer systems.

SECTION I - SPILL PREVENTION - CONTINUED

2. Do you have floor drains in your manufacturing area?

- Yes       No

If yes, indicate where they drain to:

- Sanitary Sewer  
 Storm Drain  
 On-Site Disposal  
 Other

Specify: \_\_\_\_\_

3. Could an accidental spill from chemical storage and/or process containers lead to a discharge from your facility?

- Yes       No

If yes, indicate where the accidental spill would discharge to:

- Sanitary Sewer  
 Storm Drain  
 On-Site Disposal  
 Surrounding Ground Area  
 Other

Specify: \_\_\_\_\_

4. Do you have a Spill Prevention and Countermeasure Plan (SPCP) in place to prevent spills or slug discharge from entering the sanitary sewer, storm drain or surrounding area?

- Yes       No       Not Applicable

If yes, please attach a copy and post a copy in the facility in a conspicuous place for all employees to see.  
If no, please provide one within 30 days of application date if applicable.

5. Please describe below any previous spill events and remedial actions taken to prevent reoccurrence.

**SECTION J - NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges (hazardous and nonhazardous) generated and not disposed of into the sanitary sewer system?

If yes, indicate the waste generated below:

Waste Generated	Quantity/year (Tons)	Disposal Method	Treatment/Storage Disposal Facility Name and Location

2. If an outside firm removes any of the wastes, state the name and address of the waste haulers and permit number.

Facility Name: \_\_\_\_\_

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

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

Permit Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

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

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

Permit Number: \_\_\_\_\_

3. Has your industry been issued any Federal, State or Local environmental permits?

Yes       No       Not Applicable

If yes, please list:

**SECTION K - AUTHORIZED SIGNATURES**

**1. Compliance Certification**

- a. Are all applicable Federal, State, and Local pretreatment standards and requirements being met on a consistent basis?

Yes       No

If no, what additional operations and maintenance procedures are being considered to bring the facility into compliance?

- b. If the facility is not in compliance, provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable compliance dates. If the City establishes a compliance schedule with the issuance of your Permit, it may be different than the one submitted; however, the events and dates provided will be taken under consideration.

Milestone Activity	Completion Date

**2. Authorized Representative Statement**

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 on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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 fines and imprisonment for knowing violations.

\_\_\_\_\_

NameTitle

\_\_\_\_\_

SignatureDatePhone Number