

Hatfield Township

MUNICIPAL AUTHORITY

Ralph Harvey, *Chairman*
Donald Atkiss, *Vice Chairman*
George Landis, *Asst. Secretary*
Barry Wert, *Secretary / Asst. Treasurer*
Charles Sibel, *Treasurer*

GHD Inc ~ *Engineer*

Hamburg, Rubin, Mullin,
Maxwell & Lupin ~ *Solicitor*

APPLICATION FOR NON-RESIDENTIAL WASTEWATER DISCHARGE PERMIT

SECTION -

- A. General Information
- B. Business Activity
- C. Water Supply & Use
- D. Wastewater – Sanitary Sewer Discharge Information
- E. Hazardous Waste Discharge & Notification*
- F. Non-Discharged Wastes & Residuals
- G. Treatment/Pretreatment of Wastewater
- H. Spill Prevention & Chemical Storage
- I. Signatory Authorization

* - ATTACHMENT – Hazardous Waste Notification Form

APPLICATION FOR NON-RESIDENTIAL WASTEWATER DISCHARGE PERMIT

Section A. – GENERAL INFORMATION

- 1. Facility Name: _____
Operator Name: _____
Property Owner Name: _____
Municipality: _____

2. *Facility Physical Address*

Street: _____
City: _____ State _____ Zip: _____

3. *Facility Mailing Address*

Street/Box # _____
City: _____ State _____ Zip: _____

4. *Property Owner Mailing Address*

Street/Box # _____
City: _____ State _____ Zip: _____
Telephone: _____ Fax: _____
E-mail: _____

5. *Facility Representative / Contact Person*

Name: _____ Title: _____
Telephone: _____ Fax: _____
E-mail: _____

6. Total Number of Full Time Employees: _____
(include management, sales, drivers, etc.)

7. Total Number of Part Time Employees: _____
(include management, sales, drivers, etc.)

8. Indicate Length of Operating Day: _____
(number of shifts per day): _____
(number of days per week): _____
(number of employees per shift): 1st _____ 2nd _____ 3rd _____

Section B. – BUSINESS ACTIVITY

1. Provide a brief description of all operations at this facility. Include products manufactured or services provided: *(attach additional sheets if necessary)*.

2. Indicate applicable Standard Industrial Classification (SIC number) if any, for all processes. *(if more than one applies, list in descending order of importance)*.

- a. _____
b. _____
c. _____
d. _____

3. A facility with processes included in the following list may be subject to Environmental Protection Agency (EPA) categorical pretreatment standards. These facilities are termed "Categorical Users". If your facility employs or plans to employ processes in any of the industrial categories listed below, regardless of whether they generate wastewater, waste residuals, or hazardous wastes, place a check beside the activities that apply.

INDUSTRIAL CATEGORIES:

- () Aluminum Forming
- () Asbestos Manufacturing
- () Battery Manufacturing
- () Can Manufacturing
- () Carbon Black
- () Cement Manufacturing
- () Centralized Waste Treatment
- () Coil Coating
- () Copper Forming
- () Electric and Electronic Components Manufacturing
- () Electroplating
- () Feedlot Operations
- () Fertilizer Manufacturing
- () Foundries (metal molding & casting)

- () Glass Manufacturing
- () Grain Mills
- () Inorganic Chemicals
- () Industrial Laundries
- () Iron & Steel
- () Leather Tanning & Finishing
- () Metal Finishing
- () Non-Ferrous Metals Manufacturing
- () Oil & Gas Extraction
- () Organic Chemicals Manufacturing
- () Paint & Ink Formulation
- () Paving & Roofing Manufacturing
- () Pesticides Chemicals
- () Petroleum Refining
- () Pharmaceutical Manufacturing
- () Phosphate Manufacturing
- () Plastic & Synthetic Material Manufacturing
- () Plastics Processing Manufacturing
- () Porcelain Enameling
- () Pulp, Paper, & Fiberboard Manufacturing
- () Rubber Manufacturing
- () Soap & Detergent Manufacturing
- () Steam Electric Power Generating
- () Sugar Processing
- () Textile Mills
- () Timber Products Processing
- () Transportation Equipment Cleaning
- () Waste Combustors

Section C. – WATER SUPPLY & USE

1. Water Sources: *(check all that are applicable)*

- North Penn Water Authority
- North Wales Water Authority
- Private Well
- Surface Water
- Other (specify): _____.

2. Is your water consumption metered? yes no

If metered, please attach copies of billing or meter records for the preceding four (4) quarters. Be sure your name or facility name, address, and account number appear on these records.

If not metered, estimate average working day consumption: _____ gal/day.

(please explain if use varies significantly): _____

 _____.

3. List average daily consumption or anticipated volume for the following water uses, *(estimate if necessary)*:

<u>USE</u>	<u>GALLONS</u>	<u>MEASURED or ESTIMATED</u>
a). Sanitary	_____	_____
b). Boiler Feed	_____	_____
c). Contact Cooling	_____	_____
d). Non-contact Cooling	_____	_____
e). Contained in Product	_____	_____
f). Process Discharge	_____	_____
g). Plant/equipment wash down	_____	_____
h). Air Pollution Control	_____	_____
i). Irrigation, Lawn Watering	_____	_____
j). Other <i>(specify)</i> :	_____	_____
TOTAL:	_____	

Section D. – WASTEWATER – SANITARY SEWER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any water or wastewater, other than from customary sanitary uses, (i.e., lavatories, basic housekeeping, etc.) to the sewer at any time?

() yes () no – if no, skip to section F.

2. Describe discharge(s) to the sewer other than from sanitary uses. List each source individually. (attach additional sheets if necessary).

3. Are the wastewater discharges expected to be in compliance with conditions and limitations established under Hatfield Township Sewer Ordinance No. 420 Chapter 18 as amended?

() yes () no – (if no, explain cause) () unknown

4. Are chemicals or materials used that are discharged with the wastewater?

() yes () no - if yes, list name(s) and quantities.

5. Does your waste(s) contain any of the following constituents? Check all that may apply:

- () fats, oils, grease
- () food/beverage processing wastes or rinsates
- () petroleum or mineral oils or grease
- () inorganic chemicals
- () organic chemicals
- () pesticides or herbicides
- () dye, dye wastes, or coloring agents
- () paints or paint rinsates
- () radioactive material
- () solvents
- () heavy metals
- () grit, sand, silt
- () nuisance odors
- () surface acting agents, detergents, foaming agents, etc.
- () flammable or explosive by-products
- () strong acid or base pH characteristics

- () PFAS and/or related compounds
- () medical or pharmaceutical wastes
- () elevated temperature
- () plastics residuals

Provide more details about any items checked on previous page (*attach separate sheet if necessary*):

6. Check wastewater discharge flow type(s):

- () continuous
- () batch
- () other, please describe: _____

7. Are any of the discharges from processes or activities metered?

- () yes () no

8. List average daily volume discharged or anticipated for each continuous process wastestream, if applicable. (*estimate if necessary*): _____

9. List average frequency and volume of discharges for each batch process wastestream, if applicable. (*estimate if necessary*): _____

10. List average frequency and volume of other types of discharges, if applicable. (*estimate/anticipate if necessary*): _____

11. List in gallons per minute (GPM) daily maximum or peak flow rates for any type of discharge, if applicable. (*estimate/anticipate if necessary*): _____

Section E. – HAZARDOUS WASTE DISCHARGES AND NOTIFICATION

Recent changes to EPA general pretreatment regulations (55FR 30082) require industrial users to submit a one-time notification to authorities if they discharge listed and characteristic RCRA hazardous wastes as described in (40 CFR part 261) to the sewer.

Pollutants already reported under (40 CFR part 403.12 (b)(d)(e)) required for categorical users are not subject to this notification requirement.

If a hazardous waste is mixed with a non-hazardous process or non-process wastestream and then discharged, the entire volume of the wastestream is considered when determining the quantity of the hazardous material discharged under the mixture rule (40 CFR Part 261.3).

Note: Questions regarding your hazardous discharge can be directed to the EPA RCRA Hotline (800-424-9346).

1. Do you discharge greater than 15 kg. (33 lbs.) per calendar month of a RCRA hazardous waste, or any quantity of acutely hazardous waste as identified in (40 CFR parts 261.30 and 261.33)?

() yes *(if yes, complete the Hazardous Waste Notification Form [attached] if you haven't done so already – make additional copies if needed).*

() no *(if no, skip to section F.).*

Notification must be sent to:

The local sewage authority: Hatfield Township Municipal Authority
3200 Advance Lane
Colmar, PA 18915

The EPA regional waste management division director:

U.S. EPA – Region III
Four Penn Center
1600 John F. Kennedy Blvd.
Philadelphia, PA 19103-2852
Attn: Hazardous Waste Division Director

The State hazardous waste authority:

Pennsylvania Dept. of Environmental Protection
Southeast Regional Office
2 East Main Street
Norristown, PA 19401-4915
Attn: Hazardous Waste Division

Section F. – NON-DISCHARGED WASTES AND RESIDUALS

1. Do your facility processes and material uses result in waste products, liquids, or sludge residuals which are not discharged to the sewer?

() yes () no (if no, skip to Section G.)

2. Identify each waste and volume/quantity generated per year: _____

3. Are these non-discharge waste residuals disposed of, reclaimed, or both? _____

() at your facility
() off-site
() both

4. If residual wastes are disposed of or reclaimed on-site, list name(s) of waste(s) and method(s) of disposal: _____

5. If residual wastes are disposed of or reclaimed off-site, list name(s) of waste(s), destination, and name & address of all waste haulers:

Waste / Destination	Haulers / Address
_____	_____
_____	_____
_____	_____
_____	_____

6. Have you been issued federal, state, or local environmental permits?

() yes () no

(if yes, please list permit(s) title and number):

Section G. - TREATMENT / PRETREATMENT OF WASTEWATER

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

() yes () no (if no, skip to Section H.)

2. Is there any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three (3) years?

() yes () no (if yes, please describe):

3. List of treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate):

- () air floatation
- () biological treatment, type: _____
- () centrifuge
- () chemical precipitation
- () chlorination
- () cyclone
- () filtration
- () flow equalization
- () grease trap
- () grease or oil separation, type: _____
- () grit removal
- () ion exchange
- () ozonizing
- () press, type: _____
- () neutralization, pH adjustment
- () rainwater diversion or storage
- () reverse osmosis
- () screening
- () sedimentation
- () septic tank
- () silver recovery
- () solvent separation
- () spill protection, type: _____
- () sump
- () ultra-violet light
- () other chemical treatment, type: _____
- () other physical treatment, type: _____
- () other treatment method, describe: _____

Section H. – SPILL PREVENTION AND CHEMICAL STORAGE

1. Do you have chemical materials or waste storage containers, tanks, drums, bins, ponds, etc. at your facility?

() yes () no

If yes, please describe the location, contents, volume, and manner of handling and storage of these materials: _____

2. Do you have floor drains in your manufacturing or storage area(s) at your facility?

() yes () no

If yes, where do the drains discharge to? _____

3. If you have chemical materials or waste storage containers, a spill or leak could lead to a discharge to: (*check all that apply*)

- () an on-site disposal system
() sanitary sewer
() the ground
() storm drains
() other, specify: _____
() Not applicable, no possible discharge to any of the above

4. Does your facility have a spill prevention and/or emergency response plan to prevent spills or slug discharges from entering the sewer system?

() yes () no (*if yes, please provide details*)

5. Please describe any previous spill events and remedial measures taken to prevent a recurrence: _____

Section I. – SIGNATORY AUTHORIZATION

The following authorization statement must be signed by a designated authorized signatory official.

A designated signatory is defined as:

1. A responsible corporate officer, if the user is a corporation (a president, vice president, treasurer, or secretary of principal business function, or any other person performing similar decision-making functions for the corporation).
2. A manager of a facility of one or more manufacturing, production, or operating facilities, provided that the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit and implicit duty of making major capital investment recommendations , and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual wastewater discharge requirements; and where authority to sign documents have been assigned or delegated to the manager in accordance with corporate procedures.
3. A general partner, or proprietor if the IU is a partnership or proprietorship respectively.
4. A duly authorized representative of an individual described above, provided authorization is given in writing and specifies the individual or the position having responsibility for the overall operation or environmental matters for the facility or operation.
5. A director or highest-ranking public official in charge for overall operations if user is a government entity, or their designee.

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 ensure 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 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 violations”.

Name (please print)

Title

Signature

Date

HAZARDOUS WASTE NOTIFICATION

Company Name: _____

Address _____

City _____

State _____

Zip Code _____

Contact Person _____

Title _____

Phone () _____

Name of Publicly Owned Treatment Works *HATFIELD TOWNSHIP MUNICIPAL AUTHORITY*

NPDES Permit # *PA 0026247*

Address *3200 ADVANCE LANE*

City *COLMAR*

State *PA*

Zip Code *18964*

HAZARDOUS WASTE INFORMATION (use additional sheets if necessary)

Name of Waste(s): _____

EPA Hazardous Waste Number(s): _____

TYPE OF DISCHARGE: _____ Continuous _____ Batch _____ Other

IF MORE THAN 100 KILOGRAMS OF ANY HAZARDOUS WASTE PER CALENDAR IS DISCHARGED TO THE SEWER, PLEASE INCLUDE THE FOLLOWING ITEMS OF INFORMATION FOR EACH HAZARDOUS WASTE. TO THE EXTENT SUCH INFORMATION IS KNOWN AND READILY AVAILABLE.

Hazardous Constituent Information:

Name of Constituent	Mass in Wastestream - (this month)	Concentration in Wastestream - (this month)	Mass in Wastestream - (next 12 months)

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Name of Company Representative: _____, (please print)

Signature: _____ Date: _____