



TOWN AND VILLAGE OF ELLICOTTVILLE
ENGINEERING DEPARTMENT



17 MILL ST.
ELLICOTTVILLE, NY 14731

PHONE: (716) 699-9005

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APPLICATION FOR INDUSTRIAL WASTEWATER
DISCHARGE PERMIT

This application is for permission to discharge waste into the Town and Village's Publicly Owned Treatment Works (POTW) in accordance with the Town and Village's Sewer Law, NYS DEC regulations, Town/ Village of Ellicottville's Zoning Code, Local Ordinances, Engineering Standards, and Fee Schedule

GENERAL INFORMATION:

Company Name: _____

Mailing Address: _____

Facility Address: _____

SIC Code of Industry & Process: _____ - <https://www.osha.gov/pls/imis/sicsearch.html>

Tax Map #: _____

Facility Representative:

Name: _____ Title: _____ Phone: _____

Email Address: _____

Signing Official:

Name: _____ Title: _____ Phone: _____

Email Address: _____

Signature: _____ Date: _____

Information should be typewritten or clearly printed in ink. Attach additional sheets if needed for each section if more space is needed. The signing official must have authorization to provide such information on behalf of the company, corporation, or partnership.

SECTION #1: WATER / WASTEWATER DATA

A. WATER SOURCES:

Please indicate water consumption by quarter (Gallons/Day):

<u>Source:</u>	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC
Municipal System:	_____	_____	_____	_____
Recycled:	_____	_____	_____	_____
Private Wells:	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

B. WATER USAGE:

Please indicate water usage by source (**Gallons/Day**):

<u>Source:</u>	<u>Average Consumption</u>	<u>Source (Municipal/Private)</u>
Cooling Water:	_____	_____
Boiler Makeup:	_____	_____
Process Water:	_____	_____
Sanitary System:	_____	_____
Plant Maintenance/Cleanup:	_____	_____
Contained in Product:	_____	_____
Other (specify):	_____	_____
_____	_____	_____
TOTAL:	_____	_____

C. WATER DISCHARGE/LOSS:

Please indicate water/wastewater discharge by source (**Gallons/Day**):

<u>Source:</u>	<u>Average Consumption</u>
Municipal Sewer:	_____
Process:	_____
Sanitary:	_____
Cooling:	_____
Waste Hauler:	_____
Evaporation:	_____
Contained in Product:	_____
Recycled:	_____

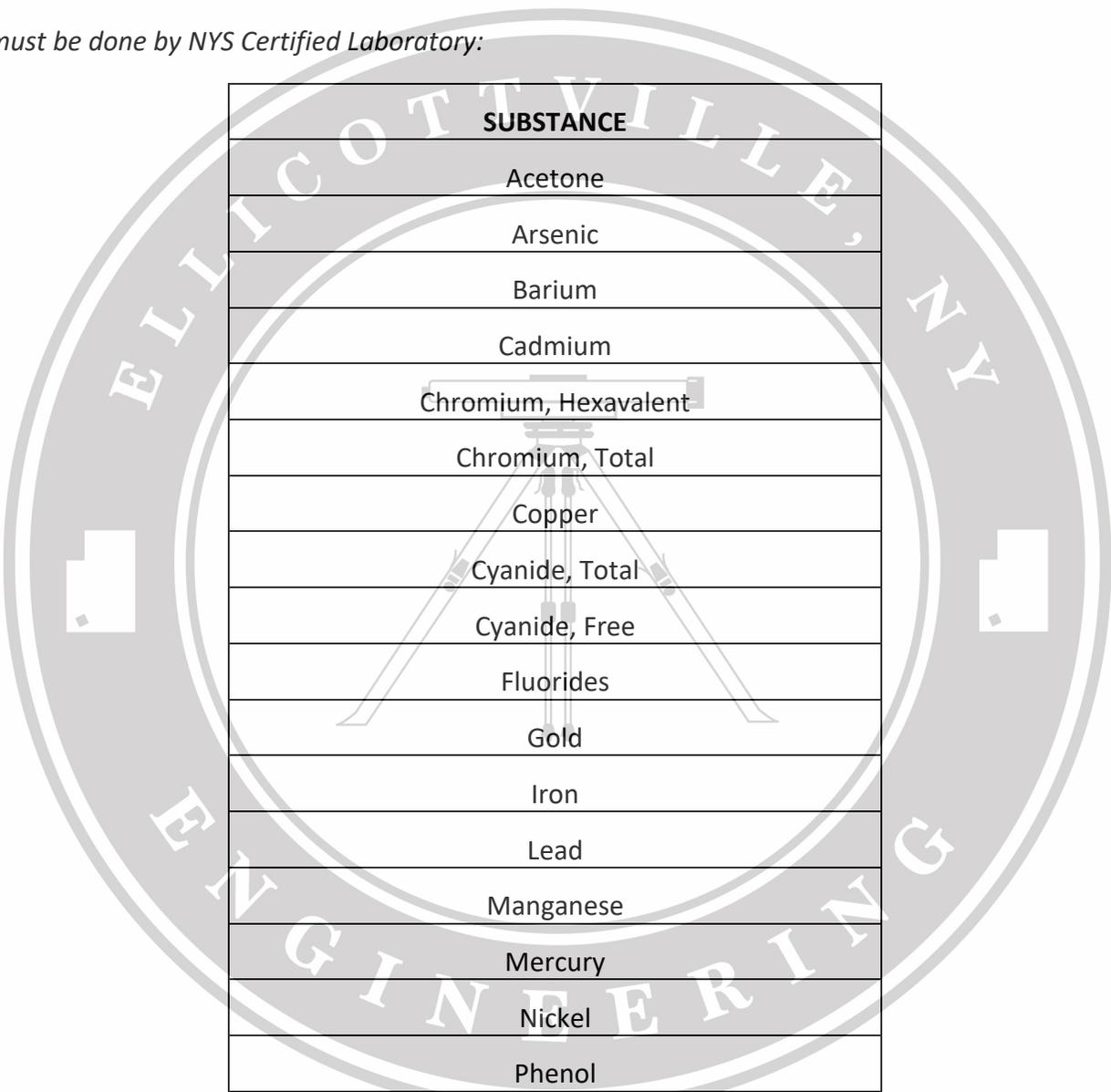
Other (specify): _____

TOTAL: _____

NOTE: The total flows for sections A, B, and C should be equal to each other.

D. SUBMIT AN ANALYSIS OF THE FOLLOWING

Analysis must be done by NYS Certified Laboratory:



SUBSTANCE
Acetone
Arsenic
Barium
Cadmium
Chromium, Hexavalent
Chromium, Total
Copper
Cyanide, Total
Cyanide, Free
Fluorides
Gold
Iron
Lead
Manganese
Mercury
Nickel
Phenol
Selenium
Silver
Sodium
Sulfide
Zinc
BOD-5

TSS
 pH
 Nitrogen (N), mg/L
 Phosphorus (P), mg/L
 Oil & Grease

Please include any other pollutants in the analysis that are believed to be present in the discharge from any outfall at your facility.

SECTION #2: PLANT / PROCESS DATA

A. RAW MATERIALS:

List all of the principal materials (such as cleaning agents, solvents, plating solutions, catalysts, process chemicals, etc.) which are regularly used at your facility and that might be present in the wastewater discharge.

Generic Type:

1. Ex. Degreaser :

Average Consumption

Source (Municipal/Private)

- 2.
- 3.
- 4.
- 5.
- 6.

B. Is there a Spill Prevention Control Plan in affect for this facility? YES NO
If Yes, please attach to this application.

C. *List all of the products and/or services produced by this facility and the associated 4-digit Standard Industrial Classification (SIC) Code. Also, please indicate the annual production for each product or service.*

	<u>Product or Service</u>	<u>SIC Code</u>	<u>Approx. Annual Production</u>
1.			
2.			
3.			
4.			
5.			
6.			

D. *List the processes used in the production of the items listed above:*

- 1. _____
- 2. _____

3. _____
4. _____
5. _____
6. _____

E. If you have any batch processes which produce process wastewater or which use any of the priority pollutants or substances of concern, please describe the process and indicate the average number of batches per 24-hour period:

	<u>Process Description</u>	<u>Number of Batches/24-hours</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

F. Attach a block diagram or schematic which shows the flow of water and wastewater through your plant. The diagram should show the sources of water given in question 1A, the processes and uses given in the above questions, and the discharges given in question 1C. Also, please indicate the position of any wastewater and/or pretreatment processes which are in use.

G. Does your facility discharge to a storm sewer or to a surface water (lake, stream, etc.)?

YES NO

If yes, what is the name of the surface water or the location of the storm sewer:

If yes, has your facility applied for a NY State Pollutant Discharge Elimination Permit (SPDES)?

YES NO

Please attach a copy of the application or issued permit.

H. Please list all of the sanitary and/or storm sewer outlets from your plant, along with the pipe size and an estimated flow rate. Also, indicate whether the discharge is intermittent or continuous. Attach a map or sketch of your plant and the surrounding area and indicate the location of the outlets. Use the Nos. 1, 2, 3, etc. from the lines below in order to mark the outlets on the map.

	<u>Sanitary/Storm?</u>	<u>Pipe Size (inches)</u>	<u>Intermittent or Continuous?</u>	<u>Estimated Flow Rate (gal/day)</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Is this plant subject to an existing pretreatment standard? YES NO

If yes, please list the standard: _____

Are the pretreatment standards being met on a consistent basis? YES NO

Please describe the pretreatment processes currently in use:

Will any additional pretreatment facilities and/or operation and maintenance be required in order to meet the Pretreatment Standards? YES NO

If any are required, please attach a copy of the schedule by which they will be provided.

J. Do you have any automatic sampling equipment and/or continuous wastewater flow metering equipment currently in use or included in future plans?

CURRENT:	Flow Metering	YES	NO	Sampling Equipment	YES	NO
PLANNED:	Flow Metering	YES	NO	Sampling Equipment	YES	NO

If so, please indicate the present or future location(s) of this equipment on the sewer schematic and describe the equipment below:

Hand in Application after completion of Section #2.

Reviewed By: _____

Date: _____

APPROVED REJECTED APPROVED W/ COMMENTS

Signed: _____