

Mail this completed form to: ATTN: Pretreatment Program Coordinator Green Bay Metropolitan Sewerage District 2231 N. Quincy Street Green Bay, WI 54302

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

The Green Bay Metropolitan Sewerage District (GBMSD) will use the information provided in this application to determine the discharge status of the industrial facility in accordance with the GBMSD Sewer Use Ordinance. Please complete all required information as accurately as possible. Additional pages may be used to provide any information requiring more space. If you have any questions regarding this application, please contact GBMSD's Pretreatment Program Coordinator at 920-438-1079.

Par	t 1: Facility General Info	rmation					
1	Reason for Application	New Application	ı	Renew	/al: Permit No		
2	Does the facility intend	o apply for a pH Variance?				Yes	No
3	Legal Name of Facility						
4	Facility Address						
	Physical Loc	ation Address	Ма	iling Address(check if same	e as Physical L	ocation)
5	Owner/Operator						
	Name						
	Title						
	Telephone Number						
	E-mail Address						
6	Authorized Signatory (if	different from owner/opera	tor)				
	Name						
	Title						
	Telephone Number						
	E-mail Address						

Par	t 1 (contin	ued)									
7	Contact I	Person									
	Nam	e									
	Title										
	Telej	phone Nur	mber								
	E-ma	ail Address	6								
Par	t 2: Busin	ess Activ	ity								
1	Descripti	on of Proc	lucts or Se	rvices							
2	North An	nerican Ind	dustrial Cla	ssification	(NAICS) C	ode					
	Standard	Industria	l Classificat	tion (SIC) (Code						
3	Schedule	e and Emp	oloyee Infor	mation							
	Num	ber of Em	ployees								
	For i	ndustrial o	perations,	check the	box for shi	fts worked	during ead	ch day and	note shift start & end times		
	Shift	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Shift Start/End Times		
	1st Shift										
	2nd Shift										
	3rd Shift										
	Holic	lay/Shutdo	own Schedi	ule (if diffe	rent from a	bove)					
4	Other En	vironment	tal Permits/	Control Do	ocuments						
	List a	all environ	mental peri	mits and co	ontrol docu	ments (inc	luding exe	mptions) c	urrently held by the Facility		
		N	ame / Type	of Dormi	List an environmental permits and control documents (including exemptions) currently field by the Facility.						

Name / Type of Permit	Control Authority	Permit Number

Part 3. Pollution / Spill Prevention

1 Chemical Usage

Mark which, if any, of these chemicals/ingredients are used at the Facility in any process and whether or not they routinely come into contact with wastewater (W/W).

Chemical / Ingredient	In Us	e	W/W Co	ontact
Chlorides (including use of water softener salt)	Yes	No	Yes	No
Mercury (in lamps, switches, or chemicals)	Yes	No	Yes	No
Quaternary Ammonium Compounds	Yes	No	Yes	No
Dyes / Colorants	Yes	No	Yes	No
Phosphorus	Yes	No	Yes	No
Silicon-based products (e.g. defoamer)	Yes	No	Yes	No
Sulfates / sulfides	Yes	No	Yes	No
PFAS (either historically or currently) **				
Used as a chemical/ingredient in industrial process	Yes	No	Yes	No
Used in a fire suppression system	Yes	No	Yes	No
	-			

**If you answered yes to any PFAS questions, explain how it's used and amounts.

2 Describe how hazardous wastes are generated at the Facility and how & where they are disposed of.

or mark this box if hazardous wastes are not generated at the Facility

Par	Part 3 (continued)						
3	Has the Facility prepared any of the following documents:						
	Slug Discharge Control Plan	Yes	No				
	Mercury Best Management Practices Plan	Yes	No				
	Hazardous Waste Contingency Plan	Yes	No				
	Spill Prevention Controls & Countermeasures Plan	Yes	No				

Part 4. Total Flow Balance

1 Intake Water Sources. Note the amount from each of the intake water sources that serve the Facility.

	Intake Amount (gallons per day)		
Source	Maximum	Average	
Municipal			
Private Well			
Surface Water			
Other*			
*Describe:			

(See next page for Part 4.2.)

Par	Part 4 (continued)							
2	Wastewater Sources. List all processes that use water or generate wastewater.							
	Brosses Name	Wastewater Flow	v (gallons per day)	Estimated (E)	Sewer Discharge Frequency			
	r rocess name	Average	Maximum	Measured (M)	(see footnotes below)			
	a. Non-contact Cooling Water							
	b. Boiler Blowdown							
	c. Sanitary Wastewater (bathrooms & showers)							
	d. Evaporation							
	e. Water Added to Finished Goods / Products							
	f.							
	g.							
	h.							
	i.							
	j.							
	k.							
	l.							
	TOTAL							
	 ¹ Enter "Batch" for wastewater that's discharged to the sewer on ² Enter "Intermittent" for wastewater that's discharged to the sew ³ Enter "Continuous" for wastewater that's discharged to the sev 	n a periodic or episoc ver intermittently due ver on a regular basi	lic basis (may be typi to infrequent operati s.	cally stored in a c ons, e.g. every 30	ontainment until discharge.))+ days, or is seasonal.			

⁴ Enter "Zero" for wastewater that's hauled off-site for disposal or not otherwise discharged to the sanitary sewer.

3	Water Flow Diagram
	Draw a simple box flow diagram, showing the pathway of water as it enters the facility, is used in processes, and (if applicable) is pretreated prior to discharge to the sewer. Note the location of permitted sample points and include any waste streams / byproducts that are produced in the process.
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Par	t 5. Industrial Processes. Fill out a separate page for each industrial process li	sted in Part 4.2.f-l.	
1	Process Name (from Part 4.2)		
2	Installation Date		
3	Detailed Description of How the Process is Performed		
4	Process Chemicals and Raw Materials		
	List all raw materials and chemicals that may be used in this process and routinely come into contact with wastewater (W/W). (Add additional sheets	mark whether or not th as necessary.)	ney
	Name of Raw Material / Chemical	W/W Conta	act
		Yes	No
5	Categorical Applicability		
	Is this process subject to categorical pretreatment standards?	Yes	No
	If yes, which category (and Subpart, if applicable)?		
6	If the facility is subject to Electroplating (40 CFR 413) or Metal Finishing (40 CF whether the facility intends to submit a Toxic Organics Management Plan (TOM monitor for total toxic organics (TTO) and submit results with Periodic Complian	R 433) standards, indi IP) with this application Ice Reports (PCR). (M	icate n or self- ark one.)
	Elect to submit TOMP with application or Elect to sub	omit TTO analysis with	PCR

Par	Part 5 (continued)							
7	Production Amounts							
	If the categorical pretreatment standard contains mass-based or production-based limits or applicability, then provide production information for a 12-month period.							
	Production Dates:	from		to				
	Product Name		Amount Produced*		Process Water Usa	ge		
	* Specify the unit of measure for the	materials	that are produced, e.g. pou	unds/	year, kg/month, cu.ft./mor	nth.		
8	Describe any wastes and by-produ	cts that are	e produced by this process	s, as v	vell as disposal methods.			
0	Drotrootmont							
9	Describe any pretreatment equ	inment/svs	stem that reduces pollutar	t lovo	ls in the wastewaster from	n this		
	industrial process prior to disch additional sheets as necessary	arging it to	the sewer. Include chemi	cals ι	used for pretreatment. (Ad	ld		
	Is the pretreatment equipment/	system op	erated by a certified opera	tor?	Yes	No		

Par	Part 6. Metering and Sampling. Fill out a separate page for each sample point.						
1	Description / Location of Sample Point.						
2	List Industrial Process(es) from	Part 4.2 that D	ischarge to this Samp	ole Point.			
3	Description / Location of Sewe	er Lateral Conne	ections to the Public S	Sanitary Sewer.			
4	When Wastewater is Discharg	jed					
	Describe the flow rate:	Uniform	Variable				
	Describe the duration:						
	Describe the time/shift:						
5	Flow Breakdown at this Samp	le Point.					
	Wastewater Typ	e	Average Flow (gal/day)	Maximum Flow (gal/day)	Estimated (E) or Measured (M)		
	Industrial Process						
	Treated Categorical						
	Untreated Categorical						
	Treated Unregulated						
	Untreated Unregulated						
	Sanitary						
	Non-contact Cooling						
	Boiler Blowdown						
	Other:						

Par	Part 6 (continued)							
6	Monitoring Equipment (at this sample point)							
	Does the Facility have an automatic sam	pler?		Yes	No			
	If yes, what brand and model?							
	Does the Facility have continuous pH mo	cility have continuous pH monitoring at the sample point?			No			
	If yes, what brand and model?							
	If yes, at what frequency is it calibra	ited?						
	Does the Facility have an effluent flow meter?			Yes	No			
	If yes, what model?							
	If yes, at what frequency is it calibra	ited?						

(See next page for Part 7.)

Part 7: Monitoring Data (complete this Part only if you are a new applicant)					
1	Does the facility have analytical results of its wastewater discharge? Yes No				
	If yes, report results below and submit necessary.)	the lab report with this appl	cation. (Add additiona	l pages as	
2	Wastewater Results				
	Sample Point Description				
	Sample Date				
	Sampler Name				
	Flow (gal/day) on Day of Sampling				
	Parameter	Result l	Inits Sample Type ¹	Compliant (Y/N)	
	¹ Enter "FC" for 24-hour flow composite. Enter "TC" for 24-hour time composite. Enter "G" for grab.				
3	Was the sample representative of normal operations at the facility? Yes No				
	If no, explain why:				

Part 8. Certification				
	I certify under penalty of law that this document and all attachments were prepared under my direction supervision in accordance with a system designed to assure that qualified personnel properly gather a 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 i 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.			
	Authorized Signatory Name (printed)	Title		
	Signature	Date		
	The outborized eignstery must most the criteric described	die Wie Admin Code NP 211 15/10)		
	The authorized signatory must meet the criteria described in Wis. Admin. Code NR 211.15(10).			