STATE OF COLORADO

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S.
Denver, Colorado 80246-1530
Phone (303) 692-2000
TDD Line (303) 691-7700
Located in Glendale, Colorado

http://www.cdphe.state.co.us

Colorado Department of Public Health and Environment

FOR DIVISION USE

Treater NPDES Permit #

Date Received _____

Comp Date_____

PRETREATMENT DISCHARGE PERMIT

PHOTO COPIES, FAXED COPIES, PDF COPIES OR EMAILS WILL NOT BE ACCEPTED.

Please print or type. **Original signatures are required**. All items must be completed accurately and in their entirety for the application to be deemed complete. Incomplete applications will not be processed until all information is received which will ultimately delay the issuance of a permit. If more space is required to answer any question, please attach additional sheets to the application form. Applications must be submitted by mail or hand delivered to:

Colorado Department of Public Health and Environment
Water Quality Control Division
4300 Cherry Creek Drive South
WQCD-P-B2
Denver, Colorado 80246-1530

Any additional information that you would like the Division to consider in developing the Authorization should be provided with the application.

A. Contact Information

Business Formal Name: _____

1. **Permittee** the person **authorized to sign and certify** the application. This person receives all Letter of Intent correspondences and is **legally responsible** for compliance with the Authorization.

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____

email address_____

Company name_____

Mailing Address: _____

City:_____ State: _____ Zip: _____

This form must be signed by the Permittee to be considered complete.

Per Regulation 61: In all cases the permit application shall be signed as follows:

a) In the case of corporations, by a responsible corporate officer. For the purposes of this section, the responsible corporate officer is responsible for the overall operation of the facility from which the discharge described in the application originates.
b) In the case of a partnership, by a general partner.
c) In the case of a sole proprietorship, by the proprietor.
d) In the case of a municipal, state, or other public facility, by either a principal executive officer or ranking elected official

2. Site/ Contact—contact for questions regarding the facility ☐ Same as Permittee—Item 1

Responsible Position (Title): _____

Currently Held By (Person): _____

Telephone No:_____

Email address_____

Organization: _____

Mailing Address: _____

City:_____ State: _____ Zip: _____

B. Permitted Facility/Site Information Premise Discharging Wastewater

1. Facility/ Site Name _____

Address _____

City _____Zip Code_____

County _____

Type of Facility Ownership

☐ City Government ☐ Corporation ☐ Private ☐ Municipal or Water District

☐ State Government ☐ Mixed Ownership _____

2. Facility Latitude/Longitude—List the latitude and longitude of the CENTER POINT OF THE FIELD.

Latitude _____ . _____ Longitude _____ . _____ (e.g., 39.703°, 104.933°')
degrees (to 3 decimal places) degrees (to 3 decimal places)

Horizontal Collection Method: ☐ GPS Unspecified ☐ Interpolation Map – Map Scale Number_____
Horizontal Accuracy Measure (WQCD Requires use of NAD83 Datum for all references)_____
(add additional pages if necessary)

C. DOCUMENTATION TO BE RETURNED WITH THE PERMIT APPLICATION

☐ 1 Operational Description
☐ 2 Water Supply and Discharge
☐ 3 Pretreatment
☐ 4 Schematic Floor Diagram
☐ 5 Building Layout
☐ 6 Spill Prevention and Containment Plan
☐ 7 Wastewater Characteristics
☐ 8 Signatory Requirements

1. OPERATION DESCRIPTION

Purpose: The Operation Description is intended to provide a description of the primary business activities and the substances which may enter into the wastewater system from the business activity.

A. BUSINESS ACTIVITY Describe the major activities conducted on the premise. Clearly identify activities generating wastewater.

B. DESCRIPTION OF PRODUCT List the types of products, giving the common or brand name. Enter the quantity produced during the previous 12 months and the estimated production for the forthcoming 12 months. Specify units of measure

Type of Product or Brand Name	**Quantities**	
	Past Calendar Year	*Estimated This Year*

C. PROCESS DESCRIPTION: Describe each wastewater generating process occurring on the premises. List pollutants common to each of the process wastestreams. Identify specific chemicals associated with each process wastestream. Attach Material Safety Data Sheets, if appropriate.

PROCESS DESCRIPTION **List all wastewater generating operations**	**CHARACTERISTICS** **List all substances that may be discharged to the sewer**
EXAMPLE : Rinsewater from electroplating bath *EXAMPLE : Washdown from milk filling area*	*Cr, Cu, Ni, Zn* *Fatty acids, milk*
1.	
2.	
3.	
4.	
5.	

1. OPERATION DESCRIPTION (Cont.)

D. OTHER WASTES: List the types and volume of liquid waste and sludges removed from the premises by means other than the sanitary sewer

If a waste manifest sheet is available, a copy may be attached in lieu of completing this section.

◊ Provide the name, address, and the U.S. E.P.A. Identification Number of the firms removing liquid wastes and sludges from your facility site. (NOTE: Refer to the Uniform Hazardous Waste Manifest, when appropriate).

◊ List the types of wastes and other spent materials removed from the premise by other than the sanitary sewer (ie: caustics, spent solvents, treatment sludges, plating solutions, heavy metals, etc.)

◊ Enter the corresponding E.P.A. Hazardous Waste Number for each type of waste removed.

◊ Calculate the average monthly volume of waste removed from the premise for the past 12 months.

Waste removed by: (Name, address, US EPA ID No.)	**Type of Waste** (Organic solvents.)	**Waste ID No.**	**Volume** lbs or gal / month

2. WATER SUPPLY AND DISCHARGE INFORMATION

A. SUPPLY: List intake water sources and volumes

SOURCES	**VOLUME** Gals/day	**ESTIMATED/ MEASURED**	**AVG./ MAX**
City Water System		☐ **E** ☐ **M**	
Public Watersways (River)		☐ **E** ☐ **M**	
Surface Water		☐ **E** ☐ **M**	
Other (Specify)_____		☐ **E** ☐ **M**	

2. WATER SUPPLY AND DISCHARGE INFORMATION (Cont)

B. DISCHARGE: List average volume of discharge or water loss to

SOURCES	VOLUME Gals/day	ESTIMATED/ MEASURED	AVG./ MAX
City Water System		☐ E ☐ M	
Public Watersways (Storm sewer)		☐ E ☐ M	
Waste Hauler		☐ E ☐ M	
Evaporation		☐ E ☐ M	
Contained in Product		☐ E ☐ M	
Other (Specify)_____		☐ E ☐ M	

C. List average water use: (process wastestreams listed on page 3)

SOURCES	VOLUME Gals/day	ESTIMATED/ MEASURED	AVG./ MAX	BATCH / CONTINUOUS
Process Wastestream No. 1		☐ E ☐ M		☐ B ☐ C
Process Wastestream No. 2		☐ E ☐ M		☐ B ☐ C
Process Wastestream No. 3		☐ E ☐ M		☐ B ☐ C
Cooling Water		☐ E ☐ M		☐ B ☐ C
Sanitary Wastewater		☐ E ☐ M		☐ B ☐ C
Other (Specify)_____		☐ E ☐ M		☐ B ☐ C

3. PRETREATMENT

A. Describe the wastewater pretreatment equipment in use including sand traps, oil and grease traps, pH adjustment, etc.

B. Describe additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion.

C. If pretreatment exists, what method is utilitized to dispose of pretreatment sludges/residuals?

D. List other environmental permits held by this facility (identifying the agency issuing the permit.

PERMIT TYPE AND NUMBER	ISSUING AGENCY

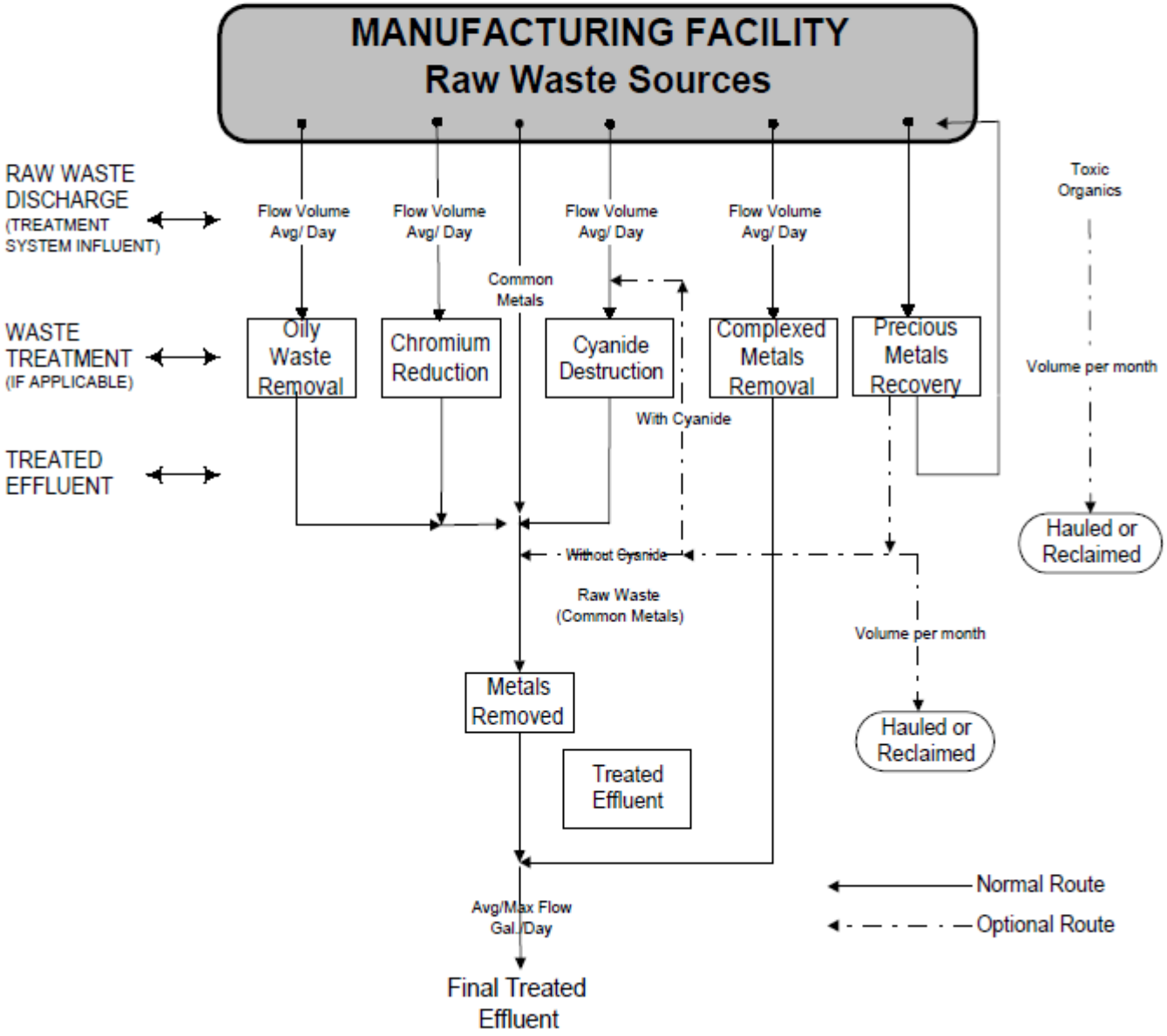
4. SCHEMATIC FLOOR DESIGN

INSTRUCTIONS FOR COMPLETING A SCHEMATIC FLOW DIAGRAM

GENERAL INSTRUCTIONS:

Type or print the information on the attached blank work sheets. A line drawing of each major activity listed in the "Process Description" be submitted. Number each process which generates wastewater and use the number for identification on the building layout. An example schematic diagram is shown below. To determine your average daily volume and maximum daily volume of waste-water flow, you may have to install flow meters, make estimates of volumes that not directly measurable or manually measure.

SCHEMATIC DIAGRAM-EXAMPLE



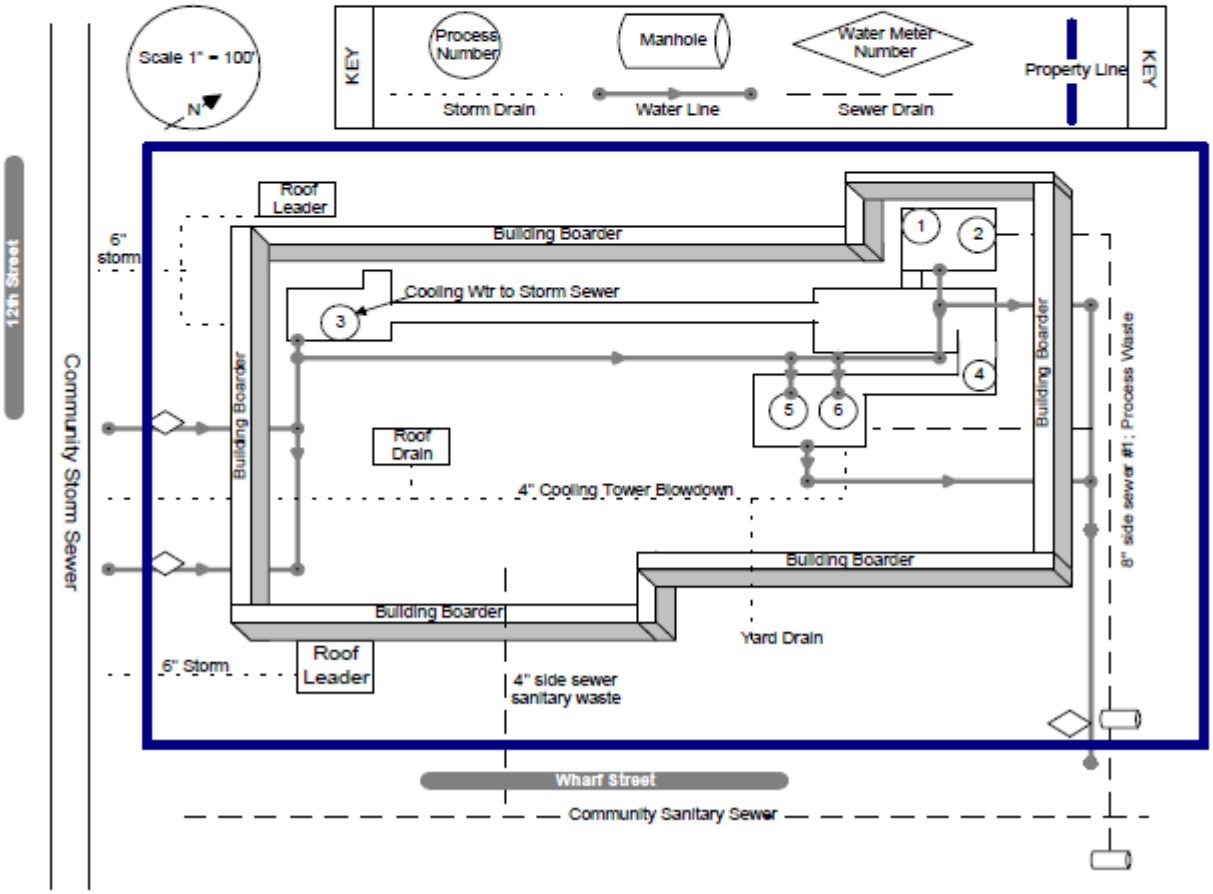
5. BUILDING LAYOUT

INSTRUCTIONS FOR COMPLETING A BUILDING LAYOUT

GENERAL INSTRUCTIONS:
Please use the attached blank work sheets. A larger size or a blueprint may be substituted.

BUILDING LAYOUT:
Clearly identify:

(1) building outline
(2) property lines
(3) scale of drawing
(4) a north arrow
(5) all wastewater drainage plumbing
(6) all storm drains
(7) the location of each existing and/or proposed sampling structures
(8) all water lines and meters
(9) all wastewater generating processes
(10)a legend for symbols



6. SPILL PREVENTION AND CONTAINMENT PLANS

All applicants for permits shall submit a Spill Prevention and Containment Plan detailing the physical structures and operational procedures provided to adequately prevent the accidental discharge of toxic or hazardous materials to the sanitary sewer. The applicant may be required to modify chemical storage methods or locations, construct secondary containment facilities, seal floor drains, change the housekeeping procedures, and make other changes necessary to prevent accidental spills from reaching the sewer system.

7. WASTEWATER CHARACTERISTICS

A. Measurements of Pollutants:

Attach the most recent results from the sampling and analysis conducted during normal working hours of all regulated process streams. The samples taken must be representative of normal work cycles and the expected pollutant discharges to the POTW.

For each sample identified, include the following information on a separate sheet

1) Sample type (i.e. flow proportioned or time composite, grab).
2) Frequency of samples
3) Time, date, and location of sampling
4) Method of analysis (i.e. letter of statement by certified laboratory

B. For each connection identified in ITEM 1, specify, if known, the following wastewater characteristics for average, high, and low flow conditions:

	Low	Average	High		Low	Average	High
Flow, gal/day				**Arsenic**			
pH				**Cadmium**			
BOD_5 mg/L				**Chromium-T**			
COD mg/L				**Chromium (III)**			
TSS				**Chromium (VI)**			
Oil & Grease				**Copper**			
Lead				**Mercury**			
Nickel				**Zinc**			
Cyanide				**Molybdenum**			
TTO mg/L				**Selenium**			
				Silver			

8 SIGNATORY REQUIREMENTS.

"I have personally examined and am familiar with the information submitted on this form and attachments. Based on m inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, as dictated by 40CFY 403.12(M). See 40CFR 403.12 (b) (6).

Signature (Legally Responsible Party)_____Date _____

Name (printed) _____Title_____