



***LUS ENVIRONMENTAL COMPLIANCE DIVISION
WASTEWATER DISCHARGE PERMIT APPLICATION
Phone: (337) 291-5968***

***1210 Walker Road
Lafayette, LA 70506***

Attn: LUS Pretreatment (7015)

SECTION A - GENERAL INFORMATION

1. Facility Name _____

a. Date the facility commenced discharge to the LUS Sewer System: _____

b. Operators Name _____

c. Is the operator identified in 1.a., the owner of the facility?

Yes [☐]

No [☐]

If no, provide the name and address of the owner and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:

Street _____

City _____ State _____ Zip _____

3. Business Mailing Address:

Street or P.O. Box _____

City _____ State _____ Zip _____

4. Designated signatory authority of the facility:

SIGNATURE AUTHORITY: All applications, reports, or information submitted shall be signed as follows:

1. **Corporations** - by responsible corporate officer, which means:
 - a. A president, secretary, treasurer or vice-president of the corporation in charge of a principal business function, or any person who performs similar policy- or decision- making functions for the corporation or;
 - b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or 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 control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. **Partnerships** – by a general partner
3. **Sole Proprietorships** – by the proprietor
4. By a duly authorized representative of the individual described in paragraphs (1), (2) or (3) of this section if:
 - a. The authorization is made in writing by the individual described in paragraphs (1), (2) or (3) of this section.
 - b. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which Industrial Discharge originates, such as the position of plant manager, operator of a well, a well field superintendent, or position of equivalent responsibility, or having the overall responsibility for the environmental matters for the company; and

(Attach similar information for each authorized representative)

SIGNATURE AUTHORITY:

Name_____

Title_____

Address_____

City_____State_____Zip_____

Phone No.: Office_____Fax _____

Phone No.: Home_____E-Mail:_____

5. Designated facility contact:

Name_____

Title_____

Phone No.: Office_____Fax_____

Phone No.: Home_____E-Mail:_____

6. Is your business located inside the city limits or incorporated limits of the City of Lafayette ?

Yes [☐] No [☐]

If No, specify what city the business is located:_____

SECTION B – UTILITY USAGE, SUPPLY AND DISCHARGE INFORMATION

1. For an existing business:

Is the building presently connected to the LUS sewer system?

[☐] Yes - Sanitary sewer account number_____

[☐] No - Have you applied for a sanitary sewer hookup? [☐] Yes [☐] No

For a new business:

Will you be connected to the LUS sewer system?

[☐] Yes [☐] No

If No, what sewer system will you connect to:_____

Will you be occupying an existing vacant building (such as in an industrial park)?

[☐] Yes [☐] No

Have you applied for a building permit if a new facility will be constructed?

[☐] Yes [☐] No

If Yes, specify the Name of Organization for which will be named in the permit:

In what city and which department have you applied for the permit?_____

2. List size, descriptive location, and flow of each facility sewer which connects to the LUS sewer system.
(If more than three, attach additional information on another sheet.)

<u>Sewer Pipe Size</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Flow (GPD)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Water Sources: (Check as many as are applicable)

☐ Private Well

☐ Surface Water

☐ Municipal Water Utility (Specify City)_____

☐ Other (Specify)_____

4. Water Service Account Number_____

Name on the water bill_____

Street_____

City_____State_____Zip_____

(Permit Application continues on next page)

5. List average water usage on premises (new facilities may estimate).

Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment wash down includes floor wash down. **If sanitary flow is not metered, provide an estimate based on 15 gallons per day (gpd) for each employee.**

Type	Indicate Average Water Usage (GPD)	Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A - J	_____	_____

6. Electrical Sources: (Check the electrical company that is applicable)

- ☐ Lafayette Utilities System
☐ CLECO
☐ Entergy
☐ Slemco
☐ Other

7. Electrical Service Account Number _____

SECTION C - BUSINESS AND PROCESS ACTIVITY INFORMATION

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply to your facility). If you have any questions regarding how to categorize your business activity, contact the Control Authority for technical guidance.

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) and the Louisiana Department of Environmental Quality's (LDEQ) categorical pretreatment standards. These facilities are termed "categorical users."

☐ 40 CFR Part 401 – Cooling Water Intake Structures

☐ 40 CFR Part 402 – RESERVED

☐ 40 CFR Part 405 – Dairy Products Processing

☐ 40 CFR Part 406 - Grain Mills Manufacturing

☐ 40 CFR Part 407 - Canned and Preserved Fruits and Vegetables

☐ 40 CFR Part 408 - Canned and Preserved Seafood Processing

☐ 40 CFR Part 409 - Sugar Processing

☐ 40 CFR Part 410 - Textile Mills

☐ 40 CFR Part 411 - Cement Manufacturing

☐ 40 CFR Part 412 –Feedlots -CAFO (Concentrated Animal Feeding Ops)

☐ 40 CFR Part 413 – Electroplating

☐ 40 CFR Part 414 - Organic Chemicals, Plastics, and Synthetic Fibers

☐ 40 CFR Part 415 - Inorganic Chemicals Manufacturing

☐ 40 CFR Part 416 – RESERVED

☐ 40 CFR Part 417 - Soap and Detergent Manufacturing

☐ 40 CFR Part 418 - Fertilizer Manufacturing

☐ 40 CFR Part 419 - Petroleum Refining

☐ 40 CFR Part 420 - Iron and Steel Manufacturing

☐ 40 CFR Part 421 - Nonferrous Metals Manufacturing

☐ 40 CFR Part 422 - Phosphate Manufacturing

☐ 40 CFR Part 423 - Steam Electric Power Generating

☐ 40 CFR Part 424 - Ferroalloy Manufacturing

☐ 40 CFR Part 425 - Leather Tanning and Finishing

☐ 40 CFR Part 426 - Glass Manufacturing

☐ 40 CFR Part 427 - Asbestos Manufacturing

☐ 40 CFR Part 428 - Rubber Manufacturing

☐ 40 CFR Part 429 - Timber Products Processing

☐ 40 CFR Part 430 - Pulp, Paper, and Paperboard

☐ 40 CFR Part 431- RESERVED

☐ 40 CFR Part 432 - Meat and Poultry Products and Rendering

☐ 40 CFR Part 433 - Metal Finishing

☐ 40 CFR Part 434 - Coal Mining and Processing

☐ 40 CFR Part 435 - Oil and Gas Extraction

☐ 40 CFR Part 436 - Mineral Mining and Processing

☐ 40 CFR Part 437 - Centralized Waste Treatment

☐ 40 CFR Part 438 – Metals Products & Machinery

☐ 40 CFR Part 439 - Pharmaceutical Manufacturing

☐ 40 CFR Part 440 - Ore Mining and Dressing

☐ 40 CFR Part 441 – RESERVED

☐ 40 CFR Part 442 - Transportation Equipment Cleaning

☐ 40 CFR Part 443 - Paving and Roofing Materials

☐ 40 CFR Part 444 - Waste Combustors

☐ 40 CFR Part 445 – Landfills

☐ 40 CFR Part 446 - Paint Formulating

☐ 40 CFR Part 447 - Ink Formulating

☐ 40 CFR Part 448 – RESERVED

☐ 40 CFR Part 449 – Airport Deicing

☐ 40 CFR Part 450 – Construction and Development

☐ 40 CFR Part 451 – Concentrated Aquatic Animal Production

☐ 40 CFR Part 452 – RESERVED

☐ 40 CFR Part 453 – RESERVED

☐ 40 CFR Part 454 - Gum and Wood Chemicals Manufacturing

☐ 40 CFR Part 455 – Pesticide Chemicals

☐ 40 CFR Part 456 – RESERVED

☐ 40 CFR Part 457 - Explosives Manufacturing

☐ 40 CFR Part 458 - Carbon Black Manufacturing

☐ 40 CFR Part 459 - Photographic

☐ 40 CFR Part 460 - Hospitals

☐ 40 CFR Part 461 – Battery Manufacturing

☐ 40 CFR Part 462 – RESERVED

☐ 40 CFR Part 463 – Plastic Molding & Forming

☐ 40 CFR Part 464 – Metal Molding & Casting

☐ 40 CFR Part 465 - Coil Coating , Can making

☐ 40 CFR Part 466 - Porcelain Enameling

☐ 40 CFR Part 467 - Aluminum Forming

☐ 40 CFR Part 468 - Copper Forming

☐ 40 CFR Part 469 - Electrical and Electronic Components

☐ 40 CFR Part 470 – RESERVED

☐ 40 CFR Part 471 - Nonferrous Metals Forming and Metal Powders

FACILITIES THAT CHECKED ACTIVITIES IN QUESTION 1 ABOVE IN THIS SECTION (C) ARE CONSIDERED CATEGORICAL INDUSTRIAL USERS AND SHOULD SKIP QUESTION 2.

- 2. For Non-Categorical Users Only:** Non-Categorical users should report average daily and maximum daily wastewater flows from each process, operation, or activity present at the facility.

List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Average Process Description	Maximum Flow (GPD)	Type of Discharge Flow (GPD)	(batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Attach additional sheets, if needed)

ANSWER QUESTIONS 3 & 4 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

3. For Categorical Users

Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated waste stream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated waste streams are waste streams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution waste stream. Dilution waste streams include sanitary wastewater, boiler blow down, non-contact cooling water or blow down, storm water streams, demineralizer backwash streams and process waste streams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. [For further details see 40 CFR 403]

Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Average Regulated Process	Maximum Flow (GPD)	Type of Discharge Flow (GPD)	(batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Average Unregulated Process	Maximum Flow (GPD)	Type of Discharge Flow (GPD)	(batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Average Dilution	Maximum Flow (GPD)	Type of Discharge Flow (GPD)	(batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. For Categorical Users please provide the following Total Toxic Organic (TTO) information:

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard for the applicable categorical pretreatment standards published by EPA and DEQ?

☐ Yes ☐ No

- b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

☐ Yes ☐ No

Total Toxic Organics (TTO) means the sum of the masses or concentrations of specific toxic organic compounds found in the industrial user's process discharge. The individual organic compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category [see applicable categorical pretreatment standards, 40 CFR Parts 405-471].

- 5. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary).**

6. Indicate applicable North American Industry Classification System (NAICS) code for all processes. (If more than one applies, list in descending order of importance.)

For all processes found on the premises, indicate the North American Industry Classification System (NAICS) Code Number, as found at the U.S. Department of Commerce U.S. Census Bureau website:

<http://www.census.gov/eos/www/naics/>

The official current U.S. NAICS Manual includes definitions for each industry, background information, tables and a comprehensive index. The most current official U.S. NAICS Manual is available in print and on CD-ROM can be purchased from the National Technical Information Service (NTIS) at (800) 553-6847 or (703) 605-6000, or through the [NTIS](#) Web site.

NAICS CODES FOR THIS FACILITY

a. _____ d. _____
b. _____ e. _____
c. _____ f. _____

7. List the types of products, giving the common or brand name and the proper or scientific name. Enter from your previous records the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated total daily production for this calendar year. Be sure to specify the daily units of production. Attach additional pages as necessary

PRODUCT (Brand Name)	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amounts Per Day (Daily Units)		Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow metering ☐ Yes ☐ No ☐ NA
 Sampling equipment ☐ Yes ☐ No ☐ NA

Planned: Flow metering ☐ Yes ☐ No ☐ NA
 Sampling equipment ☐ Yes ☐ No ☐ NA

If so, please indicate the present or future location of this 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

If YES, Briefly describe these changes and their effects on wastewater volume and characteristics. (Attach additional sheets if needed.)

10. Are any materials or water reclamation systems in use or planned?

☐ Yes ☐ No (If the answer is no, skip question 11)

11. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process. Attach additional sheets if needed.

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the LUS City sewer?
[] Yes [] No

2. Provide the following information on wastewater flow rate. (New facilities may estimate.)

a. Hours/Day Discharge (e.g. 8 hours/day)

M_____T_____W_____TH_____F_____SAT_____SUN_____

b. Hours of discharge (e.g. 9 am to 5 pm)

M_____T_____W_____TH_____F_____SAT_____SUN_____

c. Peak hourly flow rate (GPD)_____

d. Maximum daily flow rate (GPD)_____

e. Annual daily average (GPD)_____

3. If batch discharge occurs or will occur, indicate the following (new facilities may estimate):

a. Number of batch discharges_____per day.

b. Average of discharge per batch_____(GPD).

c. Time of batch discharges_____at_____.
(days of week) (hours of day)

d. Flow rate_____gallons/minute.

e. Percent of total discharge_____.

4. If any infrequent discharges take place, please indicate the following:

a. Frequency_____

b. Volume_____gallons.

c. Duration_____hours.

d. Flow Rate_____gallons/minute.

e. Percent of Total Discharge_____

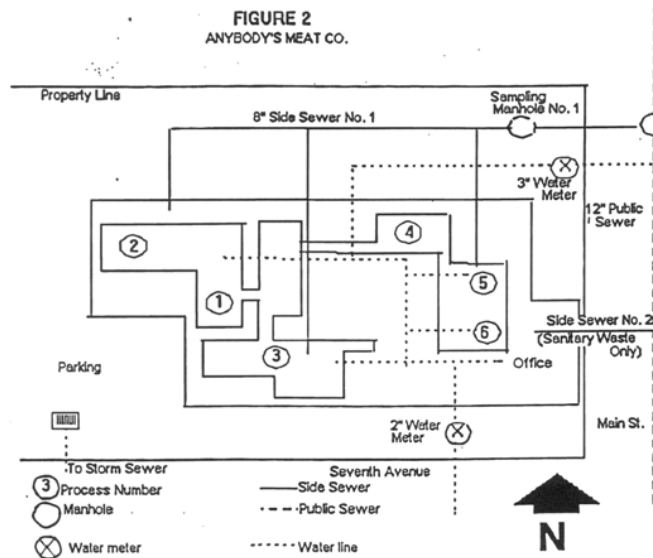
5. SCHEMATIC FLOW DIAGRAM AND BUILDING LAYOUT

For each major activity in which wastewater is or will be generated, draw a schematic flow diagram on a separate sheet of paper 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. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for the flow data this must be indicated. Assign a sequential reference number to each unit process having wastewater discharges to the community sewer starting with No. 1. Use these numbers when showing this unit processes in the building layout in Section H. **THIS DRAWING MUST BE CERTIFIED BY A STATE REGISTERED PROFESSIONAL ENGINEER.**

A building layout or plant site plan drawn to scale of the premises is also required to be completed and certified for accuracy by a **STATE REGISTERED PROFESSIONAL ENGINEER**. An arrow showing North as well as the map scale must be shown. The location of each existing and proposed sampling location and facility sewer line must be clearly identified as well as all sanitary and wastewater drainage plumbing. Number each unit process discharging wastewater to the public sewer. Use the same numbering system shown in Figure 2, the schematic flow diagram. An example of the drawing required is shown below.

An example of a drawing is shown below in Figure 2. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measured

FIGURE 2. BUILDING LAYOUT



SECTION E - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

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Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
VOLATILE COMPOUNDS								
Acetone	_____	_____	_____	_____	_____	_____	_____	_____
Acrolein	_____	_____	_____	_____	_____	_____	_____	_____
Acrylonitrile	_____	_____	_____	_____	_____	_____	_____	_____
Benzene , Total	_____	_____	_____	_____	_____	_____	_____	_____
Bromodichloromethane	_____	_____	_____	_____	_____	_____	_____	_____
Bromoform (Tribromomethane)	_____	_____	_____	_____	_____	_____	_____	_____
Bromomethane (Methyl Bromide)	_____	_____	_____	_____	_____	_____	_____	_____
Carbon Disulfide	_____	_____	_____	_____	_____	_____	_____	_____
Carbon Tetrachloride	_____	_____	_____	_____	_____	_____	_____	_____
Chlorobenzene	_____	_____	_____	_____	_____	_____	_____	_____
Chlorodibromomethane	_____	_____	_____	_____	_____	_____	_____	_____
Chloroethane	_____	_____	_____	_____	_____	_____	_____	_____
Chloroform	_____	_____	_____	_____	_____	_____	_____	_____
Chloromethane (Methyl Chloride)	_____	_____	_____	_____	_____	_____	_____	_____
2- Chloroethyl vinyl ether	_____	_____	_____	_____	_____	_____	_____	_____
Dibromochloromethane	_____	_____	_____	_____	_____	_____	_____	_____
1,1 - Dichloroethane	_____	_____	_____	_____	_____	_____	_____	_____
1,2 - Dichloroethane(EDC)	_____	_____	_____	_____	_____	_____	_____	_____
1,2 Dichloroethylene - TRANS	_____	_____	_____	_____	_____	_____	_____	_____
1,1 - Dichloroethylene	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____
1,3 - Dichloropropene (CIS)	_____	_____	_____	_____	_____	_____	_____	_____
1,3 – Dichloropropene (TRANS)	_____	_____	_____	_____	_____	_____	_____	_____
Ethylbenzene	_____	_____	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
Methyl Ethyl Ketone	_____	_____	_____	_____	_____	_____	_____	_____
Methyl Isobutyl Ketone	_____	_____	_____	_____	_____	_____	_____	_____
Methylene chloride	_____	_____	_____	_____	_____	_____	_____	_____
Methyl Methacrylate	_____	_____	_____	_____	_____	_____	_____	_____
Styrene	_____	_____	_____	_____	_____	_____	_____	_____
Tetrachloroethylene (PERC)	_____	_____	_____	_____	_____	_____	_____	_____
Toluene (Methyl Benzene)	_____	_____	_____	_____	_____	_____	_____	_____
Trichloroethylene	_____	_____	_____	_____	_____	_____	_____	_____
Trichlorofluoromethane	_____	_____	_____	_____	_____	_____	_____	_____
1,1,2,2- Tetrachloroethane	_____	_____	_____	_____	_____	_____	_____	_____
1,1,1 Trichloroethane	_____	_____	_____	_____	_____	_____	_____	_____
1,1,2 Trichloroethane	_____	_____	_____	_____	_____	_____	_____	_____
1,2,2 Trichloroethene	_____	_____	_____	_____	_____	_____	_____	_____
1,1 Dichlorobenzene	_____	_____	_____	_____	_____	_____	_____	_____
1,3 Dichlorobenzene	_____	_____	_____	_____	_____	_____	_____	_____
1,4,Dichlorobenzene	_____	_____	_____	_____	_____	_____	_____	_____
Vinyl Acetate	_____	_____	_____	_____	_____	_____	_____	_____
Vinyl Chloride (Chloroethylene)	_____	_____	_____	_____	_____	_____	_____	_____
Xylene, Total	_____	_____	_____	_____	_____	_____	_____	_____

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Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
METALS AND CYANIDE								
Aluminum, Total								
Antimony, Total								
Arsenic, Total								
Barium, Total								
Beryllium, Total								
Cadmium, Total								
Chromium, Total								
Cobalt, Total								
Copper, Total								
Cyanide, Total								
Lead, Total								
Magnesium, Total								
Mercury, Total								
Molybdenum, Total								
Nickel, Total								
Selenium, Total								
Silver, Total								
Thallium, Total								
Tin, Total								
Titanium, Total								
Vanadium, Total								
Zinc, Total								

(Permit Application continues on next page)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
ACID COMPOUNDS								
2 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
3 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
4 - Chlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,3 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,4 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,5 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,6 - Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
3,4 – Dichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,4 - Dimethylphenol	_____	_____	_____	_____	_____	_____	_____	_____
4,6 - Dinitro - o - cresol	_____	_____	_____	_____	_____	_____	_____	_____
2,4 - Dinitrophenol	_____	_____	_____	_____	_____	_____	_____	_____
Methyl-2Dinitrophenol-4,6	_____	_____	_____	_____	_____	_____	_____	_____
2-Methylphenol (o-cresol)	_____	_____	_____	_____	_____	_____	_____	_____
4-Methyl phenol (p-cresol)	_____	_____	_____	_____	_____	_____	_____	_____
2 - Nitrophenol	_____	_____	_____	_____	_____	_____	_____	_____
4 - Nitrophenol	_____	_____	_____	_____	_____	_____	_____	_____
p-chloro-m-cresol	_____	_____	_____	_____	_____	_____	_____	_____
Pentachlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
Phenol	_____	_____	_____	_____	_____	_____	_____	_____
2,4,5 – Trichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____
2,4,6 - Trichlorophenol	_____	_____	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
BASE/NEUTRAL COMPOUNDS								
Acenaphthene								
Acenaphthylene								
Analine								
Anthracene								
Benzidine								
Benzo [a]anthracene								
Benzo [a]pyrene								
3,4 - benzo[fluoranthene								
Benzo[ghi]perylene								
Benzo [k]fluoranthane								
Benzyl Alcohol								
Bis (2 - chloroethoxy) methane								
Bis (2 - chloroethyl) ether								
Bis (2 - chloroisopropyl) ether								
Bis (2 - ethylhexyl) phthalate								
4 - Bromophenyl phenyl ether								
2-Butoxy Ethanol								
Benzyl butyl phthalate								
4-Chloroanaline								
2 - Chloronaphthalene								
4 - Chlorophenyl phenyl ether								
Chrysene								
Dibenzo[a,h]anthracene								
Dibenzofuran								
1,2 - Dichlorobenzene								
1,3 - Dichlorobenzene								
1,4 - Dichlorobenzene								
3,3 - Dichlorobenzidine								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
1,2 - Dichloropropylene								
Diethyl Phthalate								
Dimethyl Phthalate								
Di - n - Butyl Phthalate								
2,4 - Dinitrotoluene								
2,6 - Dinitrotoluene Di								
- n - octyl Phthalate								
1,2 - Diphenylhydrazine								
Divinyl Benzene								
Ethylene Glycol Dimethacrylate								
Fluoranthene								
Fluorene								
Hexachlorobenzene								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Hexachloroethane								
Indeno[1,2,3-cd]pyrene								
Isophorone								
2-Methyl Naphthalene								
Naphthalene								
2-Nitroamine								
3-Nitroaniline								
4-Nitroaniline								
Nitrobenzene								
N - nitrosodimethylamine								
N - nitrosodiphenylamine								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
N - nitrosodi - n - propylamine	_____	_____	_____	_____	_____	_____	_____	_____
Phenanthrene	_____	_____	_____	_____	_____	_____	_____	_____
Pyrene	_____	_____	_____	_____	_____	_____	_____	_____
Pyridine	_____	_____	_____	_____	_____	_____	_____	_____
Tetracholrobenzene(s)	_____	_____	_____	_____	_____	_____	_____	_____
1,2,4 - Trichlorobenzene	_____	_____	_____	_____	_____	_____	_____	_____

(Permit Application continues on next page)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			

INORGANIC/NUTRIENTS COMPOUNDS

Ammonium-Nitrogen (NH3-N)	_____	_____	_____	_____	_____	_____	_____	_____
Chloride, Total	_____	_____	_____	_____	_____	_____	_____	_____
Chlorine, Total Residual	_____	_____	_____	_____	_____	_____	_____	_____
Fluoride	_____	_____	_____	_____	_____	_____	_____	_____
Hardness	_____	_____	_____	_____	_____	_____	_____	_____
Kjeldahl N	_____	_____	_____	_____	_____	_____	_____	_____
Nitrate N	_____	_____	_____	_____	_____	_____	_____	_____
Nitrite N	_____	_____	_____	_____	_____	_____	_____	_____
Orthophosphate P	_____	_____	_____	_____	_____	_____	_____	_____
Phosphorous	_____	_____	_____	_____	_____	_____	_____	_____
Sodium	_____	_____	_____	_____	_____	_____	_____	_____
Specific Conductivity	_____	_____	_____	_____	_____	_____	_____	_____
Sulfate (SO4)	_____	_____	_____	_____	_____	_____	_____	_____
Sulfide (S)	_____	_____	_____	_____	_____	_____	_____	_____
Sulfite (SO3)	_____	_____	_____	_____	_____	_____	_____	_____
Surfactants	_____	_____	_____	_____	_____	_____	_____	_____

(Permit Application continues on next page)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
HERBICIDES / PESTICIDES								
Aldrin								
Alpha-BHC								
Beta-BHC								
Delta-BHC								
Gamma-BHC (Lindane)								
Chlordane (technical mixture and metabolites)								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Dieldrin								
Alpha-endosulfan								
Beta-endosulfan								
Diazinon								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								

(Permit Application continues on next page)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
PCB-1242	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1254	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1221	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1232	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1248	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1260	_____	_____	_____	_____	_____	_____	_____	_____
PCB-1016	_____	_____	_____	_____	_____	_____	_____	_____
PCB, Total	_____	_____	_____	_____	_____	_____	_____	_____
2,3,7,8-Tetrachloro-dibenzo- p-dioxin (TCDD)	_____	_____	_____	_____	_____	_____	_____	_____
2,4,5,-TP (Silvex)	_____	_____	_____	_____	_____	_____	_____	_____
2,4,-D	_____	_____	_____	_____	_____	_____	_____	_____
Toxaphene	_____	_____	_____	_____	_____	_____	_____	_____

(Permit Application continues on next page)

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	DATES of ANALYSES
		Conc.	Mass	Conc.	Mass			
OTHER								
Asbestos								
Bacteria								
BOD5 and cBOD								
COD								
Diazinon								
Dithiocarbamates (ZIRAMS)								
Formaldehyde								
Ignitability								
Oil and Grease, Total								
Organic N								
Phenols, Total								
pH								
TCDD								
TOC								
TSS								

(Permit Application continues on next page)

SECTION F - TREATMENT

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

☐ Yes

☐ No

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

☐ Yes, describe _____

☐ No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

☐ Air flotation

☐ Centrifuge

☐ Chemical precipitation

☐ Chlorination

☐ Cyclone

☐ DAF Unit (Diffused Air Flootation)

☐ Filtration

☐ Flow equalization

☐ Grease or oil separation, type _____

☐ Grease Trap

☐ Grit removal

☐ Ion exchange

☐ Neutralization, pH correction

☐ Ozonation

☐ Reverse osmosis

☐ Screen

☐ Sedimentation

☐ Septic tank

☐ Solvent separation

☐ Spill protection

☐ Sump

☐ Biological treatment, type _____

☐ Rainwater diversion or storage

☐ Other chemical treatment, type _____

☐ Other physical treatment, type _____

☐ Other, type _____

(Permit Application continues on next page)

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.
6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? ☐ Yes ☐ No

If _____ Yes, _____ Name _____

Title_____

Phone _____

Full time_____ (specify hours)

Part time _____ (specify hours)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

(Permit Application continues on next page)

SECTION G - FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Shifts per Work day	_____	_____	_____	_____		_____	_____
Empl's 1 st per shift	_____	_____	_____	_____		_____	_____
2 nd	_____	_____	_____	_____		_____	_____
3 rd	_____	_____	_____	_____		_____	_____
Shift start 1 st and end 2 nd times	_____	_____	_____	_____		_____	_____
3 rd	_____	_____	_____	_____		_____	_____

2. Indicate whether the business activity is:

- ☐ Continuous through the year, or
☐ Seasonal- Check the months of the year during which the business activity occurs.

J F M A J J A S O N D

If the activity is seasonal, circle the months of the year during which the discharge occurs. Make any comments you feel are required to describe the variation in operation of your business activity.

COMMENTS: _____

3. Indicate whether the facility discharge is:

- ☐ Continuous through the year, or
☐ Seasonal - Check the months of the year during which the business activity occurs.

J F M A J J A S O N D

COMMENTS: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

- ☐ Yes, indicate reasons and period when shutdown occurs.

☐ No

5. Indicate any shut down in operation which may occur during the year and indicate the reasons for the shutdown.

6. Provide a listing of all primary raw materials used (or planned) in the facility's operations. Indicate amount of raw material used in daily units (mass or volume). Attach additional sheet of paper, if needed.

7. Provide a listing of all chemicals used (or planned) in the facility's operations. Indicate the amount used or planned in daily units. Indicate which chemicals have a reasonable potential to discharge into the sanitary sewer by placing a check mark in the box. Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. **PROVIDE COPIES OF ALL AVAILABLE MANUFACTURER'S MATERIAL SAFETY DATA SHEETS FOR ALL CHEMICALS IDENTIFIED:** (If more space is needed, please attach additional pages to this application)

	Chemical	Quantity
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>
[]	<hr/>	<hr/>

SECTION H - SPILL PREVENTION

1. Do you have chemical storage containers, bins, underground storage tanks or retention basin at your facility?

☐ Yes ☐ No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if underground storage tanks have cathodic protection.

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

☐ Yes ☐ No

If yes, where do they discharge to? _____

3. If you have chemical storage containers, bins, underground storage tanks or retention basins in manufacturing area, could an accidental spill lead to a discharge into/onto (check all that apply):

☐ an onsite disposal system

☐ the public sanitary sewer system (e.g. through a floor drain)

☐ a storm drain

☐ the ground

☐ other, specify _____

☐ not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) or Slug Loading Control Plan (SLCP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

☐ Yes - Please enclose a copy with the application

☐ No

☐ NA - Not Applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events within the past three (3) years, if applicable, and remedial measures taken to prevent their reoccurrence. Include how the spill occurred, what was spilled, when the spill occurred, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a reoccurrence or what measures have been taken to limit damage if another spill occurs. (Attach additional sheets of paper, if needed).

SECTION I - NON-DISCHARGED WASTES

1. Are any wastes liquids or sludges generated and **not** disposed of in the sanitary sewer system?
[] Yes, please describe below.
[] No

For wastes not discharged to the Control Authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e.g. incinerated, hauled, etc.), and the location of disposal.

Indicate which wastes identified below are disposed of at an off-site treatment facility and which are disposed of on-site. Onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.

If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility's name and address:

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>	<u>Treatment on-site off-site</u>	<u>Name & Address of the Disposal Company</u>
_____	_____		[] []	_____
_____	_____	_____	[] []	_____
_____	_____	_____	[] []	_____
_____	_____	_____	[] []	_____

2. If an outside firm removes any of the above wastes, state the name(s) and address(es) of all waste haulers:

a. _____ b. _____

Permit No. _____ Permit No. _____
(if applicable) (if applicable)

3. Have you been issued any Federal, State, or local environmental permits? (Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.)
[] Yes [] No

If yes, please list the permit(s):

Permit No. _____ Permit No. _____
(if applicable) (if applicable)

SECTION J - POLLUTION PREVENTION

Good Operating Practices (Good operating practices are procedural, administrative, and institutional measures, which include improving inventory control, preventing accidental spills, segregating waste streams, and scheduling production runs that maximize production and minimize waste.):

Input material substitutions (This technique involves replacing the input material that contains a problem pollutant with a different material that performs the same function without generating a toxic or hazardous waste.):

Product changes (Product change generally falls into one of three categories: product substitution, changes in product composition, and product conservation.):

Technology Changes (Technology changes involve changes in any of the following areas: production processes, equipment, layout or piping, use of automation and process operating conditions, such as flow rates, temperatures, pressures, and residence times.):

Recycling (Recycling options involve the reuse and reclamation of spent input materials, such as solvents, detergents, inks, and other chemicals.):

SECTION K - AUTHORIZED SIGNATURES

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

☐ Yes ☐ No ☐ Not yet discharging

2. If No:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, the compliance schedule is to be submitted by the facility,

Milestone Activity	Completion Date
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

(Permit Application continues on next page)

SECTION L - CONFIDENTIALITY

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requiring confidentiality.

Application Prepared by:

Name (please print) _____ Date _____

Company Name _____

Title _____

Phone No.: Office _____ Fax _____

Phone No.: Home _____ E-Mail _____

(Permit Application continues on next page)

AUTHORIZED REPRESENTATIVE STATEMENT

All applications, reports, or information submitted to the City by an industrial user shall include the certification statement as set forth in 40 CFR 403.6 (a)(2)(ii), and shall be signed as follows:

- a) By a responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph a corporate officer means (i) a president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second –quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.
- b) By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.
- c) By a duly authorized representative of the individual designate in 3(a) or 3(b) of this section if:
 - 1- The authorization is made in writing by the individual described in 3(a) or 3(b);
 - 2- The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - 3- The written authorization is submitted to the Control Authority.
- d) If an authorization under paragraph (a)(c) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (a)(c) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.

CERTIFICATION STATEMENT: All applications, reports, or information submitted to the Lafayette City-Parish Consolidated Government shall be certified as follows:

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 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.

_____ Signature	_____ Title		
_____ Please Print Name	_____ Date	_____ Phone	_____ E-Mail