



Central Valley Water
Reclamation
Facility

**APPLICATION FOR AN UNUSUAL
WASTEWATER DISCHARGE PERMIT**

**SECTION A
GENERAL INFORMATION**

1. Business name: _____

Name(s) of business owner(s): _____

Name of operator: _____

Facility address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

Mailing address if the same as above check box

Address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

2. Environmental company name: _____

Company address: _____

City: _____ State: _____ Zip code: _____

Telephone number: _____

Mailing address if the same as above check box

Address _____

City _____ State _____ Zip code _____

Telephone number _____

3. Name and contact information of the authorized or duly authorized representative having legal signatory authority for this business. Attach additional information if more than one signatory authority exists (see Section 1.4 C. of the CVWRF Pretreatment Rule for definition of an authorized or duly authorized representative – Rule can be accessed at www.cvwrfl.org):

Name: _____ Title: _____

Telephone number: _____ Mobile number: _____

E-mail address: _____

4. Alternate person to contact:

Name: _____ Title: _____

Telephone number: _____ Mobile number: _____

E-mail address: _____

5. Wastewaters are discharged to (check all that apply)

Average gallons per day

A. Sanitary sewer

_____ estimated measured

B. Storm sewer

_____ estimated measured

C. Waste Haulers

_____ estimated measured

D. Other (describe)

_____ estimated measured

6. Name and address of waste haulers or disposal facility if used

7. Is an accidental spill prevention and response plan to prevent spills of chemicals or slug discharges from entering the sewer system prepared for the project?
 Yes No

If yes, name of person to contact _____ Title _____
Telephone number _____

SECTION B
PROJECT OPERATION CHARACTERISTICS

1. Number of employee shifts worked per 24-hour day _____
2. Starting time of each shift: 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm
3. Principal product produced _____
4. Raw materials and process additives used _____
- _____

5. Production process is: Batch Continuous Both

6. Hours of operation: _____ am to _____ pm Continuous

7. Do you or will you have heavy equipment on your property (forklifts, cranes, trucks, tractors, etc.) Yes _____ No

If yes, do you service or clean the equipment on your property? Yes No

What provisions are made for disposal of old oil, steam cleaning waste, or other wastes?

8. Do you, or will you, use or store industrial chemicals at the site location (oils, fuels, hydraulic fluids, solvents, bulk pesticides, absorbents, surfactants, acids, caustics, etc.)
 Yes No

If yes, list the chemicals used (attach an extra sheet if necessary)

How are wastes from these chemicals disposed?

- A. Contained on property
 B. Hauled away (if so, specify hauler and ultimate disposal site)

- C. Other (explain) _____

SECTION C
WASTEWATER INFORMATION

1. Indicate your pretreatment devices or processes used for treating wastewater or sludge. Check all that apply.

- | | |
|--|--|
| 1. <input type="checkbox"/> Air flotation | 11. <input type="checkbox"/> Grease or oil separation |
| 2. <input type="checkbox"/> Centrifuge | 12. <input type="checkbox"/> Grease trap |
| 3. <input type="checkbox"/> Chemical precipitation | 13. <input type="checkbox"/> Grit removal |
| 4. <input type="checkbox"/> Chlorination | 14. <input type="checkbox"/> Ion exchange |
| 5. <input type="checkbox"/> Cyclone | 15. <input type="checkbox"/> Neutralization, pH correction |
| 6. <input type="checkbox"/> Filtration | 16. <input type="checkbox"/> Ozonation |
| 7. <input type="checkbox"/> Flow equalization | 17. <input type="checkbox"/> Reverse osmosis |
| 8. <input type="checkbox"/> Screen | 18. <input type="checkbox"/> Biological treatment |
| 9. <input type="checkbox"/> Sedimentation | 19. <input type="checkbox"/> No pretreatment provided |
| 10. <input type="checkbox"/> Solvent separation | |

2. Design capacity of treatment system _____

SECTION F
AUTHORIZED SIGNATURE

I understand, that in consideration of the granting of an Unusual Wastewater Discharge Permit, the undersigned recognizes and agrees:

- (1) to cooperate at all times in the inspection, sampling, and study of the industrial wastes;
- (2) to accept and abide by all provisions of the Central Valley Water Reclamation Facility Pretreatment Rule;

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 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/or imprisonment for knowing violations.

Name (please print)

Title

Signature

Date

Email

Telephone No.

Following the review and acceptance of your application for a discharge permit, the discharge permit will be issued through Central Valley Water Reclamation Facility.

Note: Application may be mailed or hand delivered to:

Central Valley Water Reclamation Facility
800 West Central Valley Road
Salt Lake City, UT 84119-3379