**WASTEWATER DISCHARGE PERMIT APPLICATION**

**AUTOMOTIVE OPERATIONS**

**SECTION A: General Information**

(Check all that apply)

Proposed Discharge

Existing Discharge

1. Company Name:

Mailing Address:

City: State Zip

Phone Number:

Contact Person:

Title:

Is Owner the same as above:  Yes  No

(If yes, please complete this section)

2. Owner Name:

Mailing Address:

City: State Zip

Phone Number:

3. Designate Primary Contact (check one)

Same as Owner Same as Facility Contact  Other:

4. List all Environmental Permits in effect for the facility:

**Permit Number Permit Issued By: Purpose of Permit**

5. List facility Standard Industrial Classification (SIC) or North American Industrial Classification System (NAICS) codes (your tax/finance dept should have this information).

SIC Look-up: <http://www/osha.gov/pls/imis/sic_manual.html>

NAICS Look up: <http://www.naics.com/search.htm>

**Enter SIC Codes below or Enter NAICS Codes below**

|  |  |
| --- | --- |
|  |  |

**SECTION B: Product or Service Information (Operations affecting the characteristics of discharge)**

1. Brief description of service activities performed on premises:

2. Raw materials used:

3. Principal Product or service:

4. Describe all water using processes:

**SECTION C: Facility Operational Chacteristics**

1. Type of Discharge:  Batch  Continuous

2. If batch, average number of batches per 24 hours:

3. Hours of operation:

4. Is there a Spill and Slug Prevention Control and Countermeasures Plan in effect for this facility to endure that a spill does not enter the sewer system?  Yes  No

If yes, attach a copy of the facility Spill and Slug Control and Countermeasures Plan.

**SECTION D: Water Consumption**

1. Average total monthly water consumption (gal):

2. Average daily water consumed in products (gal):

**SECTION E: Wastewater Discharges, Characteristics and Control Measures**

1. Are there any methods of water conservation practices at this facility?

Yes  No

If yes, please explain:

2. Is any form of pretreatment (see list below) practiced at this facility?

Yes  No

If yes, list name(s) of Pretreatment System Operator(s)

3. Describe pretreatment devices or processes used for treating wastewater or sludge:

Air Flotation

Biological Treatment Describe:

Centrifuge

Chemical Precipitation

Chlorination

Cyclone

Filtration

Flow Equalization

Gasoline Trap

Grease or Oil Separation Describe:

Grease Trap Frequency of cleaning:

Grit Removal

Ion Exchange

Neutralization/pH Correction Describe:

Ozonation

Rainwater Diversion or Storage

Reverse Osmosis

Screen

Sedimentation

Septic Tank

Solvent Separation

Sump

Other Chemical Treatment Describe

Other Physical Treatment Describe

Other Describe

No Pretreatment Provided

Other remarks as needed to describe any of the above:

4. If any wastewater analyses have been performed on the wastewater discharge(s) from the facility, attach a copy of the most recent data. Include the date of the sample collection and analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (the full lab report and chain of custody form will usually include all of this information. If it does, the information does not have to be listed separately).

Analysis attached:  Yes  No  N/A

Sketch/plan attached:  Yes  No  N/A

**SECTION F: Chemicals Used and Stored on Premises**

1. List all chemicals and solvents presently used or stored at your facility:

Chemical Annual Usage

2. Are any chemicals or solvents discharged to the sewer system?  Yes  No

If yes, please specify (chemical, gallons per day, etc.):

**SECTION G: Boiler Rooms**

1. Does your facility have a boiler room?  Yes  No

If yes, list type of fuel(s) utilized in facility boiler room:

2. If question number 1 is answered yes, list all discharges from the boiler room (i.e., blowdown, condensate, etc.):

Wastewater Source Gallons Per Day Discharged

3. Are any floor drains, discharge sumps or open sewer connections located in the boiler room?  Yes  No

4. Are there any floor drains in the work areas?  Yes  No

If yes, does the flow from the floor drains discharge to a common interceptor or point where wastewater sampling can be conducted?  Yes  No

If no, where are these various points of discharge?

5. Is there a routine washdown of the work area(s)?  Yes  No

Where is the discharge point?

6. Is a grease interceptor or solids separation device present?  Yes  No

If yes, how of ten is this separator or interceptor cleaned out?

**SECTION H: To Be Completed If Vehicle Wash Operations are Conducted**

1. Indicate all types of vehicle wash operation conducted at the facility:

Commercial Car Wash

Commercial Truck Wash

Private Fleet Vehicle Washing

Steam Cleaning

High Pressure/Temperature Washing

Engine Degreasing

Other (please specify)

2. How many vehicles are washed per day?

3. How many bays exist at facility?

4. For commercial vehicle wash facility, indicate the type of services provided:

Full Service

Automatic Drive Through

Coin Operated Self Service

Other (please specify)

5. Does the facility utilize a vehicle wash system with water reclamation and reuse?

Yes  No

If yes, please describe and attach plans of water reclamation/reuse system.

6. Does vehicle wash wastewater flow through a greased or solids removal pretreatment system prior to sewer discharge?

Yes  No

If yes, please describe and attach plans of grease or solids removal system

**SECTION I: To be Completed if Engine Machine Shop, Radiator Repair, Body Shop, or General Vehicle Repair Operations are Conducted**

1. Indicate all the types of operations performed at the facility:

Full Service Gas Station

Self Service Gas Station

Radiator Recore/Repair

Engine Rebuilding

Engine Machine Shop

Body Shop/Painting

General Vehicle Repair

Other (please specify)

2. Are any coolants, antifreeze, cutting oil, waste oils, lubricating oils, parts cleaning or degreasing solutions ever discharged to the sewer?

Yes  No

If yes, please indicate the volume and frequency of discharge for each solution:

Material Volume Typically Discharged Discharge Frequency

If no, how are spent or contaminated materials handled disposed?

Material Volume Disposed Annually Disposal Firm

3. Indicate all types of parts cleaning or degreasing performed at the facility:

Caustic Soak

Acid Soak

Vapor Degreasing

Bake Off Oven

Jet Spray

Steam Cleaner

Safety Kleen

Other (please specify)

4. Describe the engine machine shop and radiator repair operations performed at the facility, if applicable:

5. Indicate all process tanks utilized at the facility, the volume and the approximate dump frequency of each:

Volume Dump Frequency

Caustic Soak

Acid Soak

Boil Out Tank

Test Tank

Other (specify)

Attach a sketch of the facility showing all process tanks.

**SECTION J: Certification**

**Application must be signed and certified by an authorized representative.**

*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 upon my inquiry of the 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.*

**Authorized Representative:**

**Signature:**

**Print:**

**Title:**

**Date:**

**Submit the completed application to:**

**Sanford Sewerage District**

**P.O. Box 338**

**Springvale, ME 04083**

**Attn: Theresa Tucker, Pretreatment Supervisor**