**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**