



City of Biddeford, Maine

Industrial Pretreatment Program

P.O. Box 586 • 205 Main Street • Biddeford, ME 04005

Phone: (207) 571-0032 • Fax: (207) 571-0656

Industrial Pretreatment Application

Initial Application

Renewal Application

1. Owner Information

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Telephone: _____

E-mail Address: _____

2. Facility Information (Operator)

Same as Owner

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Telephone: _____

E-mail Address: _____

No. of Employees: _____ Shifts/day: _____ Hours/day: _____

3. Designated Primary Contact (check one)

Same as Owner Contact

Same as Facility Contact

Other (fill in below)

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____

Telephone: _____

E-mail Address: _____

4. Identify type of business conducted or product(s) manufactured:

5. Does the facility have an industrial waste discharge permit with the City of Biddeford or has it had one previously?

Check one: Yes No
If "Yes", list Permit Number _____

6. List and attach other discharge or environmental permits (NPDES, RCRA, Air, etc)

7. 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

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8. Are your manufacturing or commercial operations subject to national categorical pretreatment standards?

(Standards found at http://cfpub.epa.gov/npdes/npdesreg.cfm?program_id=45)

Check one: Yes No Unknown

List 40 CFR part and section(s) for applicable standards (example "403.16") and applicable process name.

9. Are the applicable national categorical pretreatment standards and or the local discharge prohibitions and limitations being met on a consistent basis?

Check one: Yes No N/A, new source

If no, specify whether additional operation and maintenance and/or additional pretreatment is required to meet standards:

10. Quantity of water consumption:

Average total monthly water consumption (gal): _____

Average daily water consumed in products (gal): _____

11. Types/amounts of wastes generated at the facility? (check all that apply)

<u>Type</u>	<u>Average gallons/day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Domestic wastes (restrooms, showers, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/tower blowdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Regulated process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/facility washdown	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total wastewater discharged _____ gallons per day
 Estimated wastewater discharge in 5 years _____ gallons per day

12. Wastes are discharged to: (check all that apply, check estimated or measured box)

<u>Type</u>	<u>Ave/Max gallons/day</u>	<u>Estimated</u>	<u>Measured</u>
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liquid waste hauler	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used:

<u>Name of Hauler</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

13. Attach sketch(es) of general plant process and waste line layouts including location of floor drains and manholes. Include any existing or proposed pretreatment systems along with locations and sizes of all existing and proposed connections to the POTW wastewater collection system. Also include details of present and/or proposed monitoring facilities. (List sketch/plan name and reference)

14. Describe Processes, Products, and Raw Materials. The following information must be completed for each product line. Attach additional sheets if needed.

Product Line:

General description:

Type and amount of raw materials or process additives used:

Type of Discharge: Batch Continuous Both

If Both, _____ % batch _____ % continuous

Average number of batches per 24-hour day _____

15. Describe hours of operation and number of employees per shift. Specify seasonal variances.

16. Describe hours of operation of actual or proposed pretreatment facility. Specify discharge hours.

17. Are any process changes or expansions planned during the next five years?
Check one: Yes No Unknown

18. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity: (check all that apply)

Industrial Categories	Other Business Activities
<input type="checkbox"/> Adhesives	<input type="checkbox"/> Animal/Vegetable Fats/Oils Blending
<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Asbestos Manufacturing
<input type="checkbox"/> Auto & Other Laundry	<input type="checkbox"/> Auto Garage/Repair
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Beverage Bottler
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Breads/Baked Goods Mfg.
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Brewery/Winery
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Builder's Paper
<input type="checkbox"/> Electrical/Electronic Components	<input type="checkbox"/> Carbon Black
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Car Wash/Transport Truck Wash
<input type="checkbox"/> Explosives Manufacturing	<input type="checkbox"/> Cement Manufacturing
<input type="checkbox"/> Foundries	<input type="checkbox"/> Dairy Products Processing
<input type="checkbox"/> Gum & Wood Chemicals	<input type="checkbox"/> Feedlots
<input type="checkbox"/> Inorganic Chemicals	<input type="checkbox"/> Ferroalloy Manufacturing
<input type="checkbox"/> Iron and Steel Manufacturing	<input type="checkbox"/> Fertilizer Manufacturing
<input type="checkbox"/> Leather Tanning and Finishing	<input type="checkbox"/> Fruits and Vegetables
<input type="checkbox"/> Mechanical Products	<input type="checkbox"/> Glass Manufacturing
<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Grain Mills Manufacturing
<input type="checkbox"/> Metal Products & Machinery	<input type="checkbox"/> Hospital/Health Care
<input type="checkbox"/> Nonferrous Metals	<input type="checkbox"/> Ink Formulating
<input type="checkbox"/> Ore Mining	<input type="checkbox"/> Meat Processing
<input type="checkbox"/> Organic Chemicals	<input type="checkbox"/> Metal Molding and Casting
<input type="checkbox"/> Paint & Ink	<input type="checkbox"/> Paint and Body Shop
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Paint Formulating
<input type="checkbox"/> Petroleum Refining	<input type="checkbox"/> Phosphate Manufacturing
<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Paving and Roofing (Tars and Asphalt)
<input type="checkbox"/> Photographic Supplies	<input type="checkbox"/> Poultry Processing
<input type="checkbox"/> Plastic & Synthetic Materials	<input type="checkbox"/> Radiator Shop
<input type="checkbox"/> Plastics Processing	<input type="checkbox"/> Rendering
<input type="checkbox"/> Porcelain Enameling	<input type="checkbox"/> Slaughter/Meat Packing
<input type="checkbox"/> Printing & Publishing	<input type="checkbox"/> Seafood Processing
<input type="checkbox"/> Pulp and Paper	<input type="checkbox"/> Sugar Processing
<input type="checkbox"/> Rubber Processing	<input type="checkbox"/> Other Food/Edible Products Processor
<input type="checkbox"/> Soaps/Detergents Mfg.	
<input type="checkbox"/> Steam Electric	
<input type="checkbox"/> Textile Mills	
<input type="checkbox"/> Timber Products Mfg.	

19. Describe pretreatment devices or processes used for treating wastewater or sludge:
(check all that apply)

Pretreatment Device(s) or Process(es)

<input type="checkbox"/>	Air Flotation	
<input type="checkbox"/>	Biological Treatment	Describe: _____
<input type="checkbox"/>	Centrifuge	
<input type="checkbox"/>	Chemical Precipitation	
<input type="checkbox"/>	Chlorination	
<input type="checkbox"/>	Cyclone	
<input type="checkbox"/>	Filtration	
<input type="checkbox"/>	Flow Equalization	
<input type="checkbox"/>	Grease or Oil Separation	Describe: _____
<input type="checkbox"/>	Grease Trap	Frequency of cleaning: _____
<input type="checkbox"/>	Grit Removal	
<input type="checkbox"/>	Ion Exchange	
<input type="checkbox"/>	Neutralization/pH Correction	Describe: _____
<input type="checkbox"/>	Ozonation	
<input type="checkbox"/>	Rainwater Diversion or Storage	
<input type="checkbox"/>	Reverse Osmosis	
<input type="checkbox"/>	Screen	
<input type="checkbox"/>	Sedimentation	
<input type="checkbox"/>	Septic Tank	
<input type="checkbox"/>	Solvent Separation	
<input type="checkbox"/>	Sump	
<input type="checkbox"/>	Other Chemical Treatment	Describe: _____
<input type="checkbox"/>	Other Physical Treatment	Describe: _____
<input type="checkbox"/>	Other	Describe: _____
<input type="checkbox"/>	No Pretreatment Provided	

Other remarks as needed to describe any of the above:

20. 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sketch/plan attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

21. Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the POTW collection system?

Check one: Yes No

If yes, these wastes may be best described as:

<u>Industrial Categories</u>	<u>Gal/yr</u>	or	<u>Lbs/Yr</u>
<input type="checkbox"/> Acids and Alkalis	_____		_____
<input type="checkbox"/> Heavy Metal Sludges	_____		_____
<input type="checkbox"/> Inks/Dyes	_____		_____
<input type="checkbox"/> Non-petroleum Oil and/or Grease	_____		_____
<input type="checkbox"/> Organic Compounds	_____		_____
<input type="checkbox"/> Paints	_____		_____
<input type="checkbox"/> Pesticides	_____		_____
<input type="checkbox"/> Petroleum Oil and/or Grease	_____		_____
<input type="checkbox"/> Plating Wastes	_____		_____
<input type="checkbox"/> Pretreatment Sludges	_____		_____
<input type="checkbox"/> Radiator Fluid Wastes	_____		_____
<input type="checkbox"/> Solvents/Thinners	_____		_____
<input type="checkbox"/> Other: Hazardous Wastes (list name, and EPA hazardous waste number))	_____		_____
_____	_____		_____
_____	_____		_____
<input type="checkbox"/> Other: Non-hazardous Wastes (list)	_____		_____
_____	_____		_____
_____	_____		_____

For the above checked wastes, do you practice (or plan to practice if new facility):

- On-site storage of chemicals or waste
Describe: _____
- Off-site storage of chemicals or waste
Describe: _____

22. Is there an Accidental Spill/Slug Prevention Plan prepared for this facility?

Check one: Yes No
If Yes, attach plan. Copy attached: Yes No, copy on file

- 23. Priority Pollutant Information.** Please indicate by placing an "x" in the appropriate box by each listed chemical whether it is "suspected to be absent," "known to be absent," "suspected to be present," or "known to be present" in your manufacturing or service activity or generated as a by-product. Specify maximum discharge concentration for those chemicals known or suspected present in discharge.

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Max Daily Concentration
1	ammonia					
2	asbestos (fibrous)					
3	cyanide (total)					
4	antimony (total)					
5	arsenic (total)					
6	beryllium (total)					
7	cadmium (total)					
8	chromium (total)					
9	copper (total)					
10	lead (total)					
11	mercury (total)					
12	nickel (total)					
13	selenium (total)					
14	silver (total)					
15	thallium (total)					
16	zinc (total)					
17	acenaphthene					
18	acenaphthylene					
19	acrolein					
20	acrylonitrile					
21	aldrin					
22	anthracene					
23	benzene					
24	benzidine					
25	benzo(a)anthracene					
26	benzo(a)pyrene					
27	benzo(b)fluoranthene					
28	benzo(g,h,i)perylene					
29	benzo(k)fluoranthene					
30	a-BHC(alpha)					
31	b-BHC(beta)					
32	d-BHD(delta)					
33	g-BHC(gamma)					
34	bis(2-chloroethyl)ether					
35	bis(2-chloroethoxy)methane					
36	bis(2-chloroisopropyl)ether					
37	bis(chloromethyl)ether					
38	bis(2-ethylhexyl)phthalate					
39	bromodichloromethane					
40	bromoform					
41	bromomethane					
42	4-bromophenylphenyl ether					
43	butylbenzyl phthalate					
44	carbon tetrachloride					
45	chlordane					
46	4-chloro-3-methylphenol					
47	chlorobenzene					

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Max Daily Concentration
48	chloroethane					
50	chloroform					
51	chloromethane					
52	2-chloronaphthalene					
53	2-chlorophenol					
54	4-chlorophenylphenyl ether					
55	chrysene					
56	4,4'-DDD					
57	4,4'-DDE					
58	4,4'-DDT					
59	dibenzo(a,h)anthracene					
60	dibromochloromethane					
61	1,2-dichlorobenzene					
62	1,3-dichlorobenzene					
63	1,4-dichlorobenzene					
64	3,3-dichlorobenzidine					
65	dichlorodifluoromethane					
66	1,1-dichloroethane					
67	1,2-dichloroethane					
68	1,1-dichloroethene					
69	trans-1,2-dichloroethene					
70	2,4-dichlorophenol					
71	1,2-dichloropropane					
72	(cis & trans) 1,3-dichloropropene					
73	dieldrin					
74	diethyl phthalate					
75	2,4-dimethylphenol					
76	dimethyl phthalate					
77	di-n-butyl phthalate					
78	di-n-octyl phthalate					
79	4,6-dinitro-2-methylphenol					
80	2,4-dinitrophenol					
81	2,4-dinitrotoluene					
82	2,6-dinitrotoluene					
83	1,2-diphenylhydrazine					
84	endosulfan I					
85	endosulfan II					
86	endosulfan sulfate					
87	endrin					
88	endrin aldehyde					
89	ethylbenzene					
90	fluoranthene					
91	fluorene					
93	heptachlor epoxide					
94	hexachlorobenzene					
95	hexachlorobutadiene					
96	hexachlorocyclopentadiene					
97	hexachloroethane					
98	indeno (1,2,3-d)pyrene					
99	isophorone					
100	methylene chloride					
101	naphthalene					
102	nitrobenzene					
103	2-nitrophenol					
104	4-nitrophenol					

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Max Daily Concentration
105	n-nitrosodimethylamine					
106	n-nitrosodipropylamine					
107	n-nitrosodiphenylamine					
108	PCB-1016					
109	PCB-1221					
110	PCB-1232					
111	PCB-1242					
112	PCB-1248					
113	PCB-1254					
114	PCB-1260					
115	pentachlorophenol					
116	phenanthrene					
117	phenol					
118	pyrene					
119	2,3,7,8-tetrachlorodibenzo-p-					
120	1,1,2,2-tetrachloroethane					
121	tetrachloroethane					
122	toluene					
123	toxaphene					
124	1,2,4-trichlorobenzene					
125	1,1,1-trichloroethane					
126	1,1,2-trichloroethane					
127	trichloroethene					
128	trichlorofluoromethane					
129	2,4,6-trichlorophenol					
130	vinyl chloride					

25. 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 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.

Authorized Representative:

Signature: _____
Print: _____
Title _____
Date: _____

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Submit the completed application to:

**City of Biddeford
Env. Codes/Industrial Pretreatment
P.O. Box 586
Biddeford, Maine 04005**