



City of Phoenix
WATER SERVICES DEPARTMENT
ENVIRONMENTAL & SAFETY DIVISION
Quality Reliability Value

INDUSTRIAL WASTEWATER PERMIT APPLICATION

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this permit application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

An ORIGINAL SIGNED HARD-COPY of the completed and signed application is to be received by IPP 60-days prior to your permit expiration date.

DUE DATE:

SUBMIT ORIGINAL SIGNED HARD-COPY APPLICATION TO:

City of Phoenix Water Services Department
Industrial Pretreatment Program
2474 South 22nd Avenue, Building 31
Phoenix, Arizona 85009-6918

FOR CITY USE ONLY

This application is for:

- ☐ New Permit
☒ Permit Renewal
☐ Permit Revision

Determination:

- ☐ Permit Not Required
☒ Class A SIU Permit
☐ Class B Permit:
☐ High Strength
☐ Groundwater Remediation
☐ Pollution Prevention/BMP
☐ Other
☐ Class C Permit

iPACS ID No: _____

ATTN: _____

SECTION A. GENERAL INFORMATION

Please type or print:

1. BUSINESS INFORMATION

Legal Business Name: _____
Mailing Address: _____
Business Owner: _____
Mailing Address: _____
Facility Name: _____
Facility Address: _____
Facility Contact/Title: _____
Contact Telephone No: _____ Contact E-mail: _____
Name of Signing Official: _____
Pursuant to 40 § 403.12(l)
Title of Signing Official: _____

2. PROPERTY INFORMATION

Property Address: _____
Property Owner: _____
Mailing Address: _____
Property Owner Telephone No: _____

SECTION B. PRODUCT OR SERVICE INFORMATION

1. Have manufacturing or service activities conducted at the facility changed in the last 5 years? (Consider all processes and production rates, raw materials and/or chemicals used, and Standard Industrial Classification (SIC) Code.)

Yes ☐ **Description of Processes Attached** No ☐

2. Evaluate all changes/additions to chemical usage and provide an updated Chemical Inventory List.

Chemical Inventory List Attached ☐

SECTION C. FACILITY OPERATIONAL CHARACTERISTICS

1. Has shift structure changed in the last 5 years? Yes ☐ **Fill out SHIFT INFORMATION** No ☐ (Skip to 3)

2. SHIFT INFORMATION

Shift Start/End Times: 1st _____ 2nd _____ 3rd _____

Average number of employees per shift per day:

	SUN	MON	TUE	WED	THUR	FRI	SAT
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

3. Is production seasonal or intermittent? ☐ YES ☐ NO (Skip to 5)

4. Describe monthly manufacturing, service activities, and shutdowns (maintenance, vacation, etc.) below:

5. Have manufacturing processes which generate wastewater or have the potential to generate wastewater changed in the past 5 years? Yes ☐ **Provide Description** No ☐ (Skip to 6)

6. Are any process changes or expansions planned during the next five (5) years that would alter wastewater volumes or characteristics? (Consider production, manufacturing, water reuse or conservation, wastewater treatment changes or any other change which would affect the volume or type of discharge.)

Yes ☐ **Provide Description** No ☐ (Skip to 7)

SECTION C. FACILITY OPERATIONAL CHARACTERISTICS - continued

7. Are any water reclamation or conservation systems, material recovery or recycling systems in use or planned?

Yes ☐ **Provide Description** No ☐ (Skip to 8)

8. Have any material substitutions, for the purpose of eliminating or reducing wastes, been implemented, or planned?

Yes ☐ **Provide Description** No ☐ (Skip to 9)

9. Has a State of Arizona required Pollution Prevention Plan been implemented? ☐ YES ☐ NO

SECTION D. INCOMING & OUTGOING WATER USAGE

1. Have there been any changes in water usage and/or water treatment processes in the past 5 years?

Yes ☐ **Provide Description** No ☐ (Skip to 2)

2. Have there been any changes to sources and process uses for any liquids used in industrial processes onsite that are discharged to sewer?

Yes ☐ **Provide Description** No ☐ (Skip to 3)

3. **Provide a Water Balance Diagram** showing average per day volumes for ALL (1) Sources of incoming water, (2) Water purification or treatment processes, (3) Processes for which water is used or becomes product, (4) Water evaporation or losses, (5) Wastewater generated from each process, (6) Wastewater wastestreams sent to pretreatment, (7) Wastewater wastestreams evaporated, (8) Wastewater wastestreams shipped offsite for treatment and disposal.

☐ **Water Balance Diagram attached as required (refer to Appendix 1-2)**

SECTION D. INCOMING & OUTGOING WATER USAGE - continued

4. List the flows from individual manufacturing/service processes in gallons per day (GPD) (including boiler blowdown, RO reject, non-contact cooling, etc.):

Process Description	Avg Flow (gallons/day)	Max Flow (gallons/day)	Type of Discharge Batch, Continuous, None

SECTION E. WASTEWATER TREATMENT

1. Have there been any changes to waste streams which are treated before discharge?

Yes ☐ **Describe in Table**

No ☐ (Skip to 2)

Wastestream Description	Type of Pretreatment

2. If any form of new or additional **wastewater** pretreatment is planned for this facility within the next five (5) years, describe the process waste stream and the type of treatment.

Expected operational date: _____

SECTION F. DISCHARGE CHARACTERISTICS

1. Indicate any changes in priority pollutants (listed at <https://www.epa.gov/eg/toxic-and-priority-pollutants-under-clean-water-act>) being used, stored, and/or discharged from this facility. Provide the information below and note whether the discharge is to the sanitary sewer, waste hauler, or other.

Yes ☐ **Provide Description** No ☐ (Skip to 2)

2. Have there been any changes to wastes or sludges generated and **not** disposed of in the sanitary sewer system in the last 5 years?

☐ **YES** → Complete the following for all wastes **not disposed of in the sanitary sewer**.

☐ **NO** → Skip the remainder of Section F.

Wastes	Estimated Quantity Per Month (indicate units)	Disposal Method (i.e., landfill, recycle, sale, evaporation, incineration, etc.)
Waste solvent		
Oil/Grease/Lubricants		
Process baths		
Pretreatment sludge		
Filter Press Cake		
Inks/Dyes		
Paints/Thinner		
Acids and Alkalis		
Left over or extra product		
Pesticides		
Used Oil/Coolant		
Other (specify):		

3. If an outside firm removes any of the above checked wastes, give the names(s), address(es), and permit number(s) of all waste haulers:

1. _____

Permit No _____

2. _____

Permit No _____

SECTION G. ENVIRONMENTAL CONTROL PERMITS

1. List all updated environmental control permits issued for this facility.

PERMIT TITLE	PERMIT NUMBER	ISSUING AGENCY	EXPIRATION DATE

SECTION H. CERTIFICATION

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.

Name of Company Official: _____

Title of Company Official: _____

Signature of Company Official: _____

Signature Pursuant to 40 § 403.12(l) Signatory Requirements

Date: _____

Mailing Address, e-mail Address, and Phone Number of Company Official:

APPENDIX 1

WATER BALANCE DIAGRAM

Company Name - Phoenix AZ

Water Balance YEAR

All numbers in estimated average gallons per day (gpd)



