



Department of Watershed Management
Industrial Pretreatment Program

180 Sams Street
Decatur, Georgia 30030
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Industrial Wastewater Discharge Permit Application

Name of Company: _____

Facility Address: _____

Applicant Contact Person: _____

Phone#: _____ Fax#: _____ E-Mail: _____

Mailing Address (if Different): _____

Responsible Official (Per 40 CFR 403.12(1)(3)(ii): _____ Title: _____

If Signatory Authority is delegated, Delegate: _____ Title: _____

Does your company presently have an Industrial Wastewater Discharge Permit with DeKalb County, Department of Watershed Management (DWM)? Yes ☐ No ☐

If yes, Permit # _____

1. Categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste); place a check beside the category of business activity. (Check all that apply)

() Dairy Products Processing

405

()	Grain Mills	406
()	Canned and Preserved Fruits and Vegetable Processing	407
()	Canned and Preserved Seafood (Seafood Processing)	408
()	Sugar Processing	409
()	Textile Mills	410
()	Cement Manufacturing	411
()	Concentrated Animal Feeding Operations (CAFO)	412
()	Electroplating	413
()	Organic Chemicals, Plastics and Synthetic Fibers (OCPSF)	414
()	Inorganic Chemicals Manufacturing	415
()	Soap and Detergent Manufacturing	417
()	Fertilizer Manufacturing	418
()	Petroleum Refining	419
()	Iron and Steel Manufacturing	420
()	Nonferrous Metals Manufacturing	421
()	Phosphate Manufacturing	422
()	Steam Electric Power Generating	423
()	Ferroalloy Manufacturing	424
()	Leather Tanning and Finishing	425
()	Glass Manufacturing	426
()	Asbestos Manufacturing	427
()	Rubber Manufacturing	428
()	Timber Products Processing	429
()	Pulp, Paper and Paperboard	430
()	Meat and Poultry Products	432
()	Metal Finishing ²	433
()	Coal Mining	434
()	Oil and Gas Extraction	435
()	Mineral Mining and Processing	436
()	Centralized Waste Treatment	437
()	Metal Products and Machinery	438
()	Pharmaceutical Manufacturing	439
()	Ore Mining and Dressing (Hard Rock Mining)	440
()	Transportation Equipment Cleaning	442
()	Paving and Roofing Materials (Tars and Asphalt)	443
()	Waste Combustors	444
()	Landfills	445
()	Paint Formulating	446
()	Ink Formulating	447
()	Airport Deicing	449
()	Construction and Development	450
()	Concentrated Aquatic Animal Production (Aquaculture)	451
()	Gum and Wood Chemicals Manufacturing	454



- () Pesticide Chemicals 455
- () Explosives Manufacturing 457
- () Carbon Black Manufacturing 458
- () Photographic 459
- () Hospitals 460
- () Battery Manufacturing 461
- () Plastics Molding and Forming 463
- () Metal Molding and Casting (Foundries) 464
- () Coil Coating 465
- () Porcelain Enameling 466
- () Aluminum Forming 467
- () Copper Forming 468
- () Electrical and Electronic Components 469
- () Nonferrous Metals Forming and Metal Powders 471

2. Brief narrative of manufacturing or service activity at this address.

3. Standard Industrial Classification Codes (SIC).

Product Or Service	SIC Code	% Activity

4. Production Rates

(Attach Safety Data Sheets (SDSs) for any non-common chemical/material)

Raw Material	Intermediate Products	Wastes

5. What potentially hazardous, corrosive, flammable, explosive or toxic substances are



handled at your facility? _____

6. Describe the wastewater generating operations. _____

7. Is the industrial discharge ☐ batch or ☐ continuous?

8. Months of operation _____ Peak months _____
Days of operation _____ Closed on holidays? _____

9. Total number of employees _____

Variation of Operation

Indicate whether the business activity is:

a. ☐ Continuous throughout the year, or

☐ Seasonal – Check the months of the year during which operations occur:

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July
☐ August ☐ September ☐ October ☐ November ☐ December

Peak Month (s) of operation is (are) _____

b. Continuous throughout the week, or

Check the days of the week during which operation occur:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday

Peak day(s) of operation is (are) _____

c. Are there any scheduled shutdowns? Yes ☐ No ☐

When? _____

Reason: _____

d. Planned Expansions – Identify new or altered processes being planned or

constructed.

10. Describe the wastewater pretreatment system.

Wastewater Discharge Periods

a. Discharge occurs daily: from _____ to _____

Check the days of the week that discharge occurs:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday

Peak day(s) of operation is (are) _____

b. Clean-up discharge daily : from _____ to _____

Check the days of the week that discharge occurs due to clean-up:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday

11. Describe liquid wastes or sludge removal from the treatment plant.

Material/Waste Removed	Volume Gal and/or lbs. /Month	Removed by	Removed to

12. Is your company presently required to self-monitor the effluent? Yes ☐ No ☐



Describe monitoring parameters and frequency.

Parameter	Frequency

13. Do you presently have a sample point/monitoring station? Yes ☐ No ☐

Location #1. _____

Location #2. _____

Location #3. _____

14. List water account numbers:

#1	#4
#2	#5
#3	#6

15. Does your facility use water from another source (wells etc.)?

16. Indicate water use categories, distribution of water used and the means of wastewater disposal.

Water Used	Discharged to
% Sanitary	
% Process	
% Cooling	
% Boiler	
% In Product	
% Other; List	
Total 100%	

17. Average discharge to sewer in gallons per day (GPD). _____



18. Does your facility have effluent flow monitoring capabilities? Yes ☐ No ☐

Describe: _____

19. For users subject to Total Toxic Organic (TTO) requirements:

Provide the following TTO information:

Has a baseline monitoring report (BMR) been submitted which contains TTO information? Yes ☐ No ☐

If not, submit a BMR with this permit application.

Has a Toxic Organics Management Plan (TOMP) been developed for the facility? Yes ☐ No ☐

Does your company certify at least twice a year that toxic organics are not used at your facility or that they are controlled through a Toxic Organic Management Plan? Yes ☐ No ☐

If you answered yes to the above, please attach plan(s)/report(s).

20. Attach the following :

- a. A scale drawing of each building on the premise. Indicate how and where sewer lines empty to and from the building and/or pretreatment system, location of water meter(s), discharge meter(s), floor drains and related lines, process units and storage tanks/systems.
- b. A site location map and general facility layout with stormwater drainage structures and discharge(s) and surface waters if present.
- c. A process flow diagram for water in the plant (from raw water to final use/discharge.)

Priority Pollutant Survey

Indicate to the best of your ability, the known presence or known absence of the material listed. It is not necessary to undertake a sampling program to complete this section. Respond by checking the appropriate column indicating which of the following descriptions is applicable.

Check Column A if: Compound is used as a raw material, stored on site, transported or produced whether as a product or by-product and may be in wastewater discharge.

Check Column B if: Compound is used as a raw material, stored on site, transported or produced whether as a product or by-product, but it is not in wastewater discharge.

Check Column C if: Compound is not used as a raw material, stored on site, transported or



produced.

VOLATILES

	A	B	C
2. Acrolein			
3. Acrylonitrile			
4. Benzene			
6. Carbon tetrachloride			
7. Chlorobenzene			
10. 1,2-Dichloroethane			
11. 1,1,1-Trichloroethane			
13. 1,1-Dichloroethane			
14. 1,1,2-Tetrachloroethane			
15. 1,1,2,2-Tetrachloroethane			
16. Chloroethane			
23. Chloroform (Trichloromethane)			
29. 1,1-Dichloroethylene			
30. 1,2-Trans-Dichloroethylene			
32. 1,2-Dichloropropane			
33. 1,2-Dichloropropylene (1,3-Dichloropropylene)			
38. Ethylbenzene			
44. Methylene Chloride (Dichloromethane)			
45. Methyl Chloride (Chloromethane)			
46. Methyl Bromide (Bromomethane)			
47. Bromoform (Tribromomethane)			
48. Dichlorobromomethane			
49. Trichlorofluoromethane			
50. Dichlorodifluoromethane			
51. Chlorodibromomethane			
85. Tetrachloroethylene			
86. Toluene			
87. Trichloroethylene			
88. Vinyl Chloride (Chloroethylene)			

ACIDS

	A	B	C
21. 2,4,6-Trichlorophenol			
22. Parachlorometa Cresol			
31. 2,4-Dichlorophenol			
34. 2,4-Dimethylphenol			
57. 2-Nitrophenol			
58. 4-Nitrophenol			
59. 2,4-Dinitrophenol			
60. 4,6-Dinitro-o-Cresol			
64. Pentachlorophenol			
65. Phenol			

BASE / NEUTRALS

	A	B	C
1. Acenaphthene			
5. Benzidine			
8. 1,2,4,-Trichlorobenzene			
9. Hexachlorobenzene			
10. Hexachloroethane			
17. Bis (Chloromethyl) Ether			
18. Bis (2-Chloroethyl) Ether			
19. 2-Chloroethyl Vinyl Ether (mixed)			
20. 2-Chloronaphthalene			
25. 1,2-Dichlorobenzene			
26. 1,3-Dichlorobenzene			
27. 1,4-Dichlorobenzene			
28. 3,3-Dichlorobenzidine			
35. 2,4-Dinitrotoluene			
36. 2,6-Dinitrotoluene			
37. 1,2-Diphenylhydrazine			
40. 4-Chlorophenyl Phenyl Ether			
41. 4-Bromophenyl Phenyl Ether			
42. Bis (2-Chloroisopropyl) Ether			

	A	B	C
43. Bis (2-Chloroethoxy) Methane			

52. Hexachlorobutadiene			
53. Hexachlorocyclopentadiene			
54. Isophorone			
55. Naphthalene			
56. Nitrobenzene			
61. N-Nitrosodimethylamine			
39. Fluoranthene			
62. N-Nitrosodiphenylamine			
63. N-Nitrosodi-n-Propylamine			
66. Bis (2-Ethylhexyl) Phthalate			
67. Butyl Benzyl Phthalate			
68. Di-n-Butyl Phthalate			
69. Di-n-Octyl Phthalate			
70. Diethyl Phthalate			
71. Dimethyl Phthalate			
72. Benzo (a) Anthracene (1,2-Benzanthracene)			
73. Benzo (a) Pyrene (3,4-Benzopyrene)			
74. 3,4-Benzofluoranthene			
75. Benzo(k)Fluoranthene (11,12-Benzofluoranthene)			
76. Chrysene			
77. Acenaphthylylene			
78. Anthracene			
79. Benzo (ghi) Perylene (1,12-Benzoperylene)			
80. Fluorene			
81. Phenanthrene			
82. Dibenzo(a,h)Anthracene (1,2,5,6-Dibenzanthracene)			
83. Indeno (1,2,3-cd)Pyrene (2,3-O-Phenylene-pyrene)			
84. Pyrene			

PESTICIDES

A

B

C

[illegible]

114. Antimony (total)
115. Arsenic (total)
117. Beryllium (total)
118. Cadmium (total)
119. Chromium (total)
120. Copper (total)
122. Lead (total)
123. Mercury (total)
124. Nickel (total)

[illegible]



125. Selenium (total)

126. Silver

127. Thallium (total)

128. Zinc (total)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OTHERS

116. Asbestos (Fibrous)

121. Cyanide (total)

Oil and Grease (petroleum)

Oil and Grease (non-petroleum)

Ammonia

TKN

Total Phosphorus

A

B

C

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pretreatment

Is this plant subject an existing Pretreatment Standard? Yes ☐ No ☐

If so, are pretreatment standards being met on a consistent basis? Yes ☐ No ☐

If no, list any schedule or additional pretreatment facility construction or increased operation and maintenance required to achieve consistent compliance.

Do you have a certified operator for your pretreatment facility? Yes ☐ No ☐

If yes: Name: _____
Address: _____
Certification Number: _____

Notes to Signing Official:



1. In accordance with 40 CFR Part 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

Identify information entitled to protection as a trade secret.

Section	Reason

2. In accordance with Ga. Comp. R. & Regs. R. 391-3-6-.08(5)(b), Engineering reports, plans, specifications and other materials submitted to DeKalb Watershed Management in support of an Industrial Wastewater Discharge permit application shall be prepared by or under the direct supervision or review of, and bear the seal of a Professional Engineer, competent in the field of sewage and industrial waste treatment.

Prepared by: _____ Title: _____

Company: _____

Address: _____

Phone #: _____ Fax#: _____ E-Mail: _____

Certification

(by Responsible Official or Duly Authorized Delegate)

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 gathered and evaluated 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 citations or imprisonment for known violations.

Name: _____

Title: _____

Date: _____