



WASTEWATER UTILITY

City of Janesville Wastewater Discharge Permit Application

Note: Please reference guidance document prior to completing and submitting this application.

SECTION A – GENERAL INFORMATION

1. FACILITY NAME: _____

a. OPERATOR NAME: _____

b. Is the operator identified in Section A.1.a., the owner of the facility? YES NO

If no, complete owner/proprietor information below and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

c. OWNER / PROPRIETOR CONTACT INFORMATION:

OWNER / PROPRIETOR NAME: _____

OWNER / PROPRIETOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ EMAIL: _____

2. FACILITY ADDRESS: _____

CITY: _____ JANESVILLE _____ STATE: _____ WISCONSIN _____ ZIP CODE: _____

3. BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

4. AUTHORIZED REPRESENTATIVE OF THE USER

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ EMAIL: _____

Is the individual identified in Section A.4., the designated facility contact? YES NO

(If no, complete duly authorized representative of the user information below.)

“WET INK” SIGNATURE: _____

5. DULY AUTHORIZED REPRESENTATIVE OF THE USER (Attach additional information for each duly-authorized representative.)

NAME: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ EMAIL: _____

Is the individual identified in Section A.5., the designated facility contact? YES NO

“WET INK” SIGNATURE: _____

6. Do you wish to be considered for regulation under a general permit? If affirmative; the criteria in Janesville Ordinance 13.16.250 must be satisfied including submitting a written request to accompany the wastewater discharge permit application. YES NO

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether it generates wastewater, waste sludge or hazardous wastes). Place a check mark beside all applicable.

HEAVY MANUFACTURING (MFG)

- 427 Asbestos MFG
- 411 Cement MFG
- 450 Construction
- 426 Glass MFG
- 425 Leather Tanning & Finishing
- 434 Mining-Coal
- 436 Mining-Mineral
- 440 Mining-Ore
- 435 Oil & Gas Extraction
- 443 Paving & Roofing MFG
- 419 Petroleum Refining
- 430 Pulp, Paper & Fiberboard MFG
- 428 Rubber MFG
- 423 Steam Electric Power Generating
- 410 Textile Mills
- 429 Timber Products

METALS

- 425 Battery MFG
- 465 Coil Coating
- 413 Electroplating
- 469 Electric & Electronic Component MFG
- 424 Ferroalloy MFG
- 467 Forming-Aluminum
- 468 Forming-Copper
- 471 Forming-Nonferrous Metals
- 420 Iron & Steel MFG
- 433 Metal Finishing
- 464 Metal Molding & Casting
- 438 Metal Products & Machinery
- 421 Nonferrous Metals MFG
- 466 Porcelain Enamel

CHEMICALS

- 458 Carbon Black MFG
- 457 Explosives MFG
- 454 Gum & Wood Chemicals MFG
- 460 Hospitals
- 447 Ink Formulation
- 415 Inorganic Chemicals MFG
- 418 Fertilizer MFG
- 414 Organic Chemicals MFG
- 446 Paint & Ink Formulating
- 455 Pesticides Chemical MFG, Formulating or Packaging
- 439 Pharmaceutical MFG
- 422 Phosphate MFG
- 459 Photographic Processing

- 463 Plastic & Synthetic Materials MFG
- 417 Soap & Detergent MFG

FOOD ORIGIN

- 451 Aquaculture
- 432 Dairy Product Processing or MFG
- 412 Concentrated Animal Feeding Operation
- 407 Canned & Preserved Fruit & Vegetable Processing
- 400 Grain Mills
- 432 Meat & Poultry Processing
- 408 Canned & Preserved Seafood Processing
- 409 Sugar Processing

SECTION B – BUSINESS ACTIVITY (CONTINUED)

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether it generates wastewater, waste sludge or hazardous wastes). Place a check mark beside all applicable.

MISCELLANEOUS WASTES

- 449 Airport Deicing 437 Centralized Waste Treatment 445 Landfill
 444 Commercial Hazardous Waste Combustor 442 Transportation Equipment Cleaning

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets / documentation if necessary).

3. Indicate applicable North American Industry Classification system (NAICS) for all processes.

4. PRODUCTION RATE (Attach additional sheet if needed)

Product	Past Calendar Year Amounts per Day (Daily Units)		Estimate This Calendar Year Amounts per Day (Daily Units)	
	Average	Maximum	Average	Maximum

5. For production-based categorical industrial users only. What is the facility’s long-term average categorical production rate for the past five (5) years?

SECTION C – WATER SUPPLY

1. WATER SOURCES (Check all applicable)

Janesville Municipal Water Utility Private Well Surface Water Other (Specify) _____

2. UTILITY BILLING INFORMATION

NAME (as listed on Utility bill): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

UTILITY SERVICE ACCOUNT(S) #: _____

3. List average water consumption on premises: (New facilities may estimate)

Type	Average Water Usage (GPD)	Indicate Measured (M) or Estimated (E)
a. Contact Cooling Water		
b. Non-contact Cooling Water		
c. Boiler Feeding		
d. Process		
e. Sanitary		
f. Air Pollution Control		
g. Contained in Product		
h. Plant and Equipment Wash-down		
i. Irrigation and Lawn Watering		
j. Other		
k. TOTAL of a through j		

SECTION D – SEWER INFORMATION

1. FOR ESTABLISHING A NEW BUSINESS IN AN EXISTING BUILDING LOCATION OR A NEW CONSTRUCTION.

- a. Will you be occupying an existing vacant building? YES NO
- b. Will you be occupying a newly constructed facility? YES NO
- c. Complete for all applicable City of Janesville permits obtained.
 Janesville Site Plan Review Permit # _____
 Janesville Commercial/Industrial Building Permit # _____
 Janesville Plumbing Permit # _____
 Janesville Electrical Permit # _____
 Janesville Change of Tenant / Occupancy Permit # _____

2. FOR EXISTING BUSINESSES OR WASTEWATER DISCHARGE APPLICANTS.

- a. Is the building presently connected to the Janesville sanitary sewer collection system? YES NO
- b. List current Janesville Wastewater Discharge Permit # _____ EXPIRATION DATE: _____
 NOT APPLICABLE

3. List size, descriptive location and flow of each discharge pipe or discharge point which connects to the Janesville sanitary sewer collection system. Correspond each lateral description to the Section H.7 schematic below.

Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility generate any liquid or aqueous waste streams (excluding domestic wastewater) that enter into the Janesville sanitary sewer collection system or are collected as a non-discharged waste stream for offsite disposal? YES (complete the remainder of the application) NO (Skip to Section H)

2. Provide the following information on wastewater flow rate (New facilities may estimate).

a. Hours / day discharged (e.g., 8 hours/day):

SUN	M	T	W	TH	F	SAT
-----	---	---	---	----	---	-----

b. Hours of discharge (e.g., 9 am to 5 pm):

SUN	M	T	W	TH	F	SAT
-----	---	---	---	----	---	-----

c. Peak Hourly Flow Rate: _____ (GPM)

d. Maximum Daily Flow Rate: _____ (GPD)

e. Annual Daily Average Flow Rate: _____ (GPD)

3. If batch discharge(s) occur or will occur, indicate: (New facilities may estimate).

a. Number of Batch Discharges: _____ (per day)

b. Average Volume Generated per Batch: _____ (gal)

c. Frequency of Batch Discharges:

SUN	M	T	W	TH	F	SAT
-----	---	---	---	----	---	-----

d. Hours of discharge (e.g., 9 am to 5 pm):

SUN	M	T	W	TH	F	SAT
-----	---	---	---	----	---	-----


SECTION E – WASTEWATER DISCHARGE INFORMATION (CONTINUED)

3. Batch Discharge Information (continued).

e. Flow Rate: _____ (gallons/minute)

f. Percent of total discharge: _____ %

4. SCHEMATIC FLOW DIAGRAM – For each major activity in which wastewater is or will be generated, draw a diagram of the **flow of materials, products, water and wastewater** from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data this must be indicated. **Number each unit process** having wastewater discharges to the Janesville sanitary sewer collection system. Use these numbers when showing this unit processes in the building layout in the Section H.7 schematic.



SECTION E – WASTEWATER DISCHARGE INFORMATION (CONTINUED)

5. List average wastewater discharge, maximum discharge and type of discharge (batch, continuous, both, or none) for each facility process. Include the reference number from the schematic flow diagram that corresponds to each process. (New facilities may provide estimates). Provide on separate sheet if additional line descriptions are required.

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, Both or None)

6. List average wastewater discharge, maximum discharge and type of discharge (batch, continuous, or both) for each of the non-process wastewater flows (i.e., cooling tower blowdown, boiler blowdown).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, None)

7. Do you currently have or plan to install automatic sampling equipment and/or continuous wastewater flow metering equipment at this facility? If affirmative, indicate the location of this equipment on the schematic flow diagram. Include a brief description of the equipment below including manufacturer, model and serial number.

- YES
 NO
 NON-APPLICABLE

SECTION E – WASTEWATER DISCHARGE INFORMATION (CONTINUED)

8. Are any process changes or expansions planned during the next three (3) years that could potentially alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge. If affirmative, briefly describe these changes and their effects on wastewater volume or characteristics below. (Attach additional sheet(s) as needed).

- YES NO

9. Are any water recycling or reclamation systems in use or planned? If affirmative, briefly describe the recovery process, substance recovered, percent recovered and the concentration in the spent solution. Include each process in the schematic flow diagram. (Attach additional sheet(s) as needed).

- YES NO

10. An industrial user may request the control authority to convert categorical pretreatment standards to equivalent concentration or mass limits. Please refer to Janesville Sewer Use Ordinance Chapter 13.16.080.C for more details. Check YES to formally make this request. If checking YES, indicate which subsection is applicable.

- NO YES Ch.13.16.080.C1
 YES Ch.13.16.080.C2
 YES Ch.13.16.080.C3

SECTION F – CHARACTERISTICS of GENERATED WASTEWATER and/or WASTE STREAMS

1. Submittal of monitoring data for all pollutants regulated specific to each process.
 - a. For current wastewater discharge permit holders completing this application as part of a renewal process; no additional monitoring data is required to be submitted unless a YES selection was made for Section E.8.
 - b. New wastewater discharge permit applicants are required to submit analytical data for the measurement of pollutants in accordance with Janesville Sewer Use Ordinance 13.16.240.A.7 to establish and fulfill the requirements of a baseline monitoring report promulgated in Janesville Sewer Use Ordinance 13.16.340.
2. An industrial user may request a monitoring waiver, from the control authority, for regulated pollutants which you believe to not be present in your process wastestream(s). Please refer to Janesville Sewer Use Ordinance Chapter 13.16.370.B for more details. If affirmative, identify the pollutant parameters below.

- YES NO

SECTION G – WASTEWATER PRETREATMENT

1. Is any form of wastewater treatment (see list below) utilized at the facility?

- YES NO

2. Is any form of wastewater treatment, or changes to an existing wastewater treatment, planned for this facility within the next three (3) years?

- YES NO

3. If affirmative, describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the Janesville sanitary collection system. Include estimated completion dates.

4. Check the treatment devices or processes used or proposed for treating wastewater or sludge at your facility.
(Check all applicable)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Air Flotation | <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 |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Grinding Filter | <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Ozonation | <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"/> Spill Protection | <input type="checkbox"/> Sump | <input type="checkbox"/> Rainwater diversion or storage | |

Biological Treatment, (list type): _____

Other Chemical Treatment, (list type): _____

Other Physical Treatment, (list type): _____

Other, (list type): _____

5. TREATMENT DEVICE OR PROCESS DESCRIPTION – Describe the pollutant loadings, flow rates, design capacity, physical size and operating procedures of each treatment identified in Section G.4 above.

6. Incorporate into the SCHEMATIC FLOW DIAGRAM in Section E.4, above, the process for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes and design and operating conditions.

7. Is process wastewater mixed with non-process wastewater prior to the sampling point?

- YES NO

SECTION G – WASTEWATER PRETREATMENT (CONTINUED)

8. Does your facility have a treatment operator? YES NO
- a. Is a treatment operator scheduled for each shift that process wastewater is generated?
 YES NO
- b. Are treatment operators licensed/certified via Wisconsin DNR? YES NO
- c. If affirmative, to any question in Section G.8, above, provide contact information for each employee responsible for pretreatment operations. Attach additional operator contact information sheet(s) if needed.

NAME: _____

TITLE: _____

TELEPHONE: () _____ EMAIL: _____

WI-DNR OPERATOR CERTIFICATION # _____

NAME: _____

TITLE: _____

TELEPHONE: () _____ EMAIL: _____

WI-DNR OPERATOR CERTIFICATION # _____

NAME: _____

TITLE: _____

TELEPHONE: () _____ EMAIL: _____

WI-DNR OPERATOR CERTIFICATION # _____

NAME: _____

TITLE: _____

TELEPHONE: () _____ EMAIL: _____

WI-DNR OPERATOR CERTIFICATION # _____

9. Is there a written manual or SOP describing the correct operation of treatment devices, equipment or processes?

YES NO

10. Is a written preventative maintenance schedule being implemented for each treatment device, equipment or process?

YES NO

- a. Are all preventative and reactive maintenance events being recorded? YES NO

- b. Are the records identified in Section G.10, above, readily available for review during facility inspections and audits? YES NO

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. SHIFT INFORMATION

Work days		SUN	M	T	W	TH	F	SAT
Shifts per Work Day								
Employees per Shift	1 st							
	2 nd							
	3 rd							
Shift Start & End Times	1 st							
	2 nd							
	3 rd							

2. Indicate whether business activity is either:

Continuous throughout the year or; Seasonal (Circle months of during which business occurs)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	------	-----	-----	-----

Comments: _____

3. Indicate whether the facility process wastewater discharge is either:

Continuous throughout the year or; Seasonal (Circle months of during which business occurs)

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
-----	-----	-----	-----	-----	-----	-----	-----	------	-----	-----	-----

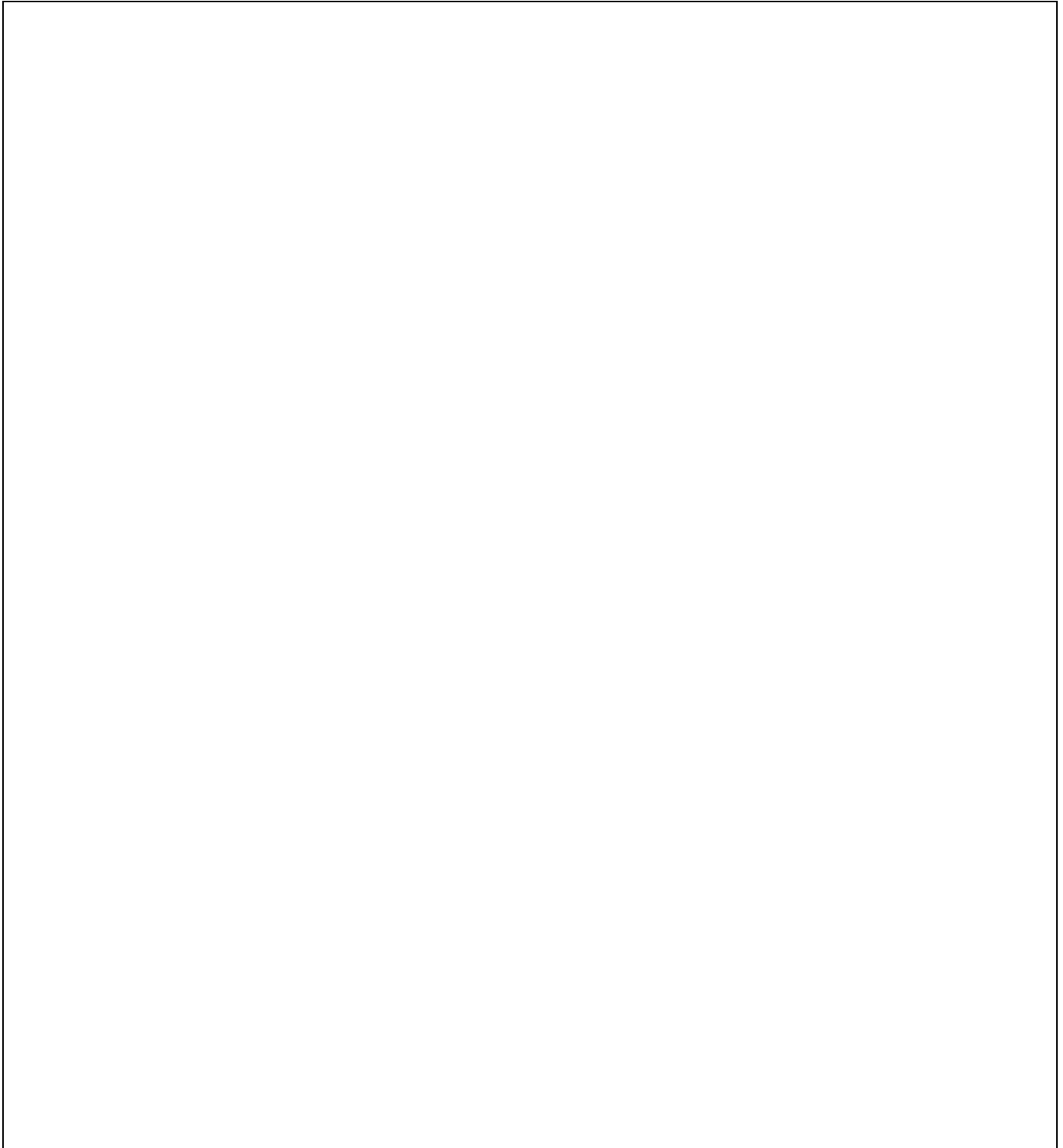
Comments: _____

4. Does operation shut down for vacation, maintenance or other reasons? If affirmative, indicate reasons and period when shutdown occurs. YES NO

5. List types and amounts (mass or volume per day) of raw materials used or planned for use. Attach list if additional space is needed.

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS (CONTINUED)

7. BUILDING LAYOUT – Draw to scale the location of each building on the premises. Indicate map orientation; location of all water meters; discharge flow meters; floor drains; storm drains; numbered unit processes (from schematic flow diagram) and each lateral line connected to either the Janesville sanitary sewer collection system and the Janesville stormwater collection system. Number each lateral and show existing and/or proposed sample monitoring locations. Identify chemical storage locations described in Section H.6 above. A blueprint or architectural drawing showing the above items may be attached in lieu of submitting a drawing on this sheet.



SECTION I – SPILL PREVENTION / SLUG CONTROL POTENTIAL

1. Could a potential spill from a chemical storage vessel lead to an accidental discharge to (check all that apply):

an Outside Disposal System an Outside Facility Treatment System to Ground

Janesville Sanitary Sewer Collection System Janesville Stormwater Collection System

Other (specify): _____

Not Applicable, no possible discharge to any of the routes identified above.

2. Does your facility have a site specific updated accidental spill prevention plan (ASPP); a spill prevention, control and countermeasure plan (SPCC); or a slug control plan (SCP) to prevent spills of chemicals or slug discharges from entering the Janesville sanitary sewer collection system?

YES NO NOT-APPLICABLE (Facility discharges domestic wastewater only)

3. If affirmative response in Section I.2 above; does the plan contain the minimum requirements promulgated in Janesville Sewer Use Ordinance Ch.13.16.170? YES NO

a. Indicate the date/year the plan was implemented: _____

b. Indicate the date/year the plan was last reviewed: _____

c. Indicate the date/year for last employee training associated with plan: _____

d. Does the plan include notification procedures and contact information for the Janesville Wastewater Utility if a spill event occurs that discharges into either the Janesville sanitary sewer collection system or stormwater collection system? YES NO

e. Are the plan and records identified in Section I.3, above, readily available for review during facility inspections and audits? YES NO

4. Are there floor drains in the manufacturing or chemical storage area(s)? If affirmative, where do they discharge to? YES NO

5. Describe below any previous spill events (within the last two years) and the remedial measures taken to prevent their reoccurrence. Attach additional sheet(s) as needed.

SECTION J – BEST MANAGEMENT PRACTICES

1. Describe the types of best management practices (BMPs) are utilized to prevent pollutants from entering a facility’s wastestream or from reaching a discharge point connected to the Janesville sanitary sewer collection system.

SECTION K – NON-DISCHARGED WASTES

1. Identify any waste liquid, sludge or by-product generated which are not disposed into the Janesville sanitary sewer collection system. Attach additional sheets as needed.

Waste Generated / Classification	Quantity (per year)	Disposal Method	Final Disposal Location	Disposal Frequency
1.				
2.				
3.				
4.				
5.				
6.				
7.				

2. Provide the contact information for all outside firms that remove non-discharged wastes to off-site locations. Attach list if additional contact space required.

CONTRACTOR/HAULER COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ EMAIL: _____

CONTRACTOR/HAULER COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: () _____ EMAIL: _____

SECTION K – NON-DISCHARGED WASTES (CONTINUED)

3. Identify facility location(s) and describe how non-discharged waste/sludge are stored prior to off-site removal.

SECTION L – AUTHORIZED SIGNATURES

1. COMPLIANCE CERTIFICATION

- a. Are all applicable Federal, State and local pretreatment standards and requirements being met on a consistent basis? YES NO NOT YET DISCHARGING
- b. If NO was selected; what additional operations and/or maintenance procedures are being considered to achieve compliance?

- c. Provide a schedule of corrective action events to achieve compliance. Specify major events planned along with reasonable completion dates. Please note if the control authority issues a wastewater discharge permit to the applicant, it reserves the right to establish a compliance schedule different from the one submitted by the facility. Attach additional sheet as needed.

<u>Milestone Activity</u>	<u>Scheduled Completion Date</u>
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2. AUTHORIZED REPRESENTATIVE STATEMENT

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 Authorized Representative of the User

Title

“Wet Ink” Signature of Authorized Representative

Application Submittal Date