



**Industrial Pretreatment Discharge Permit Application**  
LONG FORM PERMIT APPLICATION

**SECTION A: ORGANIZATIONAL INFORMATION**

1) Company Name: \_\_\_\_\_

2) Mailing Address: \_\_\_\_\_

3) Facility Address: \_\_\_\_\_

4) Chief Executive Officer: \_\_\_\_\_  
(Print Name, Title, Phone #)

5) Signing Official: \_\_\_\_\_  
(Print Name, Title, Phone #, E-mail)

6) Contact Person: \_\_\_\_\_  
(Print Name, Title, Phone #, E-mail)

\*\*\*\*\*  
**CERTIFICATION 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. (Must be signed by Owner/Officer/Manager of the company)

Printed Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**RECEIPT INFORMATION FOR CITY OF GRAND JUNCTION, WWTP OFFICE USE ONLY;**

Permit Application Fee: \$ 50.00	
Payable to the City of Grand Junction	
Account Number 902-615-260.4340_15	
Check Paid by: _____	Check Number: _____
Received By(signature): _____	Date Fee Received: _____

**SECTION B: BUSINESS ACTIVITY & FACILITY OPERATIONS**

**1) Describe operations at this facility including primary products or services:**

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**2) Describe process operations in detail for each product line. Attach additional pieces of paper if necessary.** \_\_\_\_\_

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**3) List (if known) the applicable Standard Industrial Classification code (SIC code) and/or the North American Industry Classification System code (NAICS code) for all processes at your facility:**

SIC Code	NAICS Code	Description
_____	_____	_____
_____	_____	_____

**4) Attach a schematic process diagram for each product line, including the regulated discharge point.**

**5) If your facility employs or expects to employ processes in any of the nationally regulated industrial categories or business activities listed below, place a check beside the category or business activity. Check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Aluminum Forming                              | <input type="checkbox"/> Metal Finishing                                |
| <input type="checkbox"/> Asbestos Manufacturing                        | <input type="checkbox"/> Metal Molding & Casting                        |
| <input type="checkbox"/> Battery Manufacturing                         | <input type="checkbox"/> Metal Products & Machinery                     |
| <input type="checkbox"/> Canned/Preserved Fruits/Vegetables Processing | <input type="checkbox"/> Mineral Mining & Processing                    |
| <input type="checkbox"/> Canned & Preserved Seafood Processing         | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders      |
| <input type="checkbox"/> Carbon Black Manufacturing                    | <input type="checkbox"/> Nonferrous Metals Manufacturing                |
| <input type="checkbox"/> Cement Manufacturing                          | <input type="checkbox"/> Oil & Gas Extraction                           |
| <input type="checkbox"/> Centralized Waste Treatment                   | <input type="checkbox"/> Ore Mining & Dressing                          |
| <input type="checkbox"/> Coal Mining                                   | <input type="checkbox"/> Organic Chemicals, Plastics & Synthetic Fibers |
| <input type="checkbox"/> Coil Coating                                  | <input type="checkbox"/> Paint Formulating                              |
| <input type="checkbox"/> Concentrated Animal Feeding Operations        | <input type="checkbox"/> Paving & Roofing Materials (Tars & Asphalts)   |
| <input type="checkbox"/> Copper Forming                                | <input type="checkbox"/> Pesticide Chemicals                            |
| <input type="checkbox"/> Dairy Products                                | <input type="checkbox"/> Petroleum Refining                             |
| <input type="checkbox"/> Electrical & Electronic Components            | <input type="checkbox"/> Pharmaceutical Manufacturing                   |
| <input type="checkbox"/> Electroplating                                | <input type="checkbox"/> Phosphate Manufacturing                        |
| <input type="checkbox"/> Explosives Manufacturing                      | <input type="checkbox"/> Photographic                                   |

- |   |  |
|---|--|
| <input type="checkbox"/> Ferroalloy Manufacturing           | <input type="checkbox"/> Plastics Molding & Forming        |
| <input type="checkbox"/> Fertilizer Manufacturing           | <input type="checkbox"/> Porcelain Enameling               |
| <input type="checkbox"/> Glass Manufacturing                | <input type="checkbox"/> Pulp, Paper & Paperboard          |
| <input type="checkbox"/> Grain Mills                        | <input type="checkbox"/> Rubber Manufacturing              |
| <input type="checkbox"/> Gum & Wood Chemicals Manufacturing | <input type="checkbox"/> Soap & Detergent Manufacturing    |
| <input type="checkbox"/> Hospital                           | <input type="checkbox"/> Steam Electric Power Generating   |
| <input type="checkbox"/> Ink Formulating                    | <input type="checkbox"/> Sugar Processing                  |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing  | <input type="checkbox"/> Textile Mills                     |
| <input type="checkbox"/> Iron & Steel Manufacturing         | <input type="checkbox"/> Timber Products Processing        |
| <input type="checkbox"/> Landfills                          | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning & Finishing        | <input type="checkbox"/> Waste Combustion                  |
| <input type="checkbox"/> Meat Products                      |  |

**6) Indicate which of the activities listed below will be performed at your facility:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Manufacturing               | <input type="checkbox"/> Printing/Labeling      | <input type="checkbox"/> Photo/X-ray Processing     |
| <input type="checkbox"/> Laundry Operations          | <input type="checkbox"/> Dye-Check Operations   | <input type="checkbox"/> Chemical Mixing            |
| <input type="checkbox"/> Soldering Operations        | <input type="checkbox"/> Welding Operations     | <input type="checkbox"/> Painting Operations        |
| <input type="checkbox"/> Stripping/Etching Processes | <input type="checkbox"/> Vehicle Service/Repair | <input type="checkbox"/> Vehicle Washing            |
| <input type="checkbox"/> Equipment Service/Repair    | <input type="checkbox"/> Equipment Washdown     | <input type="checkbox"/> Floor Washdown             |
| <input type="checkbox"/> Metal Plating Operations    | <input type="checkbox"/> Tumbling Operations    | <input type="checkbox"/> Forklift Battery Servicing |
| <input type="checkbox"/> Food Service Operations     | <input type="checkbox"/> Conversion Coating     | <input type="checkbox"/> Solvent Usage              |
| <input type="checkbox"/> Warehouse Activities        | <input type="checkbox"/> Use of Evaporators     | <input type="checkbox"/> Container Rinsing/Cleaning |

**7) Indicate the shifts normally worked each day and other shift information:**

<u>Shift</u>	<u>Sun</u>	<u>Mon</u>	<u>Tue</u>	<u>Wed</u>	<u>Thu</u>	<u>Fri</u>	<u>Sat</u>
1 <sup>st</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <sup>rd</sup> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average Number of Employees per Shift:

1st Shift: \_\_\_\_\_ 2nd Shift: \_\_\_\_\_ 3rd Shift: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Primary Activity - 1st Shift: \_\_\_\_\_

Primary Activity - 2nd Shift: \_\_\_\_\_

Primary Activity - 3rd Shift: \_\_\_\_\_

Months of Operation:  Full Year  Partial Year (indicate months below)

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

**8) Supply / Raw Materials\*:**

Raw Material/Chemical	Process/Use	Storage location	Container type/size/number	Chemical transfer method


\* Attach additional pages if needed

\* Provide a Material Safety Data Sheet for each raw material / chemical used.

**9) Provide the following information for each product line:**

Principle Product: \_\_\_\_\_  
 Average Rate of Production: \_\_\_\_\_  
 Materials/Additives: \_\_\_\_\_  
 Wastewater Discharge:  Batch  Continuous  Both  
 Volume and Frequency of Wastewater Discharge: \_\_\_\_\_  
 Peak Production Months: \_\_\_\_\_  
 Periods of Shutdown: \_\_\_\_\_

Principle Product: \_\_\_\_\_  
 Average Rate of Production: \_\_\_\_\_  
 Materials/Additives: \_\_\_\_\_  
 Wastewater Discharge:  Batch  Continuous  Both  
 Volume and Frequency of Wastewater Discharge: \_\_\_\_\_  
 Peak Production Months: \_\_\_\_\_  
 Periods of Shutdown: \_\_\_\_\_

Principle Product: \_\_\_\_\_  
 Average Rate of Production: \_\_\_\_\_  
 Materials/Additives: \_\_\_\_\_  
 Wastewater Discharge:  Batch  Continuous  Both  
 Volume and Frequency of Wastewater Discharge: \_\_\_\_\_  
 Peak Production Months: \_\_\_\_\_  
 Periods of Shutdown: \_\_\_\_\_

\* Attach additional pages if necessary for more product lines

**10) Are any significant process changes or expansions planned during the next five years? (a significant change is one of 20% or more)  Yes  No**

If yes, provide brief explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C: WATER USE & WASTEWATER DISCHARGE**

**1) List raw water sources and approximate total volume of water usage:**

<u>Source</u>	<u>Usage</u>	<u>Measured</u>	<u>Estimate</u>
City of Grand Junction:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Ute Water:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Private Well:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Surface Water:	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>

**2) Describe any raw water treatment processes utilized:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3) Describe any water recycling or material reclaiming processes utilized:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4) List water consumption within the facility:**

<u>Type</u>	<u>Usage</u>	<u>Measured</u>	<u>Estimate</u>
Contact Cooling Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Non-Contact Cooling Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Feed Water	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Used in Product/Process	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Air Pollution Control Unit	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Domestic/Sanitary	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	_____ gal/day	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>	_____ gal/day		

**5) Water Acct # / Name on Water Bill:** \_\_\_\_\_

**6) List wastewater discharge or water losses to:**

<u>Outlet</u>	<u>Estimated Average Gallons Per Day</u>
Grand Junction Municipal Sewer System	
Storm Sewer System	
Waste Hauler Disposal	
Evaporation	
Contained in Product	
Landscaping Activities	
Other:	
<b>TOTAL</b>	

**7) List average wastewater discharges to the sanitary sewer system for those SIC/NAICS processes itemized in Section B (2) previously:**

SIC/NAICS Code	Brief Process Description	Gallons per Operating Day	Batch or Continuous Discharge

**8) Is wastewater given any form of pretreatment prior to discharge to the sanitary sewer system?**    Yes    No

If YES, describe the method of pretreatment and the pretreatment facilities: \_\_\_\_\_

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**9) Check which of the following industrial pretreatment equipment or processes will be in use at this facility for pretreating wastewater prior to discharge to any source or disposal as a solid or sludge:**

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|---|---|---|
| <input type="checkbox"/> Dissolved Air Flotation  | <input type="checkbox"/> Centrifuge               | <input type="checkbox"/> Plate & Frame Filter Press |
| <input type="checkbox"/> Chemical Precipitation   | <input type="checkbox"/> Screening                | <input type="checkbox"/> Sedimentation Processes    |
| <input type="checkbox"/> Belt Filter Press        | <input type="checkbox"/> Filter Systems           | <input type="checkbox"/> Biological Treatment       |
| <input type="checkbox"/> Chlorination             | <input type="checkbox"/> Flow Equalization        | <input type="checkbox"/> Septic Tank                |
| <input type="checkbox"/> Oil & Grease Interceptor | <input type="checkbox"/> Oil/Sand Interceptor     | <input type="checkbox"/> Oil & Grease Separators    |
| <input type="checkbox"/> Reverse Osmosis          | <input type="checkbox"/> pH Adjustment            | <input type="checkbox"/> Grit Removal               |
| <input type="checkbox"/> Ion Exchange             | <input type="checkbox"/> Neutralization Processes | <input type="checkbox"/> Sumps or Holding Tanks     |
| <input type="checkbox"/> Sludge Drying Beds       | <input type="checkbox"/> Incineration Processes   | <input type="checkbox"/> Evaporators                |
| <input type="checkbox"/> Digestion Processes      | <input type="checkbox"/> Lagoons                  | <input type="checkbox"/> Composting                 |
| <input type="checkbox"/> Chemical Stabilization   | <input type="checkbox"/> Thermal Conditioning     | <input type="checkbox"/> Solvent Separation         |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____                |

**10) Will this facility have a wastewater discharge monitoring plan?**    Yes    No

If YES, provide details on how samples are obtained, frequency of sampling, who performs sample analysis and how quality control is maintained: \_\_\_\_\_

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**11) Does this facility produce liquid wastes, process wastes, slurries or sludges which must be disposed of?**     Yes     No

If YES, below is a list of wastes which may be generated. Check all that apply and the disposal method used for each particular waste:

Waste	City Sewer Disposal	Waste Hauler Disposal	On-Site Storage/Disposal	Off-Site Recycle	Other
<input type="checkbox"/> Acids and Alkalies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Heavy Metal Sludges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Ink/Dye Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Oil/Grease Trap Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Organic Compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Paints/Coatings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Pesticides/Herbicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Plating Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Pretreatment Sludges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Solvents/Thinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> X-Ray/Photo Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Sand/Oil Trap Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Sump Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Barrel/Pail Rinses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Used Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Used glycols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Parts Cleaner Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Used oils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Used coolants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
<input type="checkbox"/> Other wastes (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

**Provide Name and Address of Waste Hauler:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide Name and Address of Recycler: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) List and describe the location of sewer outlets, manholes, sewer taps and pretreatment devices associated with the facility. Attach to this application scaled drawings of site plans, floor plans, mechanical/plumbing plans and details to show all sewers, sewer connections and appurtenances by size, location and elevation. Show location of possible sampling points for sewers and SIC/NAICS process effluents. Show locations of all stored chemicals on site (interior & exterior). For reference and field orientation, buildings, streets, alleys and other pertinent physical structures should be included. Attach information to application.

**SECTION D: ENVIRONMENTAL CONTROL**

1) Will this facility have a State of Colorado Stormwater Discharge Permit?

Yes  No Permit Number: \_\_\_\_\_

2) Will this facility utilize the City of Grand Junction's storm water sewer system?

Yes  No

If YES, indicate all that apply:  Roof Drains  Sump Pumps  Outside Drains

Catch Basins  Impoundments  Parking Lots  Loading Docks

Other: \_\_\_\_\_

3) Describe any outside drains or sump pumps (size, type, location, where stormwater drains): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Describe any spill control measures used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Describe how spill clean-up would be handled: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Are chemicals, product or equipment stored outside the facility:  Yes  No

If Yes, describe the storage area: \_\_\_\_\_  
\_\_\_\_\_

7) Does this facility have chemical storage tanks, containers, bins or ponds?

Yes  No



If YES, give a description of their location, contents, size, type and frequency and method of cleaning. Indicate on a diagram the proximity of these containers to a sanitary sewer or storm drain.

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8) Is a Spill Prevention Control Plan prepared for this facility?  Yes  No

If YES, attach a copy of the Spill Plan to this application.

9) Is a Solvent Management Plan prepared for this facility?  Yes  No

10) Is a Hazardous Materials Compliance Plan prepared for this facility?

Yes  No

Indicate what the hazardous waste generator category is for this facility :

- Not a generator of hazardous waste
- Conditionally exempt small quantity generator (less than 220 lbs per month)
- Small quantity generator (220 lbs to 2200 lbs per month)
- Large quantity generator (more than 2200 lbs per month)

11) List all environmental control permits held by the facility:

<u>Permit Type</u>	<u>Permit No.</u>	<u>Issuing Agency</u>	<u>Expiration Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION E. WASTE & WASTEWATER INFORMATION**

1) Indicate the following constituents that are or could be present in the wastewater discharge: (For any "YES" or checked answer - attach a written explanation)

- Heavy metals (Arsenic, Cadmium, Chromium, Copper, Lead, Mercury, Nickel, Selenium, Silver, Molybdenum, Zinc)
- Petroleum substances
- Tanning solutions
- High TDS (>500 mg/l)
- Hydrogen Sulfide
- Nitrous Oxide
- Phenols
- Pesticides/Herbicides
- Solvents - Petroleum
- Low pH (acids)
- Fats, wax, grease or oils
- High BOD (>200 mg/l)
- Toxic Gases
- Sulfur Dioxide
- Bromine
- PCB's
- Salt Brines
- Solvent - Citrus
- Flammable Substances
- Dyes
- High TSS (>250 mg/l)
- Ammonia
- Chlorine
- Iodine
- Cyanide
- Disinfectants
- High pH (caustics)
- Explosive substances

- Surfactants (detergents)       Radioactive Substances       Toxic Substances
- Antifreeze                               Latex Paint                               Enamel Paint
- Methanol                                   Manganese Compounds       Barium Compounds
- Nitrate Compounds                       Chlorine Dioxide                       Activated Carbon
- Glycols                                       Boiler & Cooling System Treatment Chemicals
- Per- and Polyfluoralkyl Substances

**2) Will there be periodic maintenance performed on any of the following systems? Check all that apply.**

<u>Activity</u>	<u>Times Per Year</u>	<u>Gallons Generated/Discharged</u>
<input type="checkbox"/> Cooling System Cleaning	_____	_____
<input type="checkbox"/> Cooling System Drainings	_____	_____
<input type="checkbox"/> Boiler Maintenance	_____	_____
<input type="checkbox"/> Tank Passivation Activities	_____	_____
<input type="checkbox"/> Water Softener Maintenance	_____	_____
<input type="checkbox"/> Air Pollution Control Unit	_____	_____

**3) Priority Pollutants - Listed in Code of Federal Regulations, Title 40, Part 122, Appendix D. Indicate, by checking the appropriate box by each listed chemical, whether the chemical is known to be absent, suspected to be absent, known to be present, or suspected to be present in your manufacturing / maintenance activities or generated as a by-product. For those chemicals known to be present, indicate the concentrations and mass loading of the discharge to the sanitary sewer system, if known. Mark a box for each chemical.**

**TABLE II ---- Organic Toxic Pollutants in Each of Four Fractions in Analysis by Gas Chromatography / Mass Spectroscopy (GS/MS)**

Chemical Compound	Known Absent	Suspect Absent	Known Present	Suspect Present	Avg mg/l	Avg daily loading lbs
<b>Volatiles</b>						
acrolein						
acrylonitrile						
benzene						
bromoform						
carbon tetrachloride						
chlorobenzene						
chlorodibromomethane						
chloroethane						
2-chloroethylvinyl ether						
chloroform						
dichlorobromomethane						
1,1-dichloroethane						
1,2-dichloroethane						
1,3-dichloropropylene						
ethylbenzene						
methyl bromide						

methyl chloride						
methylene chloride						
1,1,2,2-tetrachloroethane						
tetrachloroethylene						
toluene						
1,2-trans-dichloroethylene						
1,1,1-trichloroethane						
1,1,2-trichloroethane						
trichloroethylene						
vinyl chloride						
<b>Acid Compounds</b>						
2-chlorophenol						
2,4-dichlorophenol						
2,4-dimethylphenol						
4,6-dinitro-o-cresol						
2,4-dinitrophenol						
2-nitrophenol						
4-nitrophenol						
p-chloro-m-cresol						
pentachlorophenol						
phenol						
2,4,6-trichlorophenol						
<b>Base / Neutral</b>						
acenaphthene						
acenaphthylene						
anthracene						
benzidine						
benzo (a) anthracene						
benzo (a) pyrene						
3,4-benzofluoranthene						
benzo (ghi) perylene						
benzo (k) fluoranthene						
bis (2-chloroethoxy) methane						
bis (2-chloroethyl) ether						
bis (2-chloroisopropyl) ether						
bis (2-ethylhexyl) phthalate						
4-bromophenyl phenyl ether						
butylbenzyl phthalate						
2-chloronaphthalene						
4-chlorophenyl phenyl ether						
chrysene						
dibenzo (a,h) anthracene						
1,2-dichlorobenzene						
1,3-dichlorobenzene						
1,4-dichlorobenzene						
3,3'-dichlorobenzidine						
diethyl phthalate						
dimethyl phthalate						
di-n-butyl phthalate						
2,4-dinitrotoluene						
2,6-dinitrotoluene						
di-n-octyl phthalate						
1,2-diphenylhydrazine (as azobenzene)						

fluroranthene						
fluorene						
hexachlorobenzene						
hexachlorobutadiene						
hexachlorocyclopentadiene						
hexachloroethane						
indeno (1,2,3-cd) pyrene						
isophorone						
naphthalene						
nitrobenzene						
N-nitrosodimethylamine						
N-nitrosodiphenylamine						
N-nitrosodi-n-propylamine						
phenanthrene						
pyrene						
1,2,4-trichlorobenzene						
<b>Pesticides</b>						
aldrin						
alpha-BHC						
beta-BHC						
gamma-BHC						
delta-BHC						
chlordane						
4,4'-DDT						
4,4'-DDE						
4,4'-DDD						
dieldrin						
alpha-endosulfan						
beta-endosulfan						
endosulfan sulfate						
endrin						
endrin aldehyde						
heptachlor						
heptachlor epoxide						
PCB-1242						
PCB-1254						
PCB-1221						
PCB-1232						
PCB-1248						
PCB-1260						
PCB-1016						
toxaphene						

**TABLE III ---- Other Toxic Pollutants (Metals and Cyanide) and Total Phenols**

<b>Chemical Compound</b>	<b>Known Absent</b>	<b>Suspect Absent</b>	<b>Known Present</b>	<b>Suspect Present</b>	<b>Avg mg/l</b>	<b>Avg daily loading lbs</b>
Antimony, Total						
Arsenic, Total						
Beryllium, Total						
Cadmium, Total						
Chromium, Total						
Copper, Total						

Lead, Total						
Mercury, Total						
Nickel, Total						
Selenium, Total						
Silver, Total						
Thallium, Total						
Zinc, Total						
Cyanide, Total						
Phenols, Total						

**TABLE IV ---- Conventional and Nonconventional Pollutants Required To Be Tested by Existing Dischargers if Expected to be Present**

<b>Chemical Compound</b>	<b>Known Absent</b>	<b>Suspect Absent</b>	<b>Known Present</b>	<b>Suspect Present</b>	<b>Avg mg/l</b>	<b>Avg daily loading lbs</b>
Bromide						
Chlorine, Total Residual						
Color						
Fecal Coliform						
Fluoride						
Nitrate-Nitrite						
Nitrogen, Total Organic						
Oil and Grease						
Phosphorus, Total						
Radioactivity						
Sulfate						
Sulfide						
Sulfite						
Surfactants						
Aluminum, Total						
Barium, Total						
Boron, Total						
Cobalt, Total						
Iron, Total						
Magnesium, Total						
Molybdenum, Total						
Manganese, Total						
Tin, Total						
Titanium, Total						

**TABLE V ---- Toxic Pollutants and Hazardous Substances Required To Be Identified by Existing Dischargers if Expected To Be Present**

<b>Chemical Compound</b>	<b>Known Absent</b>	<b>Suspect Absent</b>	<b>Known Present</b>	<b>Suspect Present</b>	<b>Avg mg/l</b>	<b>Avg daily loading lbs</b>
<b>Toxic Pollutants</b>						
Asbestos						
<b>Hazardous Substances</b>						
Acetaldehyde						
Allyl alcohol						
Allyl chloride						
Amyl acetate						

Aniline						
Benzonitrile						
Benzyl chloride						
Butyl acetate						
Butylamine						
Captan						
Carbaryl						
Carbofuran						
Carbon disulfide						
Chlorpyrifos						
Coumaphos						
Cresol						
Crotonaldehyde						
Cyclohexane						
2,4-D (2,4-Dichlorophenoxy acetic acid)						
Diazinon						
Dicamba						
Dichlobenil						
Dichlone						
2,2-Dichloropropionic acid						
Dichlorvos						
Diethyl amine						
Dimethyl amine						
Dintrobenzene						
Diquat						
Disulfoton						
Diuron						
Epichlorohydrin						
Ethion						
Ethylene diamine						
Ethylene dibromide						
Formaldehyde						
Furfural						
Guthion						
Isoprene						
Isopropanolamine						
Dodecylbenzenesulfonate						
Kelthane						
Kepone						
Malathion						
Mercaptodimethur						
Methoxychlor						
Methyl mercaptan						
Methyl methacrylate						
Methyl parathion						
Mevinphos						
Mexacarbate						
Monoethyl amine						
Monomethyl amine						
Naled						
Napthenic acid						
Nitrotoluene						
Parathion						

Phenolsulfanate						
Phosgene						
Propargite						
Propylene oxide						
Pyrethrins						
Quinoline						
Resorcinol						
Strontium						
Strychnine						
Styrene						
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)						
TDE (Tetrachlorodiphenylethane)						
2,4,5-TP (2,4,5-Trichlorophenoxy propanoic acid)						
Trichlorofan						
Triethanolamine dodecylbenzenesulfonate						
Triethylamine						
Trimethylamine						
Uranium						
Vanadium						
Vinyl acetate						
Xylene						
Xylenol						
Zirconium						

**SECTION F: COMPANY INFORMATION**

**1) Type of Organization:**

- Sole Proprietorship   
 General Partnership   
 Limited Liability Company  
 Limited Partnership   
 Corporation   
 Other: \_\_\_\_\_

**2) State(s) of Incorporation or Registration:** \_\_\_\_\_

**3) Registered Agent:** \_\_\_\_\_

**4) Principal Officers (Name/Address):**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_

**SECTION G: NOTICE TO SIGNING OFFICIAL**

**1) In consideration of the granting of a discharge permit, the company agrees:**

- a) To furnish any additional information relating to the installation or use of the industrial sewer for which an industrial discharge permit is sought as may be requested by the City of Grand Junction.

- b) To accept and abide by all provisions of the Grand Junction City Code, Chapter 13.04.
- c) To operate and maintain any waste pretreatment facilities, as may be required, in an efficient manner at all times, and at no expense to the City.
- d) To cooperate at all times with the City and its representatives in their inspecting, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.
- e) To notify the City immediately in the event of any accident, or other occurrence that occasions a contribution to the POTW of any wastewater or substances prohibited by City, State, or Federal law.

**2) In accordance with 40 CFR, Part 403, Section 403.14, information provided in this application which is necessary to characterize your industry's wastewater discharge shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR, Part 2.**

**Mail Completed Form To:  
Industrial Pretreatment Program  
251 27 Road  
Grand Junction, CO 81503**