



WASTEWATER DISCHARGE PERMIT APPLICATION

INSTRUCTIONS:

- Unless stated otherwise, all items are to be filled out completely. Your application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting "NA" to show that you considered the question.
- Depending upon the adequacy of the data submitted for determining issuance of a permit, additional information may be required. Please read all questions and attached information prior to completing this application.
- For any section of this application, attach additional sheets as necessary.
- You can fill out this form electronically, using the mouse and keyboard. Simply click inside of the first form field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the fields with your mouse. Print the completed form, and submit it to DELCORA, Pretreatment Department with all additional documentation in your application packet.
- An application fee is required for the processing of this form. DELCORA will issue an invoice for the applicable fee upon receipt of the application packet per Resolution No. 2014-11.
- Mail application packets to

DELCORA
 Pretreatment Department
 100 E. 5th Street
 Chester, PA 19013

APPLICATION CLASSIFICATION

<input type="checkbox"/> Proposed Discharge – Provide anticipated discharge date: <input type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Does this application request any changes from the last permit application? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide explanation:
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SECTION A: GENERAL INFORMATION

1. Facility/ Company Name:		
2. Facility Address:		
City:	State:	Zip Code:
3. Facility Phone Number:		
4. Facility Mailing Address:		
City:	State:	Zip Code:
5. Site Representative:	6. Title:	
7. Site Representative Phone Number:	8. Site Representative Email Address:	

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9. Facility SIC and/or NAICS:	10. EPA Generator ID:
11. List all permits issued to the facility:	
Permit Name	Permit Number
12. Operating at this location since:	
13. Does the facility currently utilize a spill and/or emergency response plan? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, include the most recent revision in the application packet. a. Is DELCORA listed in the Emergency Notification List in the event of a spill/slug to the sanitary sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION B. OPERATING INFORMATION	
14. Days of operation (check all that apply): <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
15. Hours per day of operation:	
16. Number of shifts per day/hours of shifts:	
17. Total number of employees per shift:	
18. Indicate whether the operation is (will be) <input type="checkbox"/> Continuous throughout the year <input type="checkbox"/> Seasonal (Check the boxes below corresponding with the months of active production) <input type="checkbox"/> Jan. <input type="checkbox"/> Feb. <input type="checkbox"/> Mar. <input type="checkbox"/> Apr. <input type="checkbox"/> May. <input type="checkbox"/> Jun. <input type="checkbox"/> Jul. <input type="checkbox"/> Aug. <input type="checkbox"/> Sep. <input type="checkbox"/> Oct. <input type="checkbox"/> Nov. <input type="checkbox"/> Dec. Provide comments as necessary:	

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SECTION C: PROCESS DESCRIPTION

19. Describe the product(s) manufactured or service(s) provided:

20. Provide a detailed description of the manufacturing process(es) or service activities conducted on premises, especially those processes that involve or generate wastewater.

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21. List all raw materials and chemicals used at the facility, (include MSDS as an attachment):

Raw Materials	Maximum Stored on Site	Average Used per Day

22. List all products produced onsite and quantities produced and stored:

Product	Quantity Produced per Day	Quantity Stored Onsite

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23. List all the following information for all process areas:

Process	Location/ process area	Type of Discharge (Batch/ Continuous/None)	Average Flow Rate (GPD)	Maximum Flow Rate (GPD)	Time/ Duration of Discharge	Percent of Total Discharge

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24. Include a facility process flow diagram containing the following:
- a. Water flow throughout the facility (incoming and out bound)
 - b. All process and sanitary sewer discharge points
 - c. Water usage and discharge volume of all production processes (including all maintenance and cleaning operations)
 - d. Wastewater compliance sampling point

25. Attach a facility site map detailing the following:
- a. All storm water drainage and collection areas
 - b. All process areas
 - c. All raw material storage areas
 - d. Waste Storage areas
 - e. Location of all floor drains and/or sumps
 - f. Wastewater compliance sampling point
 - g. Point of discharge into collection system

SECTION D: INTAKE WATER INFORMATION

26. List average incoming water sources and volumes:

Source	Volume (GPD)
Municipal Water System Specify:	
Private Well	
Surface Water	
Other Specify:	

SECTION E: NON-DISCHARGED WASTES

27. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer? Yes No

a. If yes, provide the following information.

Waste Generated	Quantity (per year, specify units)	Disposal Method

SECTION F: WASTEWATER DISCHARGE

28. List Total Wastewater Discharge:

Average daily wastewater discharge (GPD)	Maximum daily discharge (GPD)

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29. List all water and/or sewer account numbers. (Include a copy of a recent water/sewer bill.)

30. Does the facility experience and seasonal variations in wastewater flow? Yes* No
 *If Yes, please explain and provide flow increase/ decrease estimates.

31. Does the facility utilize a continuous wastewater flow meter or automatic sampling equipment?

a. Flow metering equipment Yes No N/A

b. Sampling equipment Yes No N/A

32. If "Yes" to #30a or #30b, provide the make, model, serial number and most recent calibration documentation.

33. How would you describe the discharge to the sewer?

Batch Discharge
 Continuous Discharge
 Batch and Continuous

a. If the facility is a batch discharger provide the following information:

Contents of batch discharge tank	Number of batch tanks	Volume of batch discharge tank	Frequency of discharge

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34. List all wastewater treatment processes employed by the site (show the location of treatment equipment on the process flow diagram and/or site map).

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SECTION G: SAMPLING REQUIREMENTS

35. The industrial user must perform sampling and analysis at the final point of discharge and/or permitted outfall designations. Provide data for the following parameters. Historic data from within the past 12 months may be used to satisfy this requirement.

PARAMETER	SAMPLE LOCATION	SAMPLE TYPE
BOD ₅	(1)	Composite (3)
COD	(1)	Composite (3)
TSS	(1)	Composite (3)
TDS	(1)	Composite (3)
Ammonia (NH ₃ as N)	(1)	Composite (3)
Oil and Grease	(1)	Grab
Priority Pollutant Metals (2)	(1)	Composite (3)
Phenolic Compounds	(1)	Composite (3)
Cyanide, Total	(1)	Grab
Volatile Organics by EPA 624	(1)	Grab
Total Xylenes (EPA 624)	(1)	Grab
Acid-Base-Neutral Extractable by EPA 625	(1)	Composite (3)
Pesticides and PCBs by EPA 608	(1)	Composite (3)

DELCORA may request the analysis of other parameters and/or sampling at separate locations.

All handling and preservation of collected samples and laboratory analyses of samples shall be performed in accordance with 40 CFR Part 136. All laboratory analyses must be performed by a NELAC or PADEP accredited laboratory.

- (1) Sample shall be collected from a location(s) that provides an accurate representation of wastewater discharge.
- (2) Priority Pollutant Metals are defined as antimony, arsenic, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, silver, thallium and zinc.
- (3) Time or flow proportional 24-hour composite sample consisting of at least one discrete sample per hour of equal volume, for each hour of actual discharge. Discrete samples are to be composited, maintained at $\leq 6^{\circ}\text{C}$, and properly preserved.

Provide comments if necessary:

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SECTION H: COMPLIANCE CERTIFICATION

36. Is the facility meeting all applicable categorical pretreatment standards? Yes No N/A

37. Applications must be signed as follows: corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor. If these titles do not apply to your organization, the person who makes budget decisions for this facility must sign the application.

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 a fine and/or imprisonment for knowing violations.

Name of Authorized Representative (Print)

Title (Print)

Signature

Date