



Water Resources Division  
Significant User Discharge Permit Application

Note to signing official: In accordance with Title 40 CFR 403.14, information and data provided in this permit application that identifies the nature and frequency of discharge shall be made available to the public without restriction. Requests for confidential treatment of other information shall be governed by 40 CFR Part 2. The completion of this permit is to be delivered within sixty (60) days to:

City of Beloit, Water Resources Division  
Environmental Coordinator  
2400 Springbrook Ct.  
Beloit, WI 53511

**Applications due by April, 1, 2018**

- 1. Application must include a “wet” signature.**
- 2. The application must include electronic copies for SCPP, sampling SOP, facility plans with flow schematic, SWPPP, etc.**



## SECTION A: GENERAL INFORMATION

New permit \_\_\_ Renewal of existing permit \_\_\_ Permit Modification \_\_\_

Please print or type:

1. **Company name:** \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Facility address: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

2. **Contact person(s):**

**Primary contact: Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

**Second contact: Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell # \_\_\_\_\_

Email: \_\_\_\_\_

3. **Emergency after hours contact:**

**Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

## SECTION B. FACILITY INFORMATION

4. Please list any current environmental permits:

Permit #	Permit Type	Permitting Agency	Expiration Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Operational Information (describe the nature of the business. Use additional sheet if necessary)

Non categorical user \_\_\_\_ Categorical user \_\_\_\_

_____
_____
_____
_____

6. Number of employees

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Casual/Seasonal \_\_\_\_\_

7. Time and duration of discharge to the sanitary sewer

\_\_\_\_\_ a.m.- \_\_\_\_\_ pm

Circle days of the week: S M T W Th F S

8. Typical scheduled shifts

Shift start Time	Shift End Time	# Employees
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_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Sources of clean water supply:

Water account # \_\_\_\_\_ Well # \_\_\_\_\_

Municipal ccf each quarter 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Private well-if applicable 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

Maximum daily discharge flow \_\_\_\_\_ gpd Average daily flow \_\_\_\_\_ gpd

**10. List water consumption in the plant process-gallons per day**

Cooling water: \_\_\_\_\_  
Boiler feed: \_\_\_\_\_  
Process water: \_\_\_\_\_  
Sanitary systems: \_\_\_\_\_  
Contained in product: \_\_\_\_\_  
Other: \_\_\_\_\_

**SECTION C. POLLUTANT MANAGEMENT**

**11. List daily quantities of immediate and supplemental materials, paints, solvents, chemicals and/or cleaning agents introduced at each production step. (List those greater than 10 gallons of liquid or 50 pounds of solids) (use additional sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. Flow schematic:** showing production areas, stages of water and chemical addition, water supply lines and meter location(s), existing pretreatment systems, if any, location of sampling and monitoring points, location of sanitary and storm connections.

**13. Description of pretreatment equipment in operation.**

Clarifier/interceptor                       Biological treatment  
 pH adjustment                                 Air scrubber/stripper  
 Grease/oil separator                          Ion exchange  
 Chemical precipitation                       Filtration ( ) screen ( ) Bag ( ) Filter Press

Other:

\_\_\_\_\_

Please describe each system checked above (e.g. design capacity, physical size, loading rate, etc.)

**14. Please list any above/or below ground storage tanks.**

Material stored	Volume/Gal	Above/Below	Containment type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**15. New Permit Applications (only) Pollutants suspected to be present.**

✓	Parameter	Conc. Avg	Conc. Max.
	BOD (5 day)		
	COD		
	Total Suspended Solids		
	Ammonia-N		
	T-phosphorus		
	Total grease and oil		
	Total Petroleum Hydrocarbon		
	Magnesium		
	Potassium		
	Sodium		
	Sulfate		
	Arsenic		
	Barium		
	Cadmium		
	Copper		
	Lead		
	Mercury		
	Nickel		
	Selenium		
	Silver		
	Zinc		
	pH ranges <6 or >9		

Has the effluent been analyzed for any other parameters other than listed in the table above such as pesticides, base/neutral/acid compounds, TCLP, etc. Yes No  
If yes, please attach.

**17. Material handling/management practices. Check all that apply**

- |                                           |                                        |                                              |
|-------------------------------------------|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Solvents         | <input type="checkbox"/> Scrap metal   | <input type="checkbox"/> Petroleum products  |
| <input type="checkbox"/> Hazardous waste  | <input type="checkbox"/> Acids/alkalis | <input type="checkbox"/> Paints/coatings     |
| <input type="checkbox"/> Plating products | <input type="checkbox"/> Pesticides    | <input type="checkbox"/> Other (please list) |

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**18. Identify all existing management practices to reduce stormwater pollutants SWPPP.**

- Containment                       Detention       Spill prevention  
 Operational BMPs               Vegetation Management

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

**19. Please indicate what plans the facility has on file**

Employee training program for chemical handling/storage: Yes No

Emergency Response Procedures: Yes No

Approved Spill Control Prevention Plan: Yes No

**20. List current sample location, sampling and monitoring equipment.**

Sampler location: \_\_\_\_\_

Flow meter type: \_\_\_\_\_

Sampler type: \_\_\_\_\_

Is there a current approved sampling SOP on site? Yes No

Last revision date: \_\_\_\_\_

Please submit a copy for review.

## Certification of Information

The following statement must be signed by a person with sufficient knowledge of the company facilities, operations and discharge who is capable of confirming the information contained in this application. It must be signed by an authorized agent of the company.

I hereby certify the information included in this application is complete and correct to the best of my knowledge.

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

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

Print name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_