Industrial Waste Program

**Wastewater Discharge**

**Permit Application**



Department of Natural Resources and Parks

**Wastewater Treatment Division**

You will find detailed instructions for completing each section of this application and each required exhibit in the enclosed packet, “Wastewater Discharge Permit Application Instructions and Guidelines.” Review the entire application and instruction packet carefully before completing any part of the application.

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**This form and the instructions are also available on the Web at www.kingcounty.gov/industrialwaste**.

* Submit one application for each site.
* The King County Industrial Waste Program (KCIW) does not require an application fee. If KCIW determines that you require an authorization, KCIW will bill you after its issuance.
* Answer all questions and include the required exhibits. Incomplete applications will be returned to you.
* If you do not have an answer for the requested information, indicate so and explain why.
* Indicate “N/A” if a section does not apply to your operations.
* Use additional pages, if needed.

# King County Industrial Waste Program

**201 S. Jackson Street, Room 513**

# Seattle, WA 98104-3855

* Send **three** copies of the completed application and exhibits to:

## SECTION A – BUSINESS NAMES AND ADDRESSES

|  |  |
| --- | --- |
| APPLICANT BUSINESS AND/OR PROJECT NAME: | |
| ADDRESS OF SITE DISCHARGING WASTEWATER:  *(If no address, indicate cross streets.)* | BUSINESS MAILING ADDRESS: |
| Site Address       , | Mailing Address       , |
| City, State Zip Code | City, State Zip Code |

|  |  |
| --- | --- |
| PRIMARY PERSON TO BE CONTACTED ABOUT THIS APPLICATION: | |
|  |  |
| Name | Title *(e.g., President, Consultant, On-Site Manager)* |
| Mailing Address       , | Company/Agency Name       -     - |
| City, State Zip Code | Telephone No.       -     - |
| E-Mail Address | 24-Hour Emergency Phone No. |

|  |  |
| --- | --- |
| SECONDARY PERSON TO BE CONTACTED ABOUT THIS APPLICATION: | |
|  |  |
| Name | Title *(e.g., President, Consultant, On-Site Manager)* |
| Mailing Address       , | Company/Agency Name       -     - |
| City, State Zip Code | Telephone No.       -     - |
| E-Mail Address | 24-Hour Emergency Phone No. |

## SECTION B – GENERAL BUSINESS INFORMATION

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1. **NATURE OF BUSINESS**

Briefly describe your business and the main activities producing wastewater at the applicant site (type of processing, manufacturing, service, remediation).

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1. **PERTINENT IDENTIFICATION NUMBERS AND PERMITS**

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| --- | --- |
| Standard Industrial Classification (SIC) | Environmental Control Permits Issued for  Applicant Site: |
| EPA WAD No. |
| Water/Sewer Agency |
| and Account No. |
| Water Meter No(s).  Current King County Permit No. |
| Date Business Started at this Site |

## SECTION C – PRODUCT AND PROCESS DESCRIPTION

1. **DAILY AND SEASONAL VARIATIONS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Number**  **of Operating Days/Year** | **Circle Days You Generally Discharge and Provide Number of Hours Discharging on Those Days** | | | | | | | | **Number of Employees/Shift** | | |
|  |  | Mon | Tue | Wed | Thur | Fri | Sat | Sun | Holiday | Day | Night | Swing |
| Average |  |  |  |  |  |  |  |  |  |  |  |  |
| **M****aximum** |  |  |  |  |  |  |  |  |  |  |  |  |

1. **BUSINESS ACTIVITIES AND PRODUCTS**

*Business activities include manufacturing, processing, and remediation activities.*

|  |  |  |  |
| --- | --- | --- | --- |
| Business Activity | **Type of Product or Brand Name** | **Daily Quantities** | |
|  |  | Average | Maximum |
|  |  |  |  |
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1. **RAW MATERIALS AND CHEMICALS USED IN THE PROCESS**

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| --- | --- | --- | --- | --- | --- | --- |
| Brand Name | **Chemical or Actual Name** | **Purpose** | Daily Quantities Used | | **Tank Volume** | **Working Concen-tration** |
|  |  |  | Average | Maximum |  |  |
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1. **INDUSTRIAL WASTEWATERS DISCHARGED TO KING COUNTY SEWERS**
   1. *Enter a brief description and assign a number for each process (add more lines if necessary). Also show these process numbers in Exhibits A and B.*
   2. *Indicate frequency of discharge; either continuously discharged when generated, or stored and discharged in batches.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Process Number | Process That Generates Wastewater | **Substances Discharged to the Sewer** | **Type of Pretreatment** | **Frequency of Discharge** (continuous or batch) | **Daily Quantity Discharged in Gallons** | |
|  |  |  |  |  | Average | Maximum |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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1. **LIQUID WASTES AND SLUDGES REMOVED BY MEANS OTHER THAN KING COUNTY SEWERS**

*Enter annual, monthly, or daily volume, or volume of each removal. Indicate unit of measurement.*

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| --- | --- | --- | --- |
| **Type of Waste/Substance** | **Means of Removal** | **Frequency** | **Volume** |
|  |  |  |  |
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1. **PROPOSED DURATION OF WASTEWATER DISCHARGE:**

## SECTION D – WATER BALANCE

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1. **WATER BALANCE TABLE**
   1. *Enter the appropriate letter for the water source:*

a.) City Service b.) Private Well c.) Reclaimed Water

d.) Raw Materials e.) Industrial Storm Water f.) Groundwater

* 1. *Enter the appropriate letter for the discharge point:*

**a.) Sewer b.) Storm Drain c.) Receiving Water d.) Waste Hauler e.) Evaporation f.) Product**

*If the discharge is entering the sewer, also indicate the side sewer (ss) number, if available.*

1. *You must provide documentation of the water balance calculations provided in this table.*

*(See directions for Exhibit I.)*

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of Consumption/Discharge** | **Water In:** | | | **Water Out:** | | |
|  | Water Use | | | Water Discharge or Loss | | |
|  | Water Source *(1)* | Average *(gals/day)* | Maximum *(gals/day)* | Discharge Point *(2)* | Average *(gals/day)* | Maximum *(gals/day)* |
| Industrial processing water/wastewater |  |  |  |  |  |  |
| Contact cooling water |  |  |  |  |  |  |
| Non-contact cooling water |  |  |  |  |  |  |
| Boiler and cooling tower feed/blowdown |  |  |  |  |  |  |
| Water incorporated into product |  |  |  |  |  |  |
| Sanitary water/wastewater |  |  |  |  |  |  |
| Industrial storm water |  |  |  |  |  |  |
| Plant washing water/wastewater |  |  |  |  |  |  |
| Construction dewatering |  |  |  |  |  |  |
| Groundwater remediation |  |  |  |  |  |  |
| Site Irrigation |  |  |  |  |  |  |
| Evaporation | **⎯** | **⎯** | **⎯** |  |  |  |
| Other:  *(please indicate)* |  |  |  |  |  |  |
| TOTALS: | **⎯** |  |  | **⎯** |  |  |

## SECTION E – SUPPORTING EXHIBITS

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*Please see instructions for information on how to complete the following exhibits:*

**Exhibit A:** Schematic Flow Diagram (required)

**Exhibit B:** Site Layout (required)

Exhibit C: Planned Changes in Pretreatment or Waste Disposal Practices

**Exhibit D:** Analytical or Historical Data

**Exhibit E:** Spill Prevention and Containment Plan

**Exhibit F:** Tank Capacities and Concentrations

**Exhibit G:** Hydrogeologic Reports for Groundwater Remediation

**Exhibit H:** Engineering Report (Required only if you have wastewater pretreatment systems or

are intending to install such systems.)

**Exhibit I:** Documentation of Water Balance Calculations

## SECTION F – CERTIFICATION

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| 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 ensure 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.    Printed Name    Title    Company/Agency Name    Signature Date |

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| --- |
| This information is available in alternative formats for people with disabilities on request at 206-477-5300 (voice) or 711 (TTY). |