



CITY OF SPOKANE
RIVERSIDE PARK WATER RECLAMATION FACILITY
WASTEWATER DISCHARGE PERMIT APPLICATION



This application is for a wastewater discharge permit for a discharge of industrial wastewater to a Publicly Owned Treatment Works (POTW) as required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide the City of Spokane with information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge. Please answer all questions and include the required attachments. Indicate N/A if a question does not apply to your operations. Incomplete applications will not be accepted. The City of Spokane may require additional information to clarify the condition of this discharge.

SECTION A. GENERAL INFORMATION

1. Applicant Business Name: _____

2. Mailing Address: _____

3. Facility Address: _____

4. Person to contact concerning information in this application:

Name: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email address: _____

5. Please check one:

Permit Renewal

Proposed Discharge

Existing Unpermitted Discharge

6. Certification Statement:

The City of Spokane does not accept electronic signatures. If you are filling out this application electronically, please be sure to sign and date this page by hand after printing.

I certify under penalty of perjury of the laws of the State of Washington (or state of execution) that I am authorized to sign this statement on behalf of the person or entity for which it is submitted, that this document and all attachments are reliable and were prepared based upon my personal knowledge or under my direction or supervision, after diligent inquiry in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge or 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 inaccurate or false information, including the possibility of fine and imprisonment.

Signature of Authorized Representative*

Date

Printed Name

Title

Phone Number

Email Address

*Authorized Representative as defined in Spokane Municipal Code 13.03A.0103D.

The application signatory may delegate signature authority for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to delegate signature authority, please complete the following:

Signature of delegated employee

Date

Printed Name

Title

Phone Number

Email Address

SECTION B. FACILITY OVERVIEW

1. Total number of employees at this facility: _____

2. Indicate the facility's operational schedule and shifts with a process discharge:

Day	Shifts Worked	Shifts Wastewater is Discharged
<input type="checkbox"/> Sunday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Monday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Tuesday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Wednesday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Thursday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Friday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
<input type="checkbox"/> Saturday	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd

3. List the start times for each operational shift:

1st _____ 2nd _____ 3rd _____

4. Provide a general description of manufacturing / service activities at this facility:

6. Please list all chemicals stored at this facility and the average quantity stored at any given time (list only those with quantities greater than 5 gallons for liquids and 50 pounds for solids). Attach MSDS for each chemical/substance and label as "ATTACHMENT B6."

Material	Quantity stored

7. Please list any wastewater treatment technologies currently employed (e.g. screens, sediment traps, oil /water separators, pH neutralization, chemical precipitation, etc.)

8. On a separate sheet, produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices, waste streams, and outlets to sewer. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. All treatment units should be labeled. Label this drawing "ATTACHMENT B8."

SECTION C. WATER/WASTEWATER VOLUME

Please ensure that water usage = water discharge

1.

Water Sources	Average Volume (gallons per day)	Maximum Volume (gallons per day)	Average Volume (gallons/month)
<input type="checkbox"/> Municipal system			
<input type="checkbox"/> Recycled			
<input type="checkbox"/> Private wells			
<input type="checkbox"/> Other (specify)			
TOTAL			

2.

Water Usage	Average Volume (gallons per day)	Maximum Volume (gallons per day)	Average Volume (gallons/month)
<input type="checkbox"/> Cooling water			
<input type="checkbox"/> Boiler makeup			
<input type="checkbox"/> Process water			
<input type="checkbox"/> Sanitary purposes			
<input type="checkbox"/> Other (specify)			
TOTAL			

3.

Water Discharge/Loss	Average Volume (gallons per day)	Maximum Volume (gallons per day & gallons per minute)	Average Volume (gallons/month)
<input type="checkbox"/> Municipal sewer			
a. Process			
b. Sanitary			
c. Cooling			
<input type="checkbox"/> Storm drain			
<input type="checkbox"/> Waste hauler			
<input type="checkbox"/> Evaporation			
<input type="checkbox"/> Contained in product			
<input type="checkbox"/> Recycled			
<input type="checkbox"/> Other (specify)			
TOTAL			

4. Applicant is requesting a maximum daily permit authorized flow of: _____ gpd

SECTION D. WASTEWATER CHARACTERIZATION

Provide measurements for treated wastewater prior to discharge to the sanitary sewer for the parameters in the charts below. All analyses (except pH) must be conducted by a laboratory accredited by Washington State Department of Ecology (WAC 173-216-125). If this is an application for a permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place the values under “Maximum.”

The applicant must use the specified analytical methods in the following tables unless the City of Spokane approves an alternate method that is an EPA approved method in 40 CFR Part 136. If the wastewater has been analyzed for any parameters other than those listed in the chart below, please attach results to this application and label them “ATTACHMENT D.” The data must clearly show the date, method and location of sampling. City of Spokane may require additional testing.

1. Please describe the collection method for the samples analyzed below. (e.g. grab, 24-hour composite). Please note: Applicants must collect grab samples (not composites) for analysis of pH, oil and grease, temperature, total phenol, cyanide (4 grab samples must be composited by the laboratory), volatile organics and semi-volatile organics.

2. Does this facility have a manhole or other location that is accessible and suitable for wastewater sampling? If yes, please describe.

TABLE D1
Please list units

Pollutant	Minimum Concentration	Average Concentration	Maximum Concentration	# of samples	Analytical Methods
BOD (5 day)					SM 5210 B
Total Suspended Solids					SM 2540 D
pH					SM 4500-H-B
Total Phosphorous					SM 4500-P E/P/F
Total Fats, Oil & Grease					EPA 1664A
Total Petroleum Hydrocarbons (non-polar material)					EPA 1664A-SGT HEM
Total Cyanides					EPA 335.4 or SM 4500-CN-C & D or E
Total BTEX (Sum of Benzene, Toluene, Ethylbenzene, Xylenes)					EPA 602 or EPA 624, or SM 6200B and 6210B, or SM 6200C and 6220B
Arsenic (total)					EPA 200.7 or SM 3120 B
Cadmium (total)					EPA 200.7 or SM 3120 B
Chromium (total)					EPA 200.7 or SM 3120 B
Copper (total)					EPA 200.7 or SM 3120 B
Lead (total)					EPA 200.7 or SM 3120 B
Mercury (total)					EPA 245.1 or EPA 245.2 or SM 3112 B
Molybdenum(total)					EPA 200.7 or SM 3120 B
Nickel(total)					EPA 200.7 or SM 3120 B
Selenium (total)					EPA 200.7 or SM 3120 B
Silver (total)					EPA 200.7 or SM 3120 B
Zinc (total)					EPA 200.7 or SM 3120 B

TABLE D2

Pesticides EPA Method 608					
Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L	Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L
aldrin			endrin		
alpha-BHC			endrin aldehyde		
beta-BHC			heptachlor		
gamma-BHC (Lindane)			heptachlor epoxide		
delta-BHC			PCB-1242		
chlordane			PCB-1254		
4,4'-DDT			PCB-1221		
4,4'-DDE			PCB-1232		
4,4'-DDD			PCB-1248		
dieldrin			PCB-1260		
alpha-endosulfan (Endosulfan I)			PCB-1016		
beta-endosulfan (Endosulfan II)			toxaphene		
endosulfan sulfate					

TABLE D3

Volatiles EPA Method 624					
Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L	Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L
acrolein			1,2-dichloropropane		
acrylonitrile			1,3-dichloropropylene		
benzene			ethylbenzene		
bromoform			methyl bromide		
carbon tetrachloride			methyl chloride		
chlorobenzene			methylene chloride		
chlorodibromomethane			1,1,2,2-tetrachloroethane		
chloroethane			tetrachloroethylene		
2-chloroethylvinyl ether [(2-chlorethoxy) ethane]			toluene		
chloroform			1,2-trans-dichloroethylene		
dichlorobromomethane			1,1,1-trichloroethane		
1,1-dichloroethane			1,1,2-trichloroethane		
1,2-dichloroethane			trichloroethylene		
1,1-dichloroethylene			vinyl chloride		

TABLE D4

Base/Neutral EPA Method 625					
Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L	Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L
acenaphthene			diethyl phthalate		
acenaphthylene			dimethyl phthalate		
anthracene			di-n-butyl phthalate		
benzidine			2,4-dinitrotoluene		
benzo(a)anthracene			2,6-dinitrotoluene		
benzo(a)pyrene			di-n-octyl phthalate		
3,4-benzofluoranthene [benzo (b) fluoranthene]			1,2-diphenylhydrazine (as azobenzene)		
benzo(ghi)perylene			fluroranthene		
benzo(k)fluoranthene			fluorene		
bis(2-chloroethoxy)methane			hexachlorobenzene		
bis(2-chloroethyl)ether			hexachlorobutadiene		
bis(2-chloroisopropyl)ether			hexachlorocyclopentadiene		
bis (2-ethylhexyl)phthalate			hexachloroethane		
4-bromophenyl phenyl ether			indeno(1,2,3-cd)pyrene		
butylbenzyl phthalate			isophorone		
2-chloronaphthalene			naphthalene		
4-chlorophenyl phenyl ether			nitrobenzene		
chrysene			N-nitrosodimethylamine		
dibenzo(a, h)anthracene			N-nitrosodi-n-propylamine		
1,2-dichlorobenzene			N-nitrosodiphenylamine		
1,3-dichlorobenzene			phenanthrene		
1,4-dichlorobenzene			pyrene		
3,3'-dichlorobenzidine			1,2,4-trichlorobenzene		

TABLE D5

Acid Compounds EPA Method 625					
Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L	Pollutant	Avg. Conc. ug/L	Max. Conc. ug/L
2-chlorophenol			4-nitrophenol		
2,4-dichlorophenol			p-chloro-m-cresol [4-Chloro-3-methylphenol]		
2,4-dimethylphenol			pentachlorophenol		
4,6-dinitro-o-cresol [4,6-dinitro-2-methylphenol]			phenol		
2,4-dinitrophenol			2,4,6-trichlorophenol		
2-nitrophenol					

SECTION E. OTHER WASTES GENERATED

1. Describe liquid wastes and sludges being generated by your facility that are not disposed of to the sanitary sewer and how they are being disposed of. Please indicate if any wastes have been designated as Dangerous Waste.

2. For each type of waste, provide type of waste and the name, address, and phone number of the waste hauler.

3. Describe storage areas for raw materials, products, and wastes.

SECTION F. SUBMITTAL INFORMATION

1. Upon acceptance of this application, the following one-time fee will be included on the applicant's City of Spokane Utilities bill:
 - Permit Renewal - \$250.00
 - Proposed Discharge - \$500.00
 - Existing Unpermitted Discharge - \$500.00

2. Please attach a completed Engineering Report in accordance with WAC 173-240-130. The Permit Application will not be accepted by the City of Spokane until the Engineering Report has been approved.
 - Engineering Report certifying that this facility is expected to be consistently in compliance with the provisions of the City of Spokane Pretreatment Program. (SMC 13.03A)

3. Attach any additional information referred to in the Sections above:
 - Section B – 6. Material Safety Data Sheets for all chemicals
8. Production schematic flow diagram
 - Section D – Additional analytical data

Completed applications should be submitted to:

City of Spokane
Wastewater Management Department
Riverside Park Water Reclamation Facility
4401 North Aubrey L. White Parkway
Spokane, WA 99205
Attn: Industrial Pretreatment Program

If you have questions about completing this document,
please contact the Industrial Pretreatment Program:

(509) 625-4600

THANK YOU for your cooperation!
Please make a copy of this application for your records.

Please note that 40 CFR 403.14 requires information provided in this application identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 2 and applicable State Law.