

**BUFFALO SEWER AUTHORITY/  
ERIE COUNTY DEPT. OF ENVIRONMENT & PLANNING  
EC/B.P.D.E.S. DISCHARGE PERMIT APPLICATION**

FOR BSA USE ONLY DATE APPLICATION REC'D: _____ INDUSTRIAL NUMBER: _____ INVESTIGATOR: _____ -
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**PART A - GENERAL INFORMATION**

A1. Applicant Business Name \_\_\_\_\_

A2. Address of premises discharging wastewater:  
\_\_\_\_\_

Street	City	State	Zip
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A3a. Business Address (if different than above):  
\_\_\_\_\_

Street	City	State	Zip
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b. Mailing Address (if different than above):  
\_\_\_\_\_

Street	City	State	Zip
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A4. Chief Business Official:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

A5. Facility Representative:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail address \_\_\_\_\_

A6. Person to be contacted about this application, if different from above:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

A7. Person to be contacted in case of emergency, if different from above:  
Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

A8. Confidentiality:  
Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requesting confidentiality.  
\_\_\_\_\_  
\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

Date

Signature of Official (Seal if Applicable)

**PART B - BUSINESS DESCRIPTION**

**PURPOSE** The business description is primarily used to determine the substances which may enter into the wastewater discharge from the business activity.

B1. Brief Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B2. Business Activity: North American Industry Classification System (NAICS) Codes for Principal Products or Services:

<u>Activity</u>	<u>NAICS Code (5-6 Digits)</u>	<u>Production (Monthly Avg.)*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B3. Is there a scheduled shutdown? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

B4. Is production seasonal? Yes \_\_\_ No \_\_\_ If yes, explain, indicating month(s) of peak production:

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

B5. Average number of employees per shift: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

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

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

Shifts normally worked each day:

	<u>Sun.</u>	<u>Mon.</u>	<u>Tue.</u>	<u>Wed.</u>	<u>Thu.</u>	<u>Fri.</u>	<u>Sat.</u>
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____

\* Monthly average stated shall be the highest monthly average production in the previous three years.

**PART C - WATER SOURCE AND USE**

**PURPOSE** - The Water Source and Use information will enable BSA to determine the Volumes and Sources of wastewater discharged to the BSA sewer.

**WATER/WASTEWATER DATA**

C1.	Water Sources	<u>Average Volume</u> (Gallons per Day)	<u>Peak Flow &amp; Estimated Duration</u> (Gallons per Minute & Time)
	Municipal System	_____	_____
	Recycled	_____	_____
	Private Wells	_____	_____
	Other (Specify) _____	_____	_____
	Water Account No.(s)	_____	_____

C2.	Water Usage	<u>Average Volume</u> (Gallons per Day)	<u>Peak Flow &amp; Estimated Duration</u> (Gallons per Minute & Time)
	Cooling Water	_____	_____
	Boiler Makeup	_____	_____
	Process Water	_____	_____
	Sanitary Purposes	_____	_____
	Other (Specify) _____	_____	_____

C3.	Waste Water Discharge	<u>Average Discharge</u> (Gallons per Day)	<u>Peak Discharge &amp; Estimated Duration</u> (Gallons per Minute & Time)
	Municipal Sewer/Sanitary		
	- Process	_____	_____
	- Sanitary:	_____	_____
	- Cooling	_____	_____

Non-Sewered Discharges

- Natural Receiving Water \_\_\_\_\_
- Storm Drain \_\_\_\_\_
- Waste Hauler \_\_\_\_\_
- Evaporation \_\_\_\_\_
- Contained in Product \_\_\_\_\_
- Recycled \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

C4. Is your facility permitted to discharge liquid wastes under a State (S.P.D.E.S.) Permit?

Yes \_\_\_\_\_ No \_\_\_\_\_ Permit No. \_\_\_\_\_

C5. Does your facility have a wastewater discharge from any air pollution control equipment?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so what discharge point \_\_\_\_\_

**PART D - SUBSTANCES OF CONCERN  
(REFER TO ATTACHED TABLE I)**

Complete all information for those substances your facility has used, produced, stored, distributed, listed under the TRI report or otherwise disposed of since last application. Do not include chemicals used only in analytical laboratory work. Enter the name and code from Table I. If facility uses a substance in any of the Classes A-M which is not specified in the list, enter it as code class plus 99, e.g. B99 with name, usage, etc.

NAME OF SUBSTANCE	CLASS	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	PURPOSE OF USE (STATE WHETHER PRODUCED, REACTED BLENDED PACKAGED, DISTRIBUTED, NO LONGER USED)

TABLE 1 - SUBSTANCES OF CONCERN

**CLASS A - HALOGENATED HYDROCARBONS AROMATICS**

A01. Methyl chloride  
 A02. Methylene chloride  
 A03. Chloroform  
 A04. Carbon tetrachloride  
 A05. Freon/Genatron  
 A06. Other halomethanes  
 A07. 1, 1, 1-Trichlorethane  
 A08. Other haloethanes  
 A09. Vinyl fluoride  
 A10. Vinyl chloride  
 A11. Dichlorethylene  
 A12. Trichloroethylene  
 A13. Tetrachloroethylene  
 A14. Chlorinated propane  
 A15. Chlorinated propene  
 A16. Hexachlorobutadiene  
 A17. Hexachlorocyclopentadiene  
 A18. Chlorinated benzene  
 A19. Chlorinated toluene  
 A20. Fluorinated toluene  
 A21. Polychlorinated biphenyl (PCB)  
 A22. Chlorinated naphthalene  
 A23. Dechlorane (C<sub>10</sub> C<sub>12</sub>)  
 A99. Halogenated hydrocarbons not specified above

**CLASS D - AROMATIC HYDROCARBONS**

D01. Benzene  
 D02. Toluene  
 D03. Xylene  
 D04. Biphenyl  
 D05. Naphthalene not  
 D06. Ethylbenzene  
 D07. Styrene  
 D08. Acenaphthene  
 D09. Fluranthene  
 D99. Aromatic hydrocarbons not specified above

**CLASS E - TARS**

E01. Coal tar  
 E02. Petroleum tar

**CLASS B - HALOGENATED ORGANICS**

(other than hydrocarbons)

B01. Phosgene  
 B02. Methyl Chloromethyl ether  
 B03. bis-chloromethyl ether  
 B04. Other chloroalkyl ethers  
 B05. Benzoyl chloride  
 B06. Chlorothymol  
 B07. Chlorinated phenol  
 B08. Chlorinated cresols or xylenols  
 B09. Chlorendic acid  
 B10. Chloraryl ethers  
 B11. Dichlorophene or hexachlorophene  
 B12. Chlorinated aniline (including methylene bis (2-chloroaniline))  
 B13. Dichlorobenzidine  
 B14. Chlorinated diphenyl oxide  
 B15. Chlorinated toluidine  
 B16. Kepone  
 B17. Dichlorovinyl sulfonyl pyridine  
     B18. Chloropicrin  
 B20. Tricloro-propylsulfonyl pyridine  
 B21. Tetrachloro-methylsulfonyl pyridine  
 B22. Tetrachloro-isophthalonitrile  
 B99. Halogenated organics not specified above

**CLASS G - MISCELLANEOUS**

G01. Asbestos  
 G02. Acrolein  
 G03. Acrylonitrile  
 G04. Isophorone  
     G05. Nitrosamines  
 G06. Ethyleneimine  
 G07. Propiolacetone  
     G08. Nitrosodimethylamine  
 G09. Dimethyl hydrazine  
 G10. Maleic anhydride  
 G11. Methyl isocyanate  
 G12. Expoxides  
 G13. Nitrofurans  
 G14. Cyanide

**CLASS C - PESTICIDES** (including

herbicides algaecides, biocides, slimicides and mildewcides)

C01. Aldrin/Dieldrin  
 C02. Chlordane and metabolites  
     C03. DDT and metabolites  
 C04. Endosulfan/Thiodan and metabolites  
 C05. Endrin and metabolites  
 C06. Heptachlor and metabolites  
 C07. Malathion  
 C08. Methoxychlor  
 C09. Parathion  
 C10. Toxaphene  
 C11. Sevin  
 C12. Kelthane  
 C13. Diazinon  
 C15. Carbaryl  
 C16. Silvex  
 C17. Dithiocarbamates  
     C18. Maneb  
 C19. Dioxathion  
 C20. Tandex/Karbutilate  
 C21. Carbofurans  
 C22. Pentac  
     C23. Folpet  
     C24. Dichlone  
 C25. Rotenone  
 C26. Lindane/Isotox  
 C27. Simazine  
 C28. Methoprene  
     C99. Pesticides not specified above  
 M01. Anthimony  
 M02. Arsenic  
 M03. Beryllium  
 M04. Cadmium  
 M05. Chromium  
 M06. Copper  
 M07. Lead  
 M14. Boron  
 M15. Manganese  
 M18. Titanium  
 M21. Tungster  
 M22. Gold  
 M83. Pladium  
 M84. Platinum  
 M99. Metals not specified

**CLASS F - SUBSTITUTE**

(other than hydrocarbons and non-halogenated)

F01. Phenol, cresol, or xylenol  
 F02. Catechol, resorcinol, or hydroquinone  
 F03. Nitrophenols  
 F04. Nitrobenzenes  
 F05. Nitrotoluenes  
 F06. Aniline  
 F07. Toluidines  
 F08. Nitroanilines  
 F09. Nitroanisole  
 F10. Toluene diisocyanate  
 F11. Dimethylaminoazobenzene  
 F12. Benzoic Acid (and Benzoate salts)  
     F13. Phthalic, isophthalic or terephthalic acid  
 F14. Phthalic anhydride  
     F15. Phthalate esters  
 F16. Phenoxyacetic acid  
 F17. Phenylphenols  
 F18. Nitrobiphenyls  
 F19. Aminobiphenyls (including benzidine)  
     F20. Diphenylhydrazine  
 F21. Naphthylamines  
 F22. Carbazole  
 F23. Acetylaminofluorene  
 F24. Dyes and organic pigments  
     F25. Pyridine  
     F99. Substituted aromatics specified above

**CLASS M - METALS AND THEIR COMPOUNDS**

M08. Mercury  
 M09. Nickel  
 M10. Selenium  
 M11. Silver  
 M12. Thallium  
 M13. Zinc  
 M99. Metals not specified

If you use chemicals of unknown composition, list trade name or other identification, name of supplier and complete information.

NAME	AVERAGE ANNUAL USAGE	AMOUNT NOW ON HAND	SUPPLIER	PURPOSE OF USE (STATE WHETHER PRODUCED, REACTED, BLENDED, PACKAGED, DISTRUBUTED, NO LONGER USED)

Are you presently permitted to discharge radiological waste by the N.Y.S.D.E.C.? Yes \_\_\_ No \_\_\_

**PART E - MISCELLANEOUS**

E1. Do you have automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans?

Current: Flow Metering Yes \_\_\_ No \_\_\_ Sampling Equipment Yes \_\_\_ No \_\_\_

Planned: Flow Metering Yes \_\_\_ No \_\_\_ Sampling Equipment Yes \_\_\_ No \_\_\_

E2. Does your facility pretreat any wastewater prior to discharge to a sanitary sewer? Yes \_\_\_ No \_\_\_

If so, please show locations of pretreatment processes on attached schematic process diagram (Part F) and describe below:

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E3. Do you have a Spill Prevention, Containment and Control Plan (SPCC) and/or Slug Discharge Control Plan for your plant? Yes \_\_\_ No \_\_\_

E4. Do you have a Solvent Management Plan or a Toxic Organic Management Plan? Yes \_\_\_ No \_\_\_

E5. Do you generate any liquid or solid waste such as solvents, electroplating sludges, thinners, oils, still bottoms, fly ash, filler, etc? Yes \_\_\_ No \_\_\_. If yes, please fill out the following table:

TYPE OF WASTE	IF THIS WASTE IS PRODUCED BY PRETREATMENT CHECK HERE	AMOUNT PER YEAR (SPECIFY LBS, TONS OR GALS)	METHOD OF DISPOSAL <u>CHECK EACH METHOD USED</u>				
			ON-SITE	SANITARY LANDFILL	HAZARDOUS WASTE FACILITY	RECLAIMED OR RESUED	OTHER

E6. Description of Disposal Method:

a. Disposal Site

\_\_\_\_\_

b. Hazardous Waste Hauler - Please give name and address \_\_\_\_\_

\_\_\_\_\_

c. Reclaimed or Reused - Please describe process, if on-site, or give name and address of reclaimer

\_\_\_\_\_

\_\_\_\_\_

d. Other - Please describe \_\_\_\_\_

\_\_\_\_\_

E7. Do you store any hazardous wastes on-site? Yes \_\_\_\_ No \_\_\_\_

E8. Have you filed an EPA Form 8700-12 (Notification of Hazardous Waste Activity)? Yes \_\_\_\_ No \_\_\_\_  
If yes, please attach.

E9. What is your Hazardous Waste Number? \_\_\_\_\_

E10. Do you discharge into the Buffalo Sewer Authority a waste identified by 40 CFR 261 as hazardous waste?  
Yes \_\_\_\_ No \_\_\_\_

E11. If your facility is discharging a hazardous waste, have you properly notified the Buffalo Sewer Authority?  
Yes \_\_\_\_ No \_\_\_\_

## PART F - SCHEMATIC FLOW DIAGRAM

PURPOSE - The Schematic Flow Diagram shows the flow pattern of products through the facility and the various sources of wastewater.

**F1.** Schematic Flow Diagram - For each major activity in which wastewater is generated, draw a diagram of the flow of materials and water from start to completed project, showing all unit processes generating wastewater. Number each unit process having wastewater discharges to the community sewer.

**F2.** General Instructions - Type or print the information. A line drawing (schematic flow diagram) of each major business activity described in Part B is to be drawn in on an attached sheet of paper (all sheets should be letter size). An example of drawing required is shown in Figure 1. To determine your average daily volume and maximum daily volume of wastewater flow you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

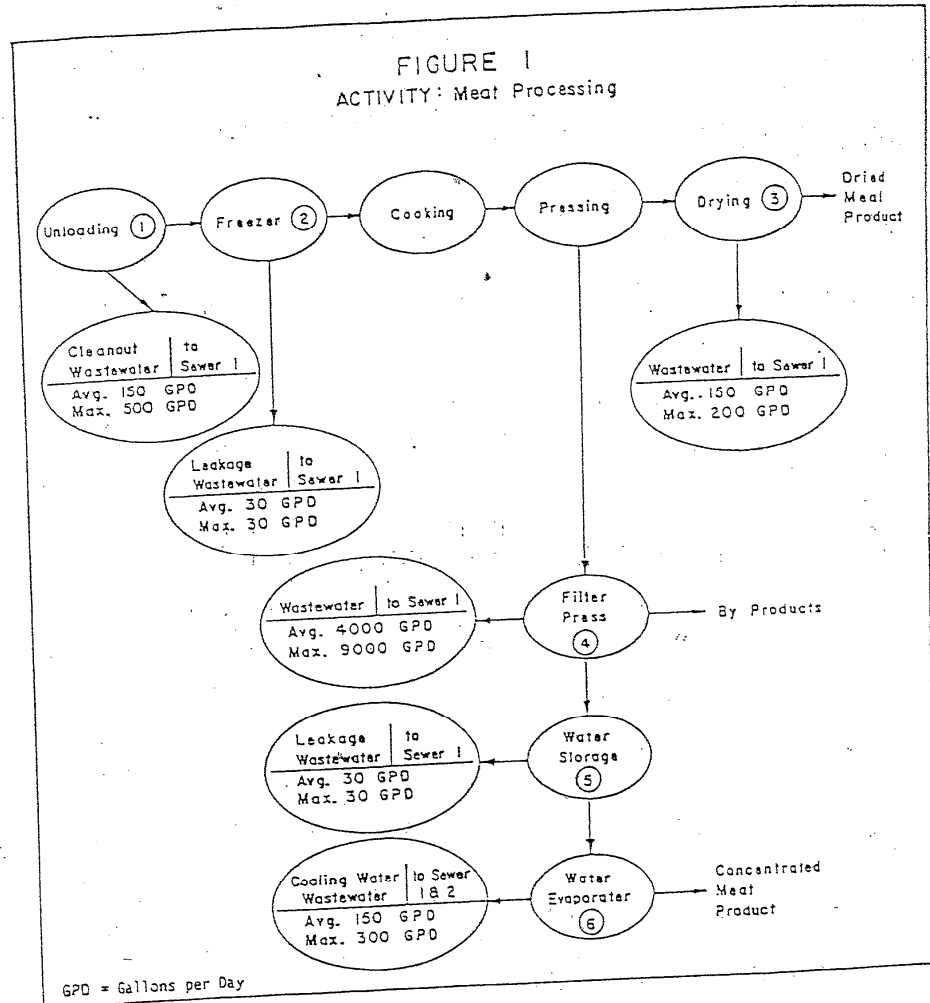
FILE:LWPDOCS/APPLICATIONS/BPDESPERMITAPPLICAITON.DOC

REVISED 3/19/93, 8/30/94, 12/1/94,10/7/96, 10/25/98, 5/1/05



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FIGURE 1  
ACTIVITY: Meat Processing



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PART G - BUILDING LAYOUT

PURPOSE - The building layout shows the wastewater generating operations which contribute to each side sewer.

INSTRUCTIONS FOR COMPLETING PART G: General Instructions - Type or print the information.

Building Layout - A building layout or plant site plan of the premise is required to complete Part G. An arrow showing north as well as the map scale must be shown. The location of each existing and proposed sampling manhole and side sewer must be clearly identified, including distances as well as all sanitary and wastewater drainage plumbing. Number each unit process discharging wastewater to the community sewer. Use the same numbering system shown in Part F (Schematic Flow Diagram). An example of the drawing required is shown below in Figure 2.

