

City of Pullman
Industrial Pretreatment Program

INDUSTRIAL USER APPLICATION

Make sure all blanks in Sections 1 and 2 are completed. Information must be typewritten or clearly printed. If necessary, to provide all pertinent information, attach additional sheets that reference Section and Item number. The party who signs this application must have authorization to provide such information on behalf of the institution, company, corporation or partnership. Please complete an application form for each facility that discharges to the City sanitary sewer system. More information or additional copies of this form can be obtained from the City of Pullman Wastewater Treatment Plant, 1025 NW Guy Street, (509) 338-3233, or fax (509) 332-8487.

SECTION 1 - GENERAL INFORMATION

A. INDUSTRIAL USER - GENERAL

1. Company Name _____
2. Facility Name _____
3. Facility Type _____
4. Facility Address
 - a. Street _____
 - b. City, State and Zip Code _____
5. Mailing Address (if different from Facility Address)
 - a. Street or P.O. Box _____
 - b. City, State and Zip Code _____
6. Name, Title, and Telephone Number of Project Contact
 - a. Name _____
 - b. Title _____
 - c. Telephone Number _____ Emergency Telephone _____
7. S.I.C. Number (if applicable) _____

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, including the possibility of fine and/or imprisonment.,

Signature of Owner/Authorized Agent

Date _____

SECTION 2 - WATER/WASTEWATER DATA

A. WATER / WASTEWATER SOURCES (Check one)

- ☐ 1. Septage
- ☐ 2. Chemical Toilets
- ☐ 3. Hydrocarbon Impacted Remediation Sites
- ☐ 4. Industrial Discharger (check any of the following that may apply)
 - ☐ a. Food Processor
 - ☐ b. Printing/Photo Finishing
 - ☐ c. Metal Plating/Processing
 - ☐ d. Chemical Processing
 - ☐ e. Automotive/Truck Repair or Servicing
 - ☐ f. Laundry
 - ☐ g. Car Wash
 - ☐ h. Medical Care Facility
 - ☐ i. Funeral Services
 - ☐ j. Other

If you selected A1 or A2 above proceed to section 2B. If you selected A3 or A4 above, complete the following questions:

Please describe the process or procedure that produces the waste to be disposed of. Attach a drawing of your site including the process, potable water and sewer collection points in the area. The drawing should include a North arrow and show location of buildings, streets or alleys and any other pertinent structures.

Do you plan any or are there any existing processes to pretreat the water/wastewater prior to discharge to a sanitary sewer? If so, describe the process and attach a process schematic.

Do you have a spill prevention plan for your facility or site?

Do you dispose of any chemicals, solvents, sludges or hazardous materials to locations other than municipal sewers or surface waters? (Example: landfill, hazardous waste site or chemical recyclers) If so, provide a description of each material, giving the composition, solids content, annual quantity, means of disposal and ultimate disposal location.

SECTION 2 - WATER/WASTEWATER DATA (Cont.)

B. WATER/WASTEWATER FLOWS (Select one and supply the additional information)

- ___ 1. Batch Flow
- a. Average batch sizes (gallons) _____
 - b. Number of batches discharged per day: _____
 - c. Batch discharge times: _____
- ___ 2. Continuous Flow (for 24 hours per day)
- a. Average daily flow: _____ gpm.
 - b. Peak daily flow: _____ gpm.
- ___ 3. Continuous Flows (for less than 24 hours per day)
- a. Average daily flow: _____ gpm.
 - b. Peak daily flow: _____ gpm.
 - c. Hours of operation: _____

C. WATER / WASTEWATER ANALYSIS

Parameters to be tested are checked below. All analysis must be from a WDOE certified lab. Copies of the analysis should be attached to this form. All relevant MSDS's for proposed wastes should also be attached. (Type of sample to be tested is listed as composite (C) or grab (G)).

- | | |
|---------------------------------|------------------------------------|
| ___ BOD (biochemical oxygen) | ___ Cyanide, total |
| ___ COD (chemical oxygen) | ___ Lead |
| ___ TSS (total suspended solid) | ___ Mercury |
| ___ pH | ___ Nickel |
| ___ Temperature | ___ Silver |
| ___ Ammonia nitrogen | ___ Zinc |
| ___ Arsenic | ___ Benzene |
| ___ Cadmium | ___ Toluene |
| ___ Chrome, hexavalent | ___ Ethylbenzene |
| ___ Chrome, total | ___ Non-polar fats, oil and grease |
| ___ Copper | |
| ___ Cyanide, free | |
| ___ Others as specified: _____ | |
| | _____ |
| | _____ |

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