



Sumner – Bonney Lake Joint Pretreatment Program
 1104 Maple Street, Sumner, WA 98390
 Office: (253) 299 - 5713

Sumner - Bonney Lake Joint Pretreatment Program Letter of Discharge Application

For Office Use Only			
Date Application Received:		LOD Number	
Date Application Reviewed		Jurisdiction	
Date App Deemed Complete:		Sewer Account Number	

General Instructions

1. Provide typed or neatly printed answers to all questions. Include the required attachments.
2. If a section does not apply to your operation, indicate with an “N/A.”
3. On those sections that apply to your business but for which you do not have the information requested, please provided an explanation.
4. Use additional pages, if needed.
5. There is no application fee. System Development Charges (SDCs) will be assessed, as applicable.
6. Send the completed, signed application and attachments to:

**City of Sumner Public Works Department
Attn: Sumner - Bonney Lake Joint Pretreatment Program
1104 Maple Street
Sumner, WA 98390**

If you have questions regarding this form or the permit application process, please call the SBL Joint Pretreatment Program at **(253) 299-5713**.

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Publicly Owned Treatment Works (POTW) Receiving Discharge:

City of Sumner

City of Bonney Lake

Section A: General Information

1. Addresses and Contacts

Applicant Business and/or Project Name	
Name of Owner and Operator	
Name of Site Discharging Wastewater	
Address of Site Discharging Wastewater	Site Address
	City, State Zip Code
Business Mailing Address	Mailing Address
	City, State Zip Code

Provide information for at least two contact persons knowledge with this application.

Contact Name	Job Title	Contact Role	Phone Number	E-mail Address

2. Nature of Business

<i>Briefly describe business or project including primary finished products or services. Briefly describe the main activities producing wastewater at the site.</i>	
Business Description	
Activity Producing Wastewater	
Reason for Applying for Wastewater Discharge Permit	

Section A: General Information (continued)

3. Site Identification and Environmental Permit Numbers Held by or for the Facility

Primary Standard Industrial Classification (SIC) Codes	1.	2.	3.
NPDES Permit	___ YES	___ NO	Permit No. _____
Stormwater Permit	___ YES	___ NO	Permit No. _____
SWCAA Air Discharge Permit	___ YES	___ NO	Permit No. _____
EPA Hazardous Waste ID Number	___ YES	___ NO	ID No. _____
Water Provider: _____	___ YES	___ NO	Acct No. _____
Provide other environmental permit information in this space:			

4. Business Operations

Total Average Number of Employees for Site			
Is Activity Generating Wastewater Seasonal?		___ YES	___ NO
Days of Operations	___ Monday	___ Tuesday	___ Wednesday
	___ Thursday	___ Friday	___ Saturday
	___ Sunday		
Shift	Shift Start Time	Shift End Time	Ave. No. Employees

Section B: Product and Process Information

1. Process Products

Process activities include manufacturing, materials processed and remediation activities.

Process Activity	SIC / NAICS Code	Product Name or Type	Previous Calendar Year		Projected		Production or Process Units	Discharge to Sanitary Sewer? (Y/N)
			Daily Ave.	Daily Max.	Daily Avg.	Daily Max.		
a.								
b.								
c.								
d.								
e.								

2. Raw Materials and Chemical Used in Processes

Chemical or Product name	Chemical Constituents	CAS No.	Process a., b., c., etc. from B.2.	Avg. Total Storage Quantity (gal or lb)	Ave. Daily Usage Rate (gal or lb)	Max. Daily Usage Rate (gal or lb)

Use additional sheets of this page if necessary. An alternate form for the chemical inventory may be submitted only if it includes all requested items on this page.

Section C: Wastewater and Pretreatment Information

1. Non-Domestic Wastewater Discharged to Sanitary Sewer

Side Sewer No.	Process a., b., c., etc. from B.1.	Substances Discharged to Side Sewer	Type of Pretreatment	Batch* or Continuous? (B or C)	Hours per Day of Discharge

*If batch indicate number of batches per month.

2. Liquid Wastes and Sludges Removed by Means Other Than Sanitary Sewer

Process a., b., c., etc. from B.2.	Type of Waste / Substance	Means of Removal (Include hauler name & address of disposition)	Frequency of Removal

Codes for Basis Column: *if pesticides present, indicate which chemicals in comments below:

SE	Sample from existing discharge. Attach sampling data as Attachment	M	Material balance (attach calculation worksheet)	NP	Not Present
SO	Sample from other similar discharge (describe in Comments Section)	P	Professional Judgement (describe in Comments Section)	U	Unknown

3. Wastewater Strength Characteristics

Strength Characteristics	Units	Ave.	Max. (Range for pH)	Basis ¹
pH	S.U.	N/A		
Suspended Solids	mg/L			
Biological Oxygen Demand (BOD ₅)	mg/L			
Chemical Oxygen Demand (COD)	mg/L			
Total Dissolved Solids (TDS)	mg/L			
Total Suspended Solids (TSS)	mg/L			
Oil & Grease (non-polar)	mg/L			
Oil & Grease (polar)	mg/L			
Ammonia	mg/L			
Phosphorous	mg/L			

¹ Codes for Basic Column

Section C: Wastewater and Pretreatment Information (continued)

4. Common Priority Pollutants in Discharge

Check box and provide concentrations if present, in units listed (units other than mg/L are in **bold**).

	Pollutant	Units	Ave.	Basis ¹		Pollutant	Units	Ave.	Basis ¹
<input type="checkbox"/>	Antimony - total	mg/L			<input type="checkbox"/>	Silver – total	mg/L		
<input type="checkbox"/>	Arsenic – total	mg/L			<input type="checkbox"/>	Thallium – total	mg/L		
<input type="checkbox"/>	Cadmium – total	mg/L			<input type="checkbox"/>	Zinc – total	mg/L		
<input type="checkbox"/>	Chromium – total	mg/L			<input type="checkbox"/>	Cyanide	mg/L		
<input type="checkbox"/>	Copper – total	mg/L			<input type="checkbox"/>	Fluoride – total	mg/L		
<input type="checkbox"/>	Iron – total	mg/L			<input type="checkbox"/>	Phenols – total	mg/L		
<input type="checkbox"/>	Lead – total	mg/L			<input type="checkbox"/>	PCBs	mg/L		
<input type="checkbox"/>	Mercury – total	ug/L			<input type="checkbox"/>	BTEX	ug/L		
<input type="checkbox"/>	Molybdenum – total	mg/L			<input type="checkbox"/>	Volatile Toxic Organics – EPA Method 624 list	mg/L		
<input type="checkbox"/>	Selenium – total	mg/L			<input type="checkbox"/>	Total Toxic Organics (TTO)	ug/L		

¹ Codes for Basic Column

5. Wastewater Pretreatment Type

Use additional sheets of this page for each additional pretreatment system serving different processes

<input type="checkbox"/>	None	<input type="checkbox"/>	Settling	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	pH adjustment	<input type="checkbox"/>	Screening	<input type="checkbox"/>	Dissolved air flotation
<input type="checkbox"/>	Biological treatment	<input type="checkbox"/>	Oil / water separator	<input type="checkbox"/>	Condensation
<input type="checkbox"/>	Chlorination / disinfection	<input type="checkbox"/>	Grease Interceptor	<input type="checkbox"/>	Clarification
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Sedimentation	<input type="checkbox"/>	Centrifuge
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Prescription	<input type="checkbox"/>	Electrocoagulation
<input type="checkbox"/>	Oxidation / reduction	<input type="checkbox"/>	Adsorption		
List other pretreatment type(s):					

6. Pretreatment Description

Briefly describe the pretreatment systems used at the site

Section D: Attachments

- Attach site plans, floor plans, mechanical and plumbing plans, and details to show all sewers, floor drains and appurtenances by size, location, and elevation. Note the locations of any pretreatment systems, sampling locations and all points of discharge to sanitary sewer.

Process/manufacturing site plan attached as Attachment number: _____

- Attach a schematic process diagram showing each process step, waste stream, treatment step, internal recycle, and point of discharge to sanitary sewer.

Process/pretreatment flow diagram attached as Attachment number: _____

- Attach any analytical reports, lab results or other information that demonstrates the characteristics of the facility's wastewater discharge. You may include analysis of wastewater from another location or facility, if the process and products/materials used to generate the wastewater are comparable to those in this application.

Lab report/analytical results are attached as Attachment number: _____

Section E: Certification Statement

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 assure 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.

Signature

Date

Print

Title

Note to signing official: Title 40 of the Code of Federal Regulations Part 403 Section 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 Section 8 of Sumner – Bonney Lake Joint Pretreatment Program Regulations. Should a discharge permit be required for your facility, the information in this application will be used to issue the permit.