

BEDFORD REGIONAL WATER AUTHORITY
Industrial Pretreatment Program
1723 Falling Creek Road
Bedford, VA 24523
Phone: (540) 586-7679, Ext. 105 FAX: (540) 586-5805

Note: This form is used to assemble data required to characterize wastewater discharges for Categorical, Significant, Commercial, and Major Non-Significant Industrial Users. The Water Authority uses information in this form to establish the need for a permit, and if so, the condition for the industry's Industrial Wastewater Discharge Permit.

Section I - General Information

A. Official Business Name: _____

Doing business as (*if different from above*):

Street Address: _____ Unit: _____ Zip Code: _____

Mailing Address (*if different*): _____

Phone number: _____ Fax number: _____

Web site: _____ E-mail: _____

B. Business Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

C. Property Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

D. Designated signatory authority of the facility:
(attach similar information for each authorized representative)

Name: _____

Title: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

E. Designated facility contact:

Name: _____
Title: _____
Phone: _____ E-mail: _____

F. When did/will the business begin operations? _____

Section II - Facility Operation Characteristics

A. If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place an "X" beside the category of business activity (mark all that apply).

Industrial Categories

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Nonferrous Metals Forming |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Organic Chemicals Manufacturing |
| <input type="checkbox"/> Can Manufacturing | <input type="checkbox"/> Paint/Ink Formulating |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Paving/ Roofing Manufacturing |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Pesticides Manufacturing |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electric/Electronic Components Manufacturing | <input type="checkbox"/> Plastic/Synthetic Materials Manufacturing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Processing Manufacturing |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Pulp, Paper, Fiberboard Manufacturing |
| <input type="checkbox"/> Foundries (metal molding/casting) | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Leather Tanning/Finishing | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Metal Finishing | |

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A facility with processes inclusive in the above business areas may be covered by Environmental Protection Agency's Categorical Pretreatment Standards.

B. Give a brief description of all operations at this facility including primary products (attach additional sheets if necessary):

C. Indicate applicable Standard Industrial Classification (SIC) and NAICS codes for all processes (If more than one applies, list in descending order of importance).

a. _____ c. _____ e. _____
b. _____ d. _____ f. _____

D. PRODUCT VOLUME:

Product (Brand name)	Past Calendar Year Amounts per day	
	<u>Average</u>	<u>Maximum</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section III – Water and Wastewater Discharge Information

A. Water Supply: (Check as many as are applicable)

Private Well Surface Water Municipal Water: _____
 Other: _____

B. Name on the water bill: _____

Name: _____
 Street: _____
 Town: _____ State: _____ Zip: _____

C. Water service account number: _____

D. List average water usage on premises: (New facilities may estimate)

<u>Type</u>	Average Water Usage (GPD)	Estimated (E) or Measured (M)
1. Contact cooling water	_____	_____
2. Non-contact cooling water	_____	_____
3. Boiler water	_____	_____
4. Process, general	_____	_____
5. Sanitary	_____	_____
6. Air pollution control device	_____	_____
7. Contained in product	_____	_____
8. Plant / equipment washdown	_____	_____
9. Irrigation / lawn watering	_____	_____
10. Other	_____	_____
11. Total	_____	_____

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E. Sewer Information

a. For an existing business:

Is the building presently connected to the public sanitary collection system?

Yes: Sanitary sewer account number _____

No: Have you applied for a sanitary sewer connection: Yes No

b. For a new business:

(1) Will you be occupying an existing vacant building (such as in an industrial park)? Yes No

(2) Have you applied for a building permit if a new facility will be constructed? Yes No

(3) Will you be connected to the public sanitary collection system? Yes No

F. List size, descriptive location, and flow of each facility sewer that connects to the Water Authority's collection system. (If more than three, attach additional sheets of information):

<u>Sewer Diameter</u>	<u>Descriptive Location of Sewer Connection or Discharge Point</u>	<u>Average Flow (GPD)</u>
_____	_____ _____	_____
_____	_____ _____	_____
_____	_____ _____	_____

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G. Sanitary collection system account number: _____

H. Does (or will) this facility discharge any wastewater other than from restrooms to the Water Authority's collection system?

Yes If the answer to this question is "yes", complete the remainder of the application.

No If the answer to this question is "no", skip to Section VI.

I. Provide the following information on wastewater flow rate (New facilities may estimate).

a. Hours / Day Discharged (e. g., 8 hours/day):

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

b. Hours of Discharge (e. g., 9 A.M. to 5 P.M.):

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

J. If batch discharge occurs or will occur, indicate:

a. Number of batch discharges per day _____

b. Average discharge per batch _____ (GPD)

c. Time of batch discharge _____ at _____
(days of the week) (hours of the day)

d. Flow rate _____ (GPM)

e. Percent of total discharge _____

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K. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, provide a diagram of the flow of materials, products, water, and wastewater from the start to the finish of each activity, showing all unit processes. Indicate which processes use water and which generate wastewater. Include the average daily volume and maximum daily volume of each wastestream. If you use estimated volumes this must be clearly indicated, Number each unit process having wastewater discharge to the public sewer system. Use these numbers when showing this unit process in the building layout in Section V. This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in question A of Section II are considered Categorical Industrial Users and should skip to question M.

L. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Answer questions M & N only if you are subject to Categorical Pretreatment Standards

- M. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Unregulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Dilution</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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N. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable Categorical Pretreatment Standards published by EPA?

Yes No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

Yes No

c. Has a toxic organics management plan (TOMP) been developed?

Yes No If Yes, please attach a copy.

All applicants complete the following sections.

O. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equip.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Planned: Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sampling Equip.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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P. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

Yes No (skip question L)

Q. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed)

R. Are any materials or water reclamation systems in use or planned?

Yes No (skip question N)

S. Briefly describe recovery processes, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process:

Section IV - Characteristics of Discharge

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (SP), or known to not be present (NP), by placing the appropriate letter/s in the column for average and maximum reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to **40 CFR Part 136**; if they do not, indicate what method was used instead.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a (P) for expected to be present, an (SP) for suspected to be present, or an (NP) for not present under the average and maximum reported values.

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
[] Acenaphthene	_____	_____	_____	_____	_____	_____
[] Acrolein	_____	_____	_____	_____	_____	_____
[] Acenaphthylene	_____	_____	_____	_____	_____	_____
[] Acrylonitrile	_____	_____	_____	_____	_____	_____
[] Aldrin	_____	_____	_____	_____	_____	_____
[] Alpha-endosulfan	_____	_____	_____	_____	_____	_____
[] Alpha-BHC	_____	_____	_____	_____	_____	_____
[] Anthracene	_____	_____	_____	_____	_____	_____
[] Asbestos	_____	_____	_____	_____	_____	_____
[] Benzene	_____	_____	_____	_____	_____	_____
[] Benzidine	_____	_____	_____	_____	_____	_____
[] Beta-endosulfan	_____	_____	_____	_____	_____	_____
[] Benzo (a) anthracene	_____	_____	_____	_____	_____	_____
[] Benzo (b) pyrene	_____	_____	_____	_____	_____	_____
[] 3, 5-benzoflouranthene	_____	_____	_____	_____	_____	_____
[] Benzo (ghi) perylene	_____	_____	_____	_____	_____	_____
[] Benzo (k) flouranthene	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> Beta – BHC	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Bis (2-chloroethoxy) methane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Bis (2-chloroethyl) ether	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Bis (2-chloroisopropyl) ether	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Bis (2-ethylhexyl) phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Bromide	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Bromoform	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4 – bromophenyl phenyl ether	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Butylbenzyl phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Carbon tetrachloride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlordane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlorodibromomethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2-Chloronaphthalene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> p-Chloro-m-cresol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4-Chlorophenyl phenyl ether	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2-Chloroethyl vinyl ether	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chloroform	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chrysene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 3 –Cis-dichloropropylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dibenzo (a, b) anthracene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Delta – BHC	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4, 4 - DDT	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4, 4 – DDE	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4, 4 – DDD	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dieldrin	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 – Dichlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 3 - Dichlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 4 - Dichlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 3, 3 - Dichlorobenzidine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dichlorobromomethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 1 - Dichloroethane	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> 1, 2 - Dichloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 1 - Dichloroethylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4 - Dichlorophenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 - Dichloropropane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 - Dichloropropylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Diethyl Phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dimethyl Phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4 - Dimethylphenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Di - N - butyl phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4 - Dinitrotoluene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 6 - Dinitrotoluene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Di - N - octyl phthalate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 - Diphenyl hydrazine	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Endosulfan sulfate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Endrin	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Endrin aldehyde	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Ethyl benzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Flouranthene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Fluorine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Fluoride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Gamma - BHC	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Heptachlor	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Heptachlor epoxide	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hexachlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hexachlorobutadiene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hexachlorocyclopentadiene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Hexachloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Indeno (1, 2, 3 - cd) pyrene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Isophorone	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methyl Bromide	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methyl chloride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methylene chloride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Naphthalene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Nitrobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N - nitrosodimethylamine	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> N – nitrosodi – N - propylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> N - nitrosodiphenylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2 – Nitrophenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 4 - Nitrophenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1016	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1221	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB – 1232	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1242	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1248	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1254	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> PCB - 1260	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pentachlorophenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Phenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Phenanthrene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pyrene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Radioactivity	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1,1,2, - Tetrachloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Toluene	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Toxaphene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2, 4 - trichlorobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 – trans - Dichloroethylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 2 – trans - dichloropropylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 1, 1 - trichloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 1, 1, 2 - trichloroethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Trichloroethylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4, 6 - trichlorophenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Vinyl chloride	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> Acetaldehyde	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Allyl alcohol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Allyl chloride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Amyl acetate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Aniline	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Benzo nitrile	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Benzyl chloride	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Butyl acetate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Butylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Captan	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Carbaryl	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Carbofuran	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Carbon disulfide	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlorpyrifos	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Coumaphos	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Cresol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Crotonaldehyde	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Cyclohexane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Diazinon	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dicamba	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dichlobenil	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dichlone	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 2 – Dichloropropionic Acid	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dichlorvos	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Diethylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Dimethylamine	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Dinitrobenzene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Diquat	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Disulfoton	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Diuron	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Epichlorohydrin	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Ethanolamine	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> Ethion	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Ethylenediamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Ethylenedibromide	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Formaldehyde	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Furfural	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Guthion	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Isoprene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Isopropanolamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kelthane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kepone	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Malathion	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mercaptodimethur	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methoxychlor	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methylmercaptan	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methylmethacrylate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Methylparathion	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mevinphos	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mexacarbate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Monoethylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Monomethylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Naled	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Napthenic Acid	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Nitrotoluene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Parathion	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Phenolsulfanate	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Phosgene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Propargite	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Propylene oxide	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Pyrethrins	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Quinoline	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Resorcinol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Strontium	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Strychnine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Styrene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4, 5 - T	_____	_____	_____	_____	_____	_____

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Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Tetrachlorodiphenylethane	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 2, 4, 5 - TP	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Trichlorofan	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Triethylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Trimethylamine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Uranium	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Vanadium	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Xylene	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Xylenol	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Zirconium	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Antimony*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Arsenic *	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Aluminum*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Barium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Beryllium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Boron*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Cadmium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlorine	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chromium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Cobalt*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Copper*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Iron*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Lead*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Manganese*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Magnesium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Mercury*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Molybdenum*	_____	_____	_____	_____	_____	_____

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<input type="checkbox"/> Nickel*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Selenium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Silver*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Thallium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Tin*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Titanium*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Zinc*	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	_____	_____	_____	_____	_____	_____

*= Total Recoverable

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Acidity	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Alkalinity	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Ammonia	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Biochemical Oxygen Demand	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chemical Oxygen Demand	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Chlorides	_____	_____	_____	_____	_____	_____

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units of Concentration	Method Used
<input type="checkbox"/> Hardness	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Oil & Grease	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Total suspended solids	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Total Organic Carbon	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Kjeldahl nitrogen (TKN)	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Nitrate, N	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Nitrite, N	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Organic Nitrogen	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Orthophosphate, P	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Total Phosphorus	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sodium	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sulfates	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sulfides	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Sulfites	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Calcium	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Algicides	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Total Cyanide	_____	_____	_____	_____	_____	_____

Section V. – Treatment

A. Is any form of wastewater treatment (see list below) practiced at this facility? Yes No

B. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

Yes, describe: _____

No

C. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as applicable):

Air Flotation

Centrifuge

Chemical precipitation

Chlorination

Cyclone

Filtration

Flow Equalization

Grease or Oil Separation, type: _____

Grease trap, interceptor

Grinding filter

Grit removal

Ion Exchange

pH Neutralization

Ozonation

Reverse osmosis

Screens

Sedimentation

Septic tank

Solvent separation

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- Spill protection
- Sumps
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____

D. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above: _____

E. Attach a process flow diagram for each existing treatment system. Include process equipment, by-product disposal method, waste and by-product volumes, and design and operating conditions.

F. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates for each: _____

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G. Do you have a wastewater treatment operator? Yes No

If yes, Name: _____
 Title: _____
 Phone: _____
 License number: _____ (if certified by state of Virginia)

 Full-time: _____ (specify hours)
 Part-time: _____ (specify hours)

H. Do you have a manual on the correct operation of your treatment equipment? Yes No

I. Do you have a written maintenance schedule for your treatment equipment? Yes No

Section VI. – Facility Operational Characteristics

A. Shift Information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Shifts Per Work Day	_____	_____	_____	_____	_____	_____	_____
Employees per shift	1 st _____	_____	_____	_____	_____	_____	_____
	2 nd _____	_____	_____	_____	_____	_____	_____
	3 rd _____	_____	_____	_____	_____	_____	_____
Shift start and end times	1 st _____	_____	_____	_____	_____	_____	_____
	2 nd _____	_____	_____	_____	_____	_____	_____
	3 rd _____	_____	_____	_____	_____	_____	_____

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B. Indicate whether the business activity is:

- Continuous throughout the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

C. Indicate whether the facility discharge is:

- Continuous throughout the year, or
- Seasonal – Circle the months of the year during which the facility discharge occurs:

J F M A M J J A S O N D

Comments: _____

D. Does operation shut down for vacation, maintenance, or other reasons?

- Yes, indicate reasons and period when shutdown occurs: _____

No

E. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if necessary):

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F. List types and quantity of chemicals used or planned for use (attach list if necessary). Include copies of Manufacturer's Safety Data Sheets, or other, for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

G. Building Layout – Draw to scale the location of each building on the property. Show map orientation and location of all water meters, storm drains, sanitary sewer manholes, numbered unit processes (from schematic flow diagram) and each facility sewer line connected to the public collection system. **Number each sewer** and show existing and proposed sampling locations. This drawing **may** be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

Section VII. – Spill Prevention

A. Do you have chemical storage containers, bins, or ponds at your facility? [] Yes [] No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram, or comment, on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection. _____

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B. Do you have floor drains in your manufacturing or chemical storage area/s? Yes No If Yes, where do they discharge to? _____

C. If you have chemical storage containers, bins, or ponds in manufacturing areas, could an accidental spill, or overflow, lead to a discharge to: (check all that apply)

- an onsite disposal system
- public sanitary sewer system (e. g. through a floor drain)
- storm drain
- to the ground and/or surface waters
- other, specify: _____
- not applicable, no possible discharge to any of the above routes

D. Do you have a spill prevention countermeasures and control plan (SPCC) to prevent spills of chemicals or manufacturing by-products or slug discharges from entering the Water Authority's collection system?

- Yes – (Please enclose a copy with this application)
- No
- N/A, not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

E. Please describe below any previous spill events and remedial measures undertaken to prevent their reoccurrence.

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Section VIII. – Non -Discharged Wastes

A. Are any waste liquids or sludges generated and **not** disposed of in the sanitary sewer system?

- Yes, please describe below
 No, skip the remainder of Section VIII.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>	<u>On or Off Site?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility:

C. If an outside company removes any of the above checked wastes, state the name and address of all waste haulers:

a. _____	b. _____
_____	_____
_____	_____

Permit No.
 (if applicable): _____

Permit No.
 (if applicable): _____

D. Any Federal, State, or local environmental permits issued. Yes No
 If yes, please list the permit/s here: _____

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(Note to Signing Official: In accordance with 40 CFR 403.14, information provided herein which is necessary to characterize your industry's wastewater discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR 403. This application form is to be signed by an authorized official of the firm after the form is completed and reviewed by the signing official. Unless special arrangements are made, the signing official must be a company officer with authority to sign on behalf of the business owners.)

Authorized Representative 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 upon 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."

(Name/s)

(Title)

(Signature)

(Date)

(Phone)

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This section completed by Bedford Regional Water Authority Industrial Pretreatment Program personnel.

I have reviewed this Industrial Wastewater Discharge Permit Application and have determined it to be:

Complete Incomplete

Reviewed by: _____ Date: _____

If incomplete is checked, list items to be completed. _____

