

**CITY OF BENTONVILLE**  
Wastewater Treatment



**Industrial Wastewater  
DISCHARGE PERMIT APPLICATION**

Date:

**SECTION A – GENERAL INFORMATION**

1. Facility Name:

Operator/Manager(s) Name(s) :

Is the operator identified in 1, the owner of the facility? Yes  No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

Name	
Title	
Address	
City, State	
Zip Code	

2. Facility Address:

Street	
City	
State	
Zip Code	

3. Business Mailing Address:

P.O. Box	
Street	
City	
State	
Zip	

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

Name	
Title	
Street	
City	
State	
Zip	
Phone	
Fax	
Mobile	
Email	

5. Designated facility contact:

Name	
Title	
Phone	
Mobile	
Email	

**SECTION B - BUSINESS ACTIVITY**

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

**Industrial Categories \***

( Note: Double click on box to place checkmark)

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating

- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizing Manufacturing
- Foundries (Metal, Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastic Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a comprehensive description of all operations at this facility including primary products or services. (attach additional sheets as necessary):


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

Process	SIC Code

4. PRODUCT VOLUME:

Past Calendar Year

Product	Average (Daily Units)	Maximum (Daily Units)

Estimated This Calendar Year

Product	Average (Daily Units)	Maximum (Daily Units)

**SECTION C – WATER SUPPLY**

1. Water Sources: (check as many as are applicable)

(Note: Double click on box to place check mark)

- Private Well
- Surface Water
- Municipal Water Utility

(Specify City):

Other (Specify):


2. Water Utility Service Information :

Name on Utility Invoice	
Street	
City	
State	

Zip Code	
Water Service Account #	

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

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
Contact cooling water		
Non-contact cooling water		
Boiler feed		
Process		
Sanitary		
Air pollution control		
Contained in product		
Equipment and washdown		
Irrigation and lawn care		
Other		
Total		

**SECTION D – SEWER INFORMATION**

1. a. For an existing business:

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

YES: Sanitary sewer account number

NO: Have you applied for a sanitary sewer hookup?  YES  NO

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)?  YES  NO

(ii) Have you applied for a building permit if a new facility will be constructed?  YES  NO

(iii) Will you be connected to the public sanitary sewer system?  
 YES  NO

2. List size, descriptive location, and flow of each facility sewer which connects to the City's sewer system. (If necessary, attach additional information on another sheet.)

Sewer Size (in inches)	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (Gallons Per Day)

**SECTION E – WASTEWATER DISCHARGE INFORMATION**

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

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 I.

2. Provide the following information on wastewater flow rate.  
[New facilities may estimate]

Hours per Day Discharged (example, 8 hours / day)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hours of Discharge (example, 9am to 5pm)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Peak Hourly Flow Rate (GPD)	
Maximum Daily Flow Rate (GPD)	
Annual Daily Average (GPD)	

3. If batch discharge occurs or will occur, indicate:  
(New facilities may estimate)

Number of batches per day	
Average discharge per batch (GPD)	
Day(s) of week discharges occur	
Time(s) of discharge (indicate am or pm)	
Flow rate (gallons per minute)	
Percent of total discharge	

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, show all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing these unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. 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).

Number	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Flow (batch, continuous, none)

**ANSWER QUESTION 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.**

6. 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).

Number	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Flow (batch, continuous, none)

Number	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Flow (batch, continuous, none)

Number	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Flow (batch, continuous, none)

7. 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

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

Current: Flow Metering                     YES     NO     N/A  
Sampling Equipment                     YES     NO     N/A

Planned: Flow Metering                     YES     NO     N/A  
Sampling Equipment                     YES     NO     N/A

If so, please attach drawings of the present or future location of this equipment and describe the equipment below:




9. 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 10)

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


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

- YES
- NO (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)


**SECTION F - 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 (starting on page 12) to report the analytical results.

**(U)** for unknown.

For all other (non-regulated) pollutants, indicate whether the pollutant is; known to be present **(P)**, suspected to be present **(S)**,

or known **not** to be present (**O**), by placing the appropriate letter in the column for average reported values.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a;

**(P)** expected to be present,

**(S)** may be present, or

**(O)** will not be present under the average reported values.

Pollutant	Detection Level Used mg/l	Maximum Daily Value		Average of Analysis		Number of Analyses
		mg/l	lbs./day	mg/l	lbs./day	
Acenaphthylene						
Acrolein						
Acrylonitrile						
Benzene						
Benzidene						
Carbon Tetrachloride						
Chlorobenzene						
1,2,4-Trichlorobenzene						
Hexachlorobenzene						
1,2-Dichloroethane						
1,1,1-Trichloroethane						
Hexachloroethane						
1,1-Dichloroethane						
1,1,2-Trichloroethane						
1,1,2,2-Tetrachloroethane						
Chloromethane						
Bis (2-chloroethyl) ether						
17 Bis (chloro methyl) ether						
2-Chloroethyl vinyl ether						
2-Chloronaphthalene						
2,4,5-Trichlorophenol						
Parachlorometa cresol						
Chloroform						
2-Chlorophenol						
1,2-Dichlorobenzene						
1,3-Dichlorobenzene						
1,4-Dichlorobenzene						
3,3-Dichlorobenzidene						
1,1-Dichloroethylene						
1,2-Trans-dichloroethylene						
2,4-Dichlorophenol						
1,2-Dichloropropane						
1,2-Dichloropropylene						
1,3-Dichloropropylene						
2,4-Dimethylphenol						
2,4-Dinitrotoluene						
2,6-Dinitrotoluene						
Diphenolhydrazine						
Ethyl benzene						
Fluoranthane						
4-Chlorophenyl phenyl ether						
4-Bromophenyl phenyl ether						

Pollutant	Detection Level Used mg/l	Maximum Daily Value		Average of Analysis		Number of Analyses
		mg/l	lbs./day	mg/l	lbs./day	
Bis (2-chlorisopropyl) ether						
Bis (2-chloroethoxy) methane						
Methylene Chloride						
Methyl chloride						
Methyl bromide						
Bromoform						
Dichlorobromomethane						
Chlorodibromomethane						
Hexachlorobutadiene						
Hexachlorocyclopentadiene						
Isophorone						
Naphthalene						
Nitrobenzene						
Nitrophenol						
2-Nitrophenol						
4-Nitrophenol						
2,4-Dinitrophenol						
4,6-Dinitro-o-cresol						
N-nitrosodimethylamine						
N-nitrosodiphenylamine						
N-nitrosodi-n-propylamine						
Pentachlorophenol						
Phenol						
Bis (2-ethylhexyl) phthalate						
Butyl benzyl phthalate						
Di-n-butyl phthalate						
Di-n-octyl phthalate						
Diethyl phthalate						
Dimethyl phthalate						
Benzo (a) anthracene						
Benzo (a) pyrene						
3,4-benzofluoranthene						
Benzo (k) fluoranthene						
Chrysene						
Acenaphthylene						
Anthracene						
Benzo (ghi) perylene						
Fluorine						
Phenanthrene						
Dibenzo (ah) anthracene						
Indeno (1,2,3,-cd) pyrene						
Pyrene						

Pollutant	Detection Level Used mg/l	Maximum Daily Value		Average of Analysis		Number of Analyses
		mg/l	lbs./day	mg/l	lbs./day	
Tetrachloroethylene						
Toluene						
Trichloroethane						
Vinyl chloride						
Aldrin						
Dieldrin						
Chlordane						
4,4-DDT						
4,4-DDE						
4,4-DDD						
Alpha-endosulfan						
Beta-endosulfan						
Endosulfan sulfate						
Endrin						
Endrin adepheide						
Heptachlor						
Heptachlor epoxide						
Alpha-BHC						
Beta-BHC						
Gamma-BHC						
Delta-BHC						
PCB-1242						
PCB-1254						
PCB-1221						
PCB-1232						
PCB-1248						
PCB-1260						
PCB-1016						
Toxaphene						
TCDD						
Asbestos						
Acidity						
Alkalinity						
Bacteria						
BOD <sub>5</sub>						
COD						
Chloride						
Chlorine						
Fluoride						
Hardness						
Magnesium						
NH <sub>3</sub> -N						

Pollutant	Detection Level Used mg/l	Maximum Daily Value		Average of Analysis		Number of Analyses
		mg/l	lbs./day	mg/l	lbs./day	
Oil and Grease						
T.S.S.						
Total Organic Carbon						
Kjeldahl N						
Nitrate-N						
Nitrite-N						
Organic N						
Orthophosphate P						
Phosphorus						
Sodium						
Specific Conductivity						
Sulfate						
Sulfide						
Sulfite						
Antimony						
Arsenic						
Barium						
Beryllium						
Cadmium						
Chromium						
Copper						
Cyanide						
Lead						
Mercury						
Nickel						
Selenium						
Silver						
Thallium						
Zinc						

Indicate on the following table, the type of analysis used for each analyte found to be present. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

Analyte Detected	Method of Analysis Used

**SECTION G – TREATMENT**

1. Is any form of wastewater treatment (see list below) practiced at this facility?

- Yes
- No

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

- Yes, describe:


- No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, list type

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- Grease trap (if checked, submit a detailed drawing)
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank

- Solvent separation
- Spill protection
- Sump
- Biological treatment,  
Type:
- Rainwater diversion or storage
- Other chemical treatment,  
Type:
- Other physical treatment,  
Type:
- Other,  
Type:

4. Description:

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


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

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


7. Do you have a treatment operator?  Yes  No (If Yes,)

Name	
Title	
Phone	
Mobile (cell)	



Email	
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Full Time (specify hours, days of week)	
Part Time (specify hours, days of week)	

8. Do you have a manual on the correct operation of your treatment equipment?  
 Yes       No
9. Do you have a written maintenance schedule for your treatment equipment?  
 Yes       No

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information
2. Indicate whether the business activity is:
- Continuous through the year, or  
 Seasonal – Check the months of the year during which the business activity occurs:
- Jan.  Feb.  Mar.  Apr.  May  Jun.  Jul.  Aug.  Sept.   
 Oct.  Nov.  Dec.

Comments:


3. Indicate whether the facility discharge is:
- Continuous through the year, or  
 Seasonal – check the months of the year during which the business activity occurs:
- Jan.  Feb.  Mar.  Apr.  May  Jun.  Jul.  Aug.  Sept.   
 Oct.  Nov.  Dec.

Comments:




processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing **must** be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items must be attached with this application.

**SECTION J – NON DISCHARGED WASTES**

1. 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 J

Waste Generated	Quantity (per year)	Disposal Method	On site	Off site (Indicate State, County)

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

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

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

Business Name	
Street	
P.O. Box	
City, State	
Zip Code	
Permit Number	
Telephone	

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
- No




3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill 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 ground
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill/slug load prevention plan to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

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

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.


**SECTION K – AUTHORIZED SIGNATURES**

Compliance certification:

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

- YES
- NO
- Not yet discharging

2. If No:

- a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity	Completion Date

**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 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.

Official who compiled reported data for this report

Name: (Printed)	
Title:	
Signature:	
Date:	
Phone:	

Official Signatory for this document

Name: (Printed)	
Title:	
Signature:	
Date:	
Phone:	