



INDUSTRIAL WASTEWATER ENGINEERING

**Industrial Wastewater Discharge
Permit Application**

**Department of Public Works
Marine Park Engineering
P.O. Box 1995
(4500 SE Columbia Way)
Vancouver, WA 98668-1995
(360) 487-7130**

Completed Application Due: _____

<i>For Office Use Only</i>	
Date Application Received: _____	Permit No: _____
Date Application Reviewed: _____	Treatment Plant: _____
Date Appl. Deemed Complete: _____	Basin: _____
_____	Account No: _____

City of Vancouver
Industrial Wastewater Engineering

WASTEWATER DISCHARGE PERMIT APPLICATION

General Instructions

- Submit one application for each site.
- Use the document **Wastewater Discharge Permit Application Instructions** for guidance in completing the application.
- Provide typed or neatly printed answers to all questions specified. Include the required attachments.
- If a section does not apply to your operations indicate with an "NA".
- On those sections that apply, if you don't have the information requested then provide an explanation.
- Use additional sheets of paper when necessary.
- The City of Vancouver does not require an application fee. System Development Charges (SDCs) will be assessed for new and increased industrial wastewater flow limits prior to issuance of a final permit.
- Send the completed application and exhibits to:

Pretreatment Coordinator
City of Vancouver - Engineering
P.O. Box 1995
Vancouver, WA 98668-1995
- Allow 16-20 weeks for permit preparation.
- If you have questions regarding the permit application form, call the Industrial Pretreatment Program representative at **(360) 487-7130**.

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WASTEWATER DISCHARGE PERMIT APPLICATION

Section A – Site and Administrative Information

1. ADDRESSES & CONTACTS

Applicant Business and / or Project Name: Names of Owner and Operator:	
Name of Site Discharging Wastewater: Check Here if Site Generates Process Wastewater But Discharges Only Domestic Waste to Sewer: <input type="checkbox"/> <i>If checked, complete this Section A and then proceed directly to Section G.</i>	
Address of Site Discharging Wastewater:	Business Mailing Address:
<i>Site Address</i>	<i>Mailing Address</i>
<i>City, State</i> <i>Zip Code</i>	<i>City, State</i> <i>Zip Code</i>

Contact Name	Job Title	Contact Role	Phone Number	E-Mail Address
			<small>24 hr</small>	
			<small>24 hr</small>	
			<small>24 hr</small>	

Provide information for at least two contact persons knowledgeable with this application

2. NATURE OF BUSINESS

Briefly describe business or project including primary finished products or services. Briefly describe the main activities producing wastewater at the site.

Business Description:
Activities Producing Wastewater:
Reason for Applying for Wastewater Discharge Permit:

3. SITE IDENTIFICATION AND ENVIRONMENTAL PERMIT NUMBERS HELD BY OR FOR THE FACILITY

Primary Standard Industrial Classification Code(s):	_____	_____	_____
NPDES Permit:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - # _____	
Stormwater Permit:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - # _____	
SWCAA Air Discharge Permit:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - # _____	
EPA Hazardous Waste ID Number:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - # WA - _____	
	<input type="checkbox"/> CESQG	<input type="checkbox"/> SQG	<input type="checkbox"/> MQG <input type="checkbox"/> LQG
City of Vancouver Water Meter:	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Account # _____	
Provide Other Environmental Permit Information in this Space:			

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Section B – Product and Process Information

1. BUSINESS OPERATIONS

	Total Average Number of Employees for Site:			
	Is Activity Generating Wastewater Seasonal? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(provide explanation)</i>			
	Days When Facility is in Operation: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Facility Shift Schedule <i>(fill in schedule below)</i>			
Shift	Shift Start Time	Shift End Time	Avg. No. Employees	

2. PROCESSES AND PRODUCTS

Process activities include manufacturing, materials processed and remediation activities.

	Process Activity	SIC or NAICS Code	Product Name or Type	Previous Calendar Year		Projected		Production or Process Units	Wastewater Discharge to Sanitary Sewer?
				Daily Avg.	Daily Max.	Daily Avg.	Daily Max.		
(a)									<input type="checkbox"/> Y <input type="checkbox"/> N
(b)									<input type="checkbox"/> Y <input type="checkbox"/> N
(c)									<input type="checkbox"/> Y <input type="checkbox"/> N
(d)									<input type="checkbox"/> Y <input type="checkbox"/> N
(e)									<input type="checkbox"/> Y <input type="checkbox"/> N
(f)									<input type="checkbox"/> Y <input type="checkbox"/> N
(g)									<input type="checkbox"/> Y <input type="checkbox"/> N
(h)									<input type="checkbox"/> Y <input type="checkbox"/> N

3. Process / manufacturing site plan attached as Attachment number ____.
4. Process / manufacturing flow diagram attached as Attachment number ____.
5. Pretreatment and discharge site plan showing sampling location attached as Attachment number ____.

See Section B of Instructions for details of information required on site plans and diagrams.

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6. INDUSTRIAL WASTEWATER DISCHARGED TO SANITARY SEWER

Side Sewer No.	Process (a), (b), (c) etc. from B.2.	Substances Discharged to Side Sewer	Type of Pretreatment	Batch or Continuous? No. of batches per month: _____	Hours per Day of Discharge	Daily Quantity Discharged in Gallons	
						Avg	Max
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			
				<input type="checkbox"/> Continuous <input type="checkbox"/> Batch No. of batches per month: _____			

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7. 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	Quantity Generated gal or lb	
				Daily	Monthly

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8. RAW MATERIALS AND CHEMICALS USED IN PROCESSES

Chemical or Product Name	Chemical Constituents	CAS Number	Process (a), (b), (c) etc. from B.2.	Avg. Total Storage Quantity (gal or lb)	Avg. Daily Usage Rate (gal or lb)	Max. Daily Usage Rate (gal or lb)	Disposition (Check all that apply)					
							Solid Waste	Reclaim / Recycle	Air	Product	Sewer	Other
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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Section C – Water Balance

1. Water Balance Table

(1) Enter the appropriate letter for the Water Source column in the Water Balance Table:

- | | | |
|------------------|--------------------------|--------------------|
| a. City Service | b. Private Well | c. Reclaimed Water |
| d. Raw Materials | e. Industrial Stormwater | f. Groundwater |
| g. Septage | h. Other | |

(2) Enter the appropriate letter for the Discharge Point column in the Water Balance Table:

- | | | |
|-------------------|----------------|--------------------|
| a. Sanitary Sewer | b. Storm Drain | c. Receiving Water |
| d. Waste Hauler | e. Evaporation | f. Ground |
| g. Product | h. Other | |

Water Balance Table

Type of Consumption / Discharge	Water IN			Water OUT		
	Water Use			Water Discharge or Loss		
	Water Source	Avg (gal/day)	Max (gal/day)	Discharge Point	Avg (gal/day)	Max (gal/day)
Industrial process water / industrial wastewater						
Contact cooling water						
Non-contact cooling water						
Boiler & cooling tower feed / blowdown						
Water incorporated into product						
Domestic use / wastewater						
Industrial stormwater						
Facility washing water / wastewater						
Construction dewatering						
Groundwater remediation						
Site irrigation						
Evaporation	NA	NA	NA			
Other (specify)						
TOTALS:	NA			NA		

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Section D – Wastewater Characteristics

1. WASTEWATER STRENGTH CHARACTERISTICS

Strength Characteristics	Units	Avg	Max (Range for pH)	Basis ¹
pH	S.U.	NA		
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 Basis Column – use codes following next table.

2. COMMON PRIORITY POLLUTANTS IN DISCHARGE

Check box and provide concentration values if present

	Pollutant	Units	Avg	Basis ¹		Pollutant	Units	Avg	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	mg/L			<input type="checkbox"/>	Pesticides	mg/L		
<input type="checkbox"/>	Molybdenum – total	mg/L			<input type="checkbox"/>	BTEX	mg/L		
<input type="checkbox"/>	Selenium – total	mg/L							
<input type="checkbox"/>	Volatile Toxic Organics – EPA Method 624 list	mg/L			<input type="checkbox"/>	Semi-Volatile Toxic Organics – EPA Method 625 list	mg/L		

1 - Codes for Basis Column:

SE – Sample from existing discharge. Attach sampling data as Attachment ____.

SO – Sample from other similar discharge (describe below)

M – Material balance (attach calculation worksheet)

P – Professional judgment (describe below)

NP – Not present

U – Unknown

Comments:

3. OTHER PRIORITY POLLUTANTS – complete Appendix A Other Priority Pollutants.

4. CERTIFICATION STATEMENT – SAMPLING

I hereby certify that sampling and analysis was conducted in accordance with 40 CFR Part 136 and VMC 14.10.400 and is representative of daily operations occurring at the facility and expected pollutant discharges to the city sanitary sewer.

Signature _____

Date _____

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Section E – Pretreatment

1. 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 trap / interceptor	<input type="checkbox"/>	Clarification
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Sedimentation	<input type="checkbox"/>	Electrocoagulation
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Precipitation	<input type="checkbox"/>	Centrifugation
<input type="checkbox"/>	Oxidation / reduction	<input type="checkbox"/>	Adsorption	<input type="checkbox"/>	

List other pretreatment type(s):

2. PRETREATMENT DESCRIPTION

Briefly describe the pretreatment systems used at the site

3. Pretreatment system process flow diagram attached as Attachment number ____.

4. ENGINEERING REPORTS FOR PRETREATMENT SYSTEMS

Chapter 173-240 WAC, Submission of Plans and Reports for Construction of Wastewater Facilities, requires Engineering Reports for industrial wastewater facilities be submitted and approved by Department of Ecology prior to construction or modification of pretreatment facilities.

Check appropriate box

- An Engineering Report was submitted and is approved by Department of Ecology. Date of approval: ____
The City of Vancouver may request a copy of the Engineering Report.
- An Engineering Report was submitted to the City of Vancouver and / or Department of Ecology and is awaiting approval. Date of submittal: ____
- An Engineering Report is being prepared and planned for submittal to the City of Vancouver by the following date: ____
- A determination is being made for the requirement of preparation of an Engineering Report.
- An Engineering Report is not required.

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Section F – Categorical Information

1. Check any activities listed below that are performed at your facility. If none apply to your facility, check this box and skip to Section G.

40 CFR#	Industrial Activity	40 CFR#	Industrial Activity
<input type="checkbox"/> 467	Aluminum Forming	<input type="checkbox"/> 432	Meat and Poultry Products
<input type="checkbox"/> 427	Asbestos Manufacturing	<input type="checkbox"/> 433	Metal Finishing
<input type="checkbox"/> 461	Battery Manufacturing	<input type="checkbox"/> 464	Metal Molding and Casting
<input type="checkbox"/> 407	Canned & Preserved Fruits & Vegetables	<input type="checkbox"/> 436	Mineral Mining and Processing
<input type="checkbox"/> 408	Canned & Preserved Seafood	<input type="checkbox"/> 471	Nonferrous Metal, Form & Powders
<input type="checkbox"/> 458	Carbon Black Manufacturing	<input type="checkbox"/> 421	Nonferrous Metals Manufacturing
<input type="checkbox"/> 411	Cement Manufacturing	<input type="checkbox"/> 414	OCPSF, Organic Chemicals, Plastics, & Synthetic Fibers
<input type="checkbox"/> 437	Centralized Waste Treatment	<input type="checkbox"/> 435	Oil & Gas Extraction
<input type="checkbox"/> 434	Coal Mining	<input type="checkbox"/> 440	Ore Mining and Dressing
<input type="checkbox"/> 465	Coil Coating	<input type="checkbox"/> 446	Paint Formulating
<input type="checkbox"/> 468	Copper Forming	<input type="checkbox"/> 443	Paving and Roofing Materials
<input type="checkbox"/> 405	Dairy Products Processing	<input type="checkbox"/> 455	Pesticide Chemicals
<input type="checkbox"/> 469	Electrical, Electronic Components	<input type="checkbox"/> 419	Petroleum Refining
<input type="checkbox"/> 413	Electroplating	<input type="checkbox"/> 439	Pharmaceutical Manufacturing
<input type="checkbox"/> 457	Explosives Manufacturing	<input type="checkbox"/> 422	Phosphate Manufacturing
<input type="checkbox"/> 412	Concentrated Animal Feedlot Operations	<input type="checkbox"/> 463	Plastics Molding and Forming
<input type="checkbox"/> 424	Ferroalloy Manufacturing	<input type="checkbox"/> 466	Porcelain Enameling
<input type="checkbox"/> 418	Fertilizer Manufacturing	<input type="checkbox"/> 430	Pulp, Paper, and Paperboard
<input type="checkbox"/> 464	Foundries, Metal Mold & Casting	<input type="checkbox"/> 428	Rubber Manufacturing
<input type="checkbox"/> 426	Glass Manufacturing	<input type="checkbox"/> 417	Soap & Detergent Manufacturing
<input type="checkbox"/> 406	Grain mills	<input type="checkbox"/> 423	Steam Electric Power Generation
<input type="checkbox"/> 454	Gum & Wood Chemicals Mfg.	<input type="checkbox"/> 409	Sugar processing
<input type="checkbox"/> 460	Hospitals	<input type="checkbox"/> 410	Textile Mills
<input type="checkbox"/> 447	Ink formulating	<input type="checkbox"/> 429	Timber Products Processing
<input type="checkbox"/> 415	Inorganic chemicals Manufacturing	<input type="checkbox"/> 442	Transportation Equipment Cleaning
<input type="checkbox"/> 420	Iron & Steel Manufacturing	<input type="checkbox"/>	
<input type="checkbox"/> 425	Leather Tanning & Finishing		

2. Indicate date when facility began (or is planned) for operation: _____

3. If applicable to your industry, is your facility implementing Best Management Practices (BMPs) or pollution prevention (PP) alternative to meet categorical standards?

NA No Yes (attach BMP or PP program document or proposal)

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Section F – Categorical Information (cont.)

(THIS PAGE TO BE COMPLETED BY CATEGORICAL INDUSTRIAL USERS ONLY)

4. Baseline Monitoring Reports

- (a) A Baseline Monitoring Report (BMR) was submitted on this date: _____
Go to 5. - Final Compliance Report
- A Baseline Monitoring Report (BMR) was NOT previously submitted.
Complete sections 4.(b) through 4.(e) below
- (b) Provide a summary of analytical results for regulated pollutants in the table below. See Section F. of the instructions for sampling requirements.

Regulated Pollutant Name	Regulatory Limits		Facility Analytical Results		Sampling and Analysis Information			
	Monthly Avg. (check one) mg/L lb	Daily Max. (check one) mg/L lb	Avg. (check one) mg/L lb	Max. (check one) mg/L lb				
					Sample Type	No. of Samples	Method of Analysis	Sample Location

Provide name and address of commercial laboratory performing analyses. Attach laboratory reports used for analyses in this table.

- (c) Provide a summary of each regulated process:

Process Description	Production Rate	Pretreatment Standard Category	Sub-part	SIC / NAICS	Daily Flows	
					Avg	Max
Unregulated waste stream	NA	NA	NA	NA		

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Section F – Categorical Information (cont.)

(THIS PAGE TO BE COMPLETED BY CATEGORICAL INDUSTRIAL USERS ONLY)

(5) Final Compliance Report

For new facilities (Categorical Industrial Users), retain this Section F.(5), but complete all previous sections and Section G. and submit to City of Vancouver Industrial Pretreatment staff. This Section F.(5) must be completed and submitted to City of Vancouver Industrial Pretreatment staff following commencement of discharge.

- (a) A Final Compliance Report (FCR) was submitted on this date: _____
 Go to Section G
- A Final Compliance Report (FCR) is NOT yet submitted.
 Complete sections (b) through (e) below. (May be returned separately from this application.)
- (b) Provide a summary of analytical results for regulated pollutants in the table below. See Section F. of the instructions for sampling requirements.

Regulated Pollutant Name	Regulatory Limits		Facility Analytical Results		Sample Type	No. of Samples	Method of Analysis	Sample Location
	Monthly Avg. <small>(check one)</small> mg/L lb	Daily Max. <small>(check one)</small> mg/L lb	Avg. <small>(check one)</small> mg/L lb	Max. <small>(check one)</small> mg/L lb				

Provide name and address of commercial laboratory performing analyses. Attach laboratory reports used for analyses in this table.

--

- (c) Provide a summary of each regulated process:

Process Description	Production Rate	Pretreatment Standard Category	Sub-part	SIC / NAICS	Daily Flows	
					Avg	Max
Unregulated waste stream	NA	NA	NA	NA		

Section F – Categorical Information (cont.)

(THIS PAGE TO BE COMPLETED BY CATEGORICAL INDUSTRIAL USERS ONLY)

(d) Total Toxic Organics (TTOs):

- The categorical pretreatment standard includes TTO pretreatment standards. YES NO
(if NO, go to (e) –Certification)
- The facility does not use or does not plan to use any of the TTOs listed under the TTO standard of the applicable categorical pretreatment standard. YES NO
- A solvent management plan has been developed and is attached. YES NO
If NO, provide explanation of whether solvent management plan will be submitted.

(e) Certification

Qualified Professional Certification:

I hereby certify that Pretreatment Standards are either being met on a consistent basis as indicated above or that a pretreatment system is either planned (if the process being applied for is not in operation yet) or is in operation (if the process being applied for is in operation) that is adequate to achieve federal, state, and local Pretreatment Standards on a consistent basis.

Signature of Qualified Professional

Date

Printed Name

Title

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Section G – 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 of Authorized Representative

Date

Printed Name

Title

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations (CFR) Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in VMC 14.10. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

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Appendix A - Other Priority Pollutants Checklist

Chemical Name	Check if Absent at Facility	Check if Present at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (ug/l)	Chemical Name	Check if Absent at Facility	Check if Present at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (ug/l)
Acid Extractable Organics						Base Neutral Organics (cont.)					
2-Chlorophenol						Butyl benzyl phthalate					
2,4-Dichlorophenol						Chrysene					
2,4-Dimethylphenol						Di-n-butyl phthalate					
2,4-Dinitrophenol						Di-n-octyl phthalate					
2-Methyl-4,6-dinitrophenol						Dibenzo (a,h) anthracene					
4-Chloro-3-methylphenol						Diethyl phthalate					
2-Nitrophenol						Dimethyl phthalate					
4-Nitrophenol						Fluoranthene					
Pentachlorophenol						Fluorene					
Phenol						Hexachlorobenzene					
2,4,6-Trichlorophenol						Hexachlorobutadiene					
Base Neutral Organics						Hexachlorocyclopentadiene					
1,2,4-Trichlorobenzene						Hexachloroethane					
1,2-Dichlorobenzene						Indeno(1,2,3-cd) pyrene					
1,2-Diphenylhydrazine						Isophorone					
1,3-Dichlorobenzene						N-nitroso-di-n-propylamine					
1,4-Dichlorobenzene						N-nitrosodimethylamine					
2,4-Dinitrotoluene						N-nitrosodiphenylamine					
2,6-Dinitrotoluene						Naphthalene					
2-Chloronaphthalene						Nitrobenzene					
3,3-Dichlorobenzidine						Phenanthrene					
4-Bromophenyl phenyl ether						Pyrene					
4-Chlorophenyl phenyl ether						Purgeable Volatile Organics					
Acenaphthene						1,1,1-Trichloroethane					
Acenaphthylene						1,1,2,2-Tetrachloroethane					
Anthracene						1,1,2-Trichloroethane					
Benzidine						1,1-Dichloroethane					
Benzo (a) anthracene						1,1-Dichloroethylene					
Benzo (a) pyrene						1,2-Dichloroethane					
Benzo (b) fluoranthene						1,2-Dichloropropane					
Benzo (ghi) perylene						2-Chloroethyl vinyl ether					
Benzo (k) fluoranthene						Acrolein					
Bis(2-chloroethoxy) methane						Acrylonitrile					
Bis(2-chloroethyl) ether						Benzene					
Bis(2-chloroisopropyl) ether						Bromodichloromethane					
Bis(2-ethylhexyl) phthalate						Bromoform					

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Appendix A - Other Priority Pollutants Checklist												
Chemical Name	Check if Absent at Facility	Check if Present at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (ug/l)		Chemical Name	Check if Absent at Facility	Check if Present at Facility	Check if Present in Discharge	Check if Absent in Discharge	Concentration in Discharge, if Known (ug/l)
Purgeable Volatile Organics (cont.)												
Bromomethane							Tributyltin					
Carbon tetrachloride							Surfactants					
Chlorobenzene							Nonylphenols					
Chloroethane							Boron					
Chloroform							Diazinon					
Chloromethane							Styrene					
cis 1,3-Dichloropropene							Acetone					
Dibromochloromethane							Sulfate					
Ethylbenzene							Sulfite					
Methylene chloride							Sulfide					
Tetrachloroethylene												
Toluene												
trans 1,3-Dichloropropene												
trans-1,2-Dichloroethylene												
Trichloroethylene												
Trichlorofluoromethane												
Vinyl chloride												