



CITY OF SPOKANE
RIVERSIDE PARK WATER RECLAMATION FACILITY
WASTEWATER DISCHARGE PERMIT APPLICATION



You are receiving this application for a wastewater discharge permit because of the industrial wastewater your business discharges to the City of Spokane sanitary sewer. This application is required by Chapter 90.48 RCW and Chapter 173-216 WAC. It is designed to provide the City of Spokane with baseline information on pollutants in the waste stream, materials that may enter the waste stream, and the flow characteristics of the discharge. Please answer all questions and include the required attachments. Indicate N/A if a question does not apply to your operations. Incomplete applications will not be accepted. The City of Spokane may require additional information as needed to clarify the condition of this discharge. Please note that 40 CFR 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 40 CFR 2 and applicable State Law.

SECTION A. GENERAL INFORMATION

1. Applicant Business Name: _____
2. Mailing Address: _____

3. Facility Address: _____

4. Person to contact concerning information in this application:
Name: _____
Title: _____
Phone Number: _____
Fax Number: _____
Email address: _____
5. Please check one:
☐ Permit Renewal ☐ Proposed Discharge ☐ Existing Unpermitted Discharge

6. Certification Statement:

The City of Spokane does not accept signed documents via email. If you are filling out this application electronically, please be sure to sign and date this page before uploading to the Cross Media Electronic Reporting Rule (CROMERR) web portal.

I certify under penalty of perjury of the laws of the State of Washington (or state of execution) that I am authorized to sign this statement on behalf of the person or entity for which it is submitted, that this document and all attachments are reliable and were prepared based upon my personal knowledge or under my direction or supervision, after diligent inquiry in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge or 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 inaccurate or false information, including the possibility of fine and imprisonment.

Signature of Authorized Representative*

Date

Printed Name

Title

Phone Number

Email Address

*Authorized Representative as defined in Spokane Municipal Code 13.03A.0103D.

The responsible party established above may delegate an additional authorized representative for submittals required by the permit, such as monthly reports, to a suitable employee. You can delegate this authority to a qualified individual or to a position, which you expect to fill with a qualified individual. If you wish to authorize an additional individual, please complete the following:

Signature of delegated employee

Date

Printed Name

Title

Phone Number

Email Address

Each authorized representative must fill out their own Electronic Signature Agreement which must be mailed in with original signatures prior to competing this permit application if Electronic Reporting is not already in place for that individual. See Section G: Submittal Information – Step 1.

SECTION B. FACILITY OVERVIEW

1. Total number of employees at this facility: _____
2. Indicate the facility's operational schedule and shifts with a process discharge:

| Day | Shifts Worked | Shifts Wastewater is Discharged |
|------------------------------------|--|--|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Monday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd | <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd |

3. List the start-end times for each operational shift:

1st _____ 2nd _____ 3rd _____

4. Provide a general description of manufacturing / service activities at this facility:

[illegible]

5. Please list the SIC (Standard Industrial Classification) Code and NAICS (North American Industrial Classification System) number for each of the facility’s processes or business activities, and indicate if a waste or wastewater is discharged to the sanitary sewer. If there is or will be discharge to the sewer from the process, describe whether it is or will be a batch or continuous flow.

| SIC & NAICS Code | Process/Activity | Discharge to sewer? (Y / N) | Batch or Continuous? (B / C) |
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Commented [AB1]: Do we need to add estimated volume gpd column? It may make writing the fact sheet easier...or it might make drama if it doesn't match the ER.

Commented [AB2R1]: Angie mentioned the ER may meet this requirement.

Commented [AT3R1]: Will including estimated volumes here help us determine SIU applicability? For example, if they have over 25K gpd, but half of that doesn't count (e.g. boiler blowdown or non-contact cooling) it may impact whether or not they are issued a permit.

6. Please list all chemicals stored at this facility and the average quantity stored at any given time (list only those with quantities greater than 5 gallons for liquids and 50 pounds for solids). Attach SDS for each chemical/substance and label as “ATTACHMENT B6.”

| Material | Quantity stored | Secondary Containment? (Yes/No) |
|----------|-----------------|------------------------------------|
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7. Please list any wastewater treatment technologies currently employed (e.g. screens, sediment traps, oil /water separators, pH neutralization, chemical precipitation, etc.)

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8. On a separate sheet, produce a schematic drawing showing production processes, water flow through the facility, wastewater treatment devices, waste streams, and outlets to sewer. The drawing should indicate the source of intake water and show the operations contributing wastewater to the effluent. All treatment units should be labeled. Label this drawing “ATTACHMENT B8.”

SECTION C. WATER/WASTEWATER VOLUME

Please ensure that water usage = water discharge

1.

| Water Sources | Average Volume (gallons per day) | Maximum Volume (gallons per day) |
|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Municipal system | | |
| <input type="checkbox"/> Recycled | | |
| <input type="checkbox"/> Private wells | | |
| <input type="checkbox"/> Other (specify) | | |
| TOTAL | | |

2.

| Water Usage | Average Volume (gallons per day) | Maximum Volume (gallons per day) |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Cooling water | | |
| <input type="checkbox"/> Boiler makeup | | |
| <input type="checkbox"/> Process water | | |
| <input type="checkbox"/> Sanitary purposes | | |
| <input type="checkbox"/> Other (specify) | | |
| TOTAL | | |

3.

| Water Discharge/Loss | Average Volume (gallons per day) | Maximum Volume (gallons per day) | Maximum Flow Rate (gallons per minute) |
|---|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Municipal sewer | | | |
| a. Process | | | |
| b. Sanitary | | | |
| c. Cooling | | | |
| <input type="checkbox"/> Storm drain | | | |
| <input type="checkbox"/> Waste hauler | | | |
| <input type="checkbox"/> Evaporation | | | |
| <input type="checkbox"/> Contained in product | | | |
| <input type="checkbox"/> Recycled | | | |
| <input type="checkbox"/> Other (specify) | | | |
| TOTAL | | | |

4. Applicant is requesting a maximum daily permit authorized flow of: _____ gpd
The City will apply a 20% safety factor if the receiving sewer line has adequate capacity.

5. Applicant is requesting a maximum peak flow of: _____ gallons per minute.

SECTION D. WASTEWATER CHARACTERIZATION

The City of Spokane will perform sampling at your business for the pollutants in Tables D1 through D5 below as required by Pretreatment Regulations. Cost for the required sampling and analysis will be added to your utility bill. If process wastewater is not being discharged yet, then sampling will occur after start up and you should provide pollutant data from comparable facilities ~~or~~ within your company.

1. Does this facility have a manhole or other location that is accessible and suitable for wastewater sampling? If yes, please describe, including whether process wastewater and sanitary wastewater mix at this location, and how How many sewer connections does your facility have? s.

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TABLE D1

Table D1 parameters may also be included in your upcoming permit.

| Pollutant Parameter | Parameter | Parameter | Parameter |
|--------------------------------|--------------------------------------|-------------------------------|---|
| BOD (5 day) | Total Cyanides Benzene | Chromium (total) | Nickel Molybdenum (total) |
| Total Suspended Solids | Benzene Antimony (total) | Copper (total) | Selenium (total) Nickel (total) |
| pH | Arsenic (total) | Lead (total) | Silver (total) Selenium (total) |
| Total Phosphorous | Cadmium Beryllium (total) | Mercury (total) | Silver Thallium (total) |
| Total Cyanides | Cadmium (total) | Molybdenum (total) | Zinc (total) |

TABLE D2

| Acid Compounds EPA Method 625.1 | | | |
|---------------------------------|---|---|-----------------------|
| Parameter | Parameter | Parameter | Parameter |
| 2-chlorophenol | 4,6-dinitro-o-cresol [4,6-dinitro-2-methylphenol] | 4-nitrophenol | phenol |
| 2,4-dichlorophenol | 2,4-dinitrophenol | p-chloro-m-cresol [4-Chloro-3-methylphenol] | 2,4,6-trichlorophenol |
| 2,4-dimethylphenol | 2-nitrophenol | pentachlorophenol | |

TABLE D3

| Volatiles | | | |
|----------------------|---|---------------------------|----------------------------|
| Parameter | Parameter | Parameter | Parameter |
| acrolein | chloroethane | 1,2-dichloropropane | tetrachloroethylene |
| acrylonitrile | 2-chloroethylvinyl ether [(2-chloroethoxy) ethane] | 1,3-dichloropropylene | toluene |
| benzene | chloroform | ethylbenzene | 1,2-trans-dichloroethylene |
| bromoform | dichlorobromomethane | methyl bromide | 1,1,1-trichloroethane |
| carbon tetrachloride | 1,1-dichloroethane | methyl chloride | 1,1,2-trichloroethane |
| chlorobenzene | 1,2-dichloroethane | methylene chloride | trichloroethylene |
| chlorodibromomethane | 1,1-dichloroethylene | 1,1,2,2-tetrachloroethane | vinyl chloride |

TABLE D4

| Base/Neutral | | | |
|---|---------------------------------|--|---------------------------|
| Parameter | Parameter | Parameter | Parameter |
| acenaphthene | bis(2-chloroisopropyl) ether | diethyl phthalate | hexachlorocyclopentadiene |
| acenaphthylene | bis (2-ethylhexyl)phthalate | dimethyl phthalate | hexachloroethane |
| anthracene | 4-bromophenyl phenyl ether | di-n-butyl phthalate | indeno(1,2,3-cd)pyrene |
| benzidine | butylbenzyl phthalate | 2,4-dinitrotoluene | isophorone |
| benzo(a)anthracene | 2-chloronaphthalene | 2,6-dinitrotoluene | naphthalene |
| benzo(a)pyrene | 4-chlorophenyl phenyl ether | di-n-octyl phthalate | nitrobenzene |
| 3,4-benzofluoranthene [benzo (b) fluoranthene] | chrysene | 1,2-diphenylhydrazine (as azobenzene) | N-nitrosodimethylamine |
| benzo(ghi)perylene | dibenz(a, h)anthracene | fluoranthene | N-nitrosodi-n-propylamine |
| benzo(k)fluoranthene | 1,2-dichlorobenzene | fluorene | N-nitrosodiphenylamine |
| bis(2- chloroethoxy)methane | 1,3-dichlorobenzene | hexachlorobenzene | phenanthrene |
| bis(2-chloroethyl)ether | 1,4-dichlorobenzene | hexachlorobutadiene | pyrene |
| | 3,3'-dichlorobenzidine | | 1,2,4-trichlorobenzene |

TABLE D5

| Pesticides | | | |
|---------------------|---------------------------------|--------------------|-----------|
| Parameter | Parameter | Parameter | Parameter |
| aldrin | 4,4'-DDD | endosulfan sulfate | PCB-1254 |
| alpha-BHC | 4,4'-DDE | endrin | PCB-1221 |
| beta-BHC | 4,4'-DDT | endrin aldehyde | PCB-1232 |
| delta-BHC | dieldrin | heptachlor | PCB-1248 |
| gamma-BHC (Lindane) | alpha-endosulfan (Endosulfan I) | heptachlor epoxide | PCB-1260 |
| chlordan | beta-endosulfan (Endosulfan II) | PCB-1242 | PCB-1016 |
| | | | toxaphene |

SECTION E. OTHER WASTES GENERATED

1. Describe liquid wastes and sludges being generated by your facility that are not disposed of to the sanitary sewer and how they are being disposed of. Please indicate if any wastes have been designated as Dangerous Waste.

2. For each type of waste, provide type of waste and the name, address, and phone number of the waste hauler.

3. Describe storage areas for raw materials, products, and wastes.

SECTION F. OTHER ENVIRONMENTAL PERMITS

1. Describe any environmental control permits held by the facility (examples may include, but not be limited to air quality, ground water, storm water, etc.).

SECTION G. SUBMITTAL INFORMATION

Step 1: If authorized representatives on page 2 of this application do not have a City of Spokane Shared CROMERR Services account, then an Electronic Signature Agreement (enclosed) with original signature should be mailed to:

City of Spokane Industrial Pretreatment Program
Riverside Park Water Reclamation Facility
4401 North Aubrey L. White Parkway
Spokane, WA 99205

The City will supply links and instructions for setting up a Shared CROMERR Services account after receiving your Electronic Signature Agreement. A CROMERR account will be required for

submittal of the permit application and will be the method by which documents are submitted throughout the permit duration.

Step 2: This application and the following items must be uploaded to the Shared CROMERR Services website by the date indicated in the accompanying cover letter.

<https://encromerr.epa.gov/?theme=Spokane>

Please upload the following documents:

- ☐ A completed Engineering Report in accordance with WAC 173-240-130.
The Permit Application will not be accepted by the City of Spokane until the Engineering Report has been approved.

Where two or more years has elapsed since approval of the engineering report or plans and specifications, it may be necessary to update that document to reflect changed water quality conditions, regulatory requirements, or engineering technology. [WAC 173-240-110]

- ☐ Section B – 6. Safety Data Sheets for all chemicals
8. Production schematic flow diagram
- ☐ Section D – Any available analytical data (any samples taken by the user at the point of compliance or data from comparable facilities within your company) of the business)

If wastewater data, or reasonable estimates of pollutant loading, do not appear to meet the applicable limitations, according to the City of Spokane Pretreatment chemist, a detailed compliance schedule outlining the steps needed to install adequate treatment must also be submitted.

- ☐ A compliance schedule proposal for treatment that meets applicable limits and AKART (All known, available and reasonable methods of prevention, control, and treatments)-requirements. The steps to achieve compliance must be by the shortest schedule possible.

THANK YOU for your cooperation!

Please keep a copy of this application for your records.

If you have questions about completing this document, please contact the Industrial Pretreatment Program: **(509) 625-4600**

Upon acceptance of this application, an application fee will be included on the applicant's City of Spokane Utilities bill. Fees are updated annually and can be found at <https://my.spokanecity.org/opendata/documents/public-rules-regulations/>