Category:	
caregory.	



## CATEGORICAL STATE WASTE DISCHARGE PERMIT APPLICATION FOR INDUSTRIAL DISCHARGES TO LAND – HANFORD SPECIFIC

FOR STATE USE ONLY		
Date Application Received	Date Fee Paid	Application/ Permit Number
Date Application Accepted		Facility Number
Temporary Permit Effective Date		Temporary Permit Expiration Date

This application is for a waste discharge permit as required in accordance with provisions of Chapter 90.48 RCW and Chapter 173-216 WAC. Additional information may be required. Information previously submitted and applicable to this application should be referenced in the appropriate section.

			GENERAL INFORM	MATION	
1.	Company Name:				
2.	Unified Business				
3.					_
4.	Facility Location	Street or Other Desc	ription	Zip	_
5.		City/State who is familia	r with the information conta	nined in this application:	
6.	Check One:	Permit Renewal	Existing Unpermitted Discharge	Proposed Discharge Anticipated date of discharge:	
wit inq inf	th a system designed to nuiry of the person or p ormation submitted is,	assure that quali ersons who mana to the best of my	fied personnel properly gather and ge the system, or those persons di knowledge and belief, true, accurc	repared under my direction or supervision in accordand evaluate the information submitted. Based on my lirectly responsible for gathering the information, the tate, and complete. I am aware that there are signification and/or imprisonment for knowing violations.	
Sig	nature*				
				Printed Name	

If you require this document in an alternate format, please contact the Nuclear Waste Program at 509-735-7581 or TTY 711 or 1-800-833-6388.

<sup>\*</sup>Applications must be signed as follows: A municipal, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

Category:	

## **IDENTIFY WASTE STREAMS**

- 1. On an attached sheet, briefly describe the types of discharges included in this categorical permit application.
- 2. List each stream included in this categorical permit application and assign each waste stream an identification number.

ID No.	Process	Waste Stream Name/Location	B/C/S Process	Estimated Quantity

<sup>\*</sup>B = Batch, C = Continuous, S = Seasonal

## SOURCE/WASTEWATER DESCRIPTION

3.	On an attached sheet, briefly describe all source water used to generate waste streams. Also describe
	concentrations measured, analytical methods, and detection limits. Explain instances where constituent
	levels exceed ground water criteria.

4.	Provide additional process knowledge that could effect constituent concentrations.