

DATA DISCLOSURE FORM

**Application for Permit to Discharge Industrial Waste to
City of Broken Arrow Publicly Owned Treatment Works**

1. Company Name: _____
Mailing Address: _____
Telephone: _____
2. Address of Production or Manufacturing Facility (*if same as above, check O*)

Telephone: _____
3. Person to be contacted about this Application: _____
Title: _____ Telephone: _____
4. Person to be contacted in Case of an Emergency: _____
Title: _____ Telephone: _____
5. For Existing Businesses: *Check One:*
Is the building presently connected to the public sewer system? Yes No
If yes, what is the sewer account number? _____
If no, have you applied for a sewer hook up? Yes No
6. For New Businesses:
Will you be occupying an existing vacant building such as in an industrial park? Yes No
Have you applied for a building permit if a new facility will be constructed? Yes No
Will you be connected to the public sewer system? Yes No

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7. Does this company have an industrial waste discharge permit with the POTW or has it had one previously? Yes No

If yes, Permit Number _____ Expiration Date _____

8. Describe the nature of the manufacturing process or commercial activities at this facility:

9. Standard Industrial Classification Code Number(s) and Classification(s):

10. Quantity of Water Consumption/Wastewater Generated:

Average Total monthly water consumption (gallons) _____

Average gallons of water consumed in product daily _____

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Types / Amounts of wastes generated by this facility

Check all that apply

Type	Average Amount	Estimated	Measured
	gpd		
<input type="checkbox"/> Domestic Wastes (restrooms, showers, etc.)	_____	_____	_____
<input type="checkbox"/> Cooling water, non-contact	_____	_____	_____
<input type="checkbox"/> Boiler/tower blowdown	_____	_____	_____
<input type="checkbox"/> Cooling water, contact	_____	_____	_____
<input type="checkbox"/> Process (before treatment)	_____	_____	_____
<input type="checkbox"/> Process (after treatment)	_____	_____	_____
<input type="checkbox"/> Equipment/facility washdown	_____	_____	_____
<input type="checkbox"/> Air pollution control unit	_____	_____	_____
<input type="checkbox"/> Storm water runoff to sewer	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Total Wastewater Discharged: _____

Wastes are discharged to

Check all that apply

Type	Average Amount	Estimated	Measured
	gpd		
<input type="checkbox"/> Sanitary Sewer	_____	_____	_____
<input type="checkbox"/> Storm Sewer	_____	_____	_____
<input type="checkbox"/> Surface Water	_____	_____	_____
<input type="checkbox"/> Ground Water	_____	_____	_____
<input type="checkbox"/> Liquid Waste Hauler	_____	_____	_____
<input type="checkbox"/> Evaporation	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Describe other: _____

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11. Other discharge or environmental permits (NPDES, ODEQ, etc., and identify number and expiration date of each:

12. Wastewater Parameters and Concentrations / Measurements:

Parameter	Units	Concentration / Measurement
BOD ₅	mg/L	_____
TSS	mg/L	_____
pH	standard units	_____
Oil & Grease	mg/L	_____
Temperature	°C	_____
Ammonia	mg/L	_____
TKN (<i>Total Kiedahl Nitrogen</i>)	mg/L	_____
Phosphorus Total	mg/L	_____
Arsenic	mg/L	_____
Cadmium	mg/L	_____
Chromium	mg/L	_____
Copper	mg/L	_____
Cyanide Total	mg/L	_____
Lead	mg/L	_____
Mercury	mg/L	_____
Nickel	mg/L	_____
Silver	mg/L	_____
Zinc	mg/L	_____

** If you do not have/know amounts of chemicals listed above, you will need to have a sample of your wastewater analyzed by an EPA accredited Laboratory.*

** Please contact the Pretreatment Coordinator at (918) 259-7000 Ext. 7220, for more information, on where/how to get the tests done.*

13. Attach a line drawing (schematic flow diagram) of each major activity in which wastewater is generated identifying the flow of materials and water from start to completed activity and showing all unit processes generating wastewater. Include plant process and waste line layouts and locations of floor drains and manholes. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable. For those industries currently holding an Industrial Discharge Permit, you may only need to go back and review data provided to you by your pretreatment program coordinator. Include any existing or proposed pretreatment systems and locations and sizes of all existing and proposed connections to the POTW wastewater collection system. Also include details of present and/or proposed monitoring facilities.

14. Description of Products, Process Discharge, and Raw Materials. The following Application must be completed for each product line. For completing this Application, Attachment A is located at the back of this packet
 - * Give a general description of products produced by type and amount. Please specify if produced seasonally.
 - * Specify if process is batch, continuous, or both.
 - * If both specify what percentage is batch, and what percentage is continuous.
 - * If batch, specify the number of batches per 24-hour day.

15. List all principal materials regularly used in your facility that may be present in your wastewater discharge (such as cleaning agents, solvents, food processing waste, plating solutions, catalysts, milk wastes, ink, etc.). Identify chemical constituents, if known, or brand name. Attach Material Safety Data Sheets for each. Attachment B is provided for this, directly following Attachment A.

16. Describe hours of operation of plant and the number of employees per shift. Specify seasonal variances.

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17. Describe hours of operation of actual or proposed pretreatment facility. Specify discharge hours.

18. Are your manufacturing or commercial operations subject to national pretreatment standards? *Check one:* Yes No

Remarks:

19. Are the applicable National Categorical Pretreatment Standards and the Local Discharge Prohibitions and Limitations being met on a consistent basis? *Check one:* Yes No

Remarks:

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20. If applicable wastewater discharge limitations are not being met consistently, is additional pretreatment and/or alteration of current operation and maintenance required to meet the limitations? *Check one:* Yes No

Remarks:

21. Is there an Accidental Spill Prevention Plan prepared for this facility?
Check one: Yes No

If so, attach to this Application. If not, attach a chemical inventory list.

22. Name the laboratory your firm proposes to contract with for Self-Monitoring.
Name:

Address:

Telephone:

23. Name the person(s) responsible for sampling, testing, and reporting to the Pretreatment Coordinator / POTW.

Name	Title	Phone	Ext.
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** If possible please include business cards with this completed Application.*

24. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge (biosolids), place a check beside the category or business activity (*Check all that apply*)

Industrial Categories

- | | |
|---|--|
| <input type="radio"/> Aluminum Forming
<input type="radio"/> Asbestos Manufacturing
<input type="radio"/> Battery Manufacturing
<input type="radio"/> Builder's Paper
<input type="radio"/> Carbon Black
<input type="radio"/> Cement Manufacturing
<input type="radio"/> Coil Coating Copper Forming
<input type="radio"/> Dairy Products Processing
<input type="radio"/> Electrical / Electronic Components
<input type="radio"/> Electroplating
<input type="radio"/> Feedlots
<input type="radio"/> Ferroalloy Manufacturing
<input type="radio"/> Fertilizer Manufacturing
<input type="radio"/> Fruits & Vegetables Processing
<input type="radio"/> Glass Manufacturing
<input type="radio"/> Grain Mills Manufacturing
<input type="radio"/> Ink Formulating
<input type="radio"/> Inorganic chemicals
<input type="radio"/> Iron & Steel Manufacturing
<input type="radio"/> Leather Tanning & Finishing | <input type="radio"/> Meat Processing
<input type="radio"/> Metal Finishing
<input type="radio"/> Metal Molding & Casting
<input type="radio"/> Nonferrous Metals Forming
<input type="radio"/> Paint Formulating
<input type="radio"/> Paving & roofing (tars and asphalt)
<input type="radio"/> Pesticides
<input type="radio"/> Petroleum Refining
<input type="radio"/> Pharmaceuticals
<input type="radio"/> Phosphate Manufacturing
<input type="radio"/> Plastics Molding / Forming
<input type="radio"/> Porcelain Enameling
<input type="radio"/> Pulp & Paper
<input type="radio"/> Rubber Processing
<input type="radio"/> Seafood Processing
<input type="radio"/> Soaps / Detergents Mfg.
<input type="radio"/> Steam Electric
<input type="radio"/> Sugar Processing
<input type="radio"/> Textile Mills
<input type="radio"/> Timber Products Mfg. |
|---|--|

Other Business Activities

- | | |
|--|---|
| <input type="radio"/> Animal / Vegetable Fats / Oils Blending
<input type="radio"/> Auto / Garage Repair
<input type="radio"/> Beverage Bottler
<input type="radio"/> Breads / Baked Goods Mfg.
<input type="radio"/> Brewery / Winery
<input type="radio"/> Car Wash / Transport Truck Wash
<input type="radio"/> Explosives Manufacturing
<input type="radio"/> Hospital / Health Care
<input type="radio"/> Laundry / Dry Cleaning
<input type="radio"/> Paint & Body Shop | <input type="radio"/> Pesticide Applicator
<input type="radio"/> Photocopying
<input type="radio"/> Photographic Development
<input type="radio"/> Poultry Processing
<input type="radio"/> Printing & Publishing
<input type="radio"/> Radiator Shop
<input type="radio"/> Rendering
<input type="radio"/> Restaurant / Commerical Food Establishment
<input type="radio"/> Slaughter / Meat Packing
<input type="radio"/> Other Food / Edible Products Processor |
|--|---|

25A Describe Pretreatment devices or processes used for treating wastewater or sludge (biosolids). *Check all that apply.*

Pretreatment Devices/Processes

- Air Floatation
- Biological Treatment **Describe:** _____
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation **Describe:** _____
- Grease Trap **Frequency of Cleaning:** _____
- Grit Removal
- Ion Exchange
- Neutralization / pH Correction **Describe:** _____
- Ozonation
- Rainwater Diversion or Storage **Describe:** _____
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Sump
- Other Chemical Treatment **Describe:** _____
- Other Physical Treatment **Describe:** _____
- Other
- No Pretreatment Provided

25-B **Pretreatment - Pollution Prevention**

- Water Conservation
 - Recycling *describe all types, attach additional info if not enough space*
 - water
 - product
 - oils/grease
 - packaging
 - other *specify:*
-
-
-
-
-

Other remarks as needed to describe any of the above:

26. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent 6 months of data. Include the date of the sample collection and analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

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Hazardous Wastes - Liquid, solid, sludge, biosolids

	Amount used
<input type="radio"/> Acids and Alkalies	_____
<input type="radio"/> Heavy Metal Sludges	_____
<input type="radio"/> Inks / Dyes	_____
<input type="radio"/> Non-petroleum Oil and/or Grease	_____
<input type="radio"/> Organic Compounds	_____
<input type="radio"/> Paints	_____
<input type="radio"/> Pesticides	_____
<input type="radio"/> Petroleum Oil and/or Grease	_____
<input type="radio"/> Plating Wastes	_____
<input type="radio"/> Pretreatment Sludges	_____
<input type="radio"/> Radiator Fluid Wastes	_____
<input type="radio"/> Solvents / Thinners	_____
<input type="radio"/> Other Hazardous Wastes	<i>specify</i> _____ _____ _____ _____

For the above checked wastes, does your company practice

- On-site storage. Describe: _____

* Options continued on next page.

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Off-site storage. Describe:

On-site disposal. Describe:

Off-site disposal. Describe:

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28. Priority Pollutant Information. Following review of your raw materials / chemicals list and your Material Safety Data Sheets, please indicate in the appropriate box by each listed chemical whether it is “Suspected to be absent”, “Known to be absent”, “Suspected to present”, or “Known to be present” in your manufacturing or service activity or generated as a by-product.

Item #	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
1	ammonia				
2	asbestos (fibrous)				
3	cyanide (total)				
4	antimony (total)				
5	arsenic (total)				
6	beryllium (total)				
7	cadmium (total)				
8	chromium (total)				
9	copper (total)				
10	lead (total)				
11	mercury (total)				
12	nickel (total)				
13	selenium (total)				
14	silver (total)				
15	thallium (total)				
16	zinc (total)				
17	acenaphthene				
18	acenaphthylene				
19	acrolein				
20	acrylonitrile				
21	aldrin				
22	anthracene				
23	benzene				
24	enzidine				
25	benzo(a)anthracene				
26	benzo(a)pyrene				
27	benzo(a)fluoranthene				
28	benzo(g,h,i)perylene				
29	benzo(k)fluoranthene				
30	a-BHC (alpha)				
31	b-BHC (beta)				
32	d-BHC (delta)				
33	g-BHC (gamma)				
34	bis(2-chloroethyl)ether				
35	bis(2-chloroethoxy)methane				

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Item #	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
36	bis(2-chloroixopropyl)ether				
37	bis(chloromethyl)ether				
38	bis(2-ethylhexyl)phthalate				
39	bromodichloromethane				
40	bromoform				
41	bromomethane				
42	4-bromophenylphenyl ether				
43	butylbenzyl phthalate				
44	carbon tetrachloride				
45	chlordane				
46	4-chloro 3-methylphenol				
47	chlorobenzene				
48	chloroethane				
49	chloroform				
50	chloromethane				
51	2-chloronaphthalene				
52	2-chlorophenol				
53	2-chlorophenylphenyl ether				
54	chrysene				
55	4,4'-DDD				
56	4,4'-DDE				
57	4,4'-DDT				
58	dibenzo(a,h)anthracene				
59	dibromochloromethane				
60	1,2-dichlorobenzene				
61	1,3-dichlorobenzene				
62	1,4-dichlorobenzene				
63	3,3-dichlorobenzidine				
64	dichlorodifluoromethane				
65	1,1-dichloroethane				
66	1,2-dichloroethane				
67	1,1-dichloroethane				
68	trans-1,2-dichloroethene				
69	2,4-dichlorophenol				
70	1,2-dichloropropane				
71	(cis & trans) 1,3-dichloropropene				
72	dieldrin				
73	diethyl phthalate				
74	2,4-dimethylphenol				
75	dimethyl phthalate				
76	di-n-butyl phthalate				
77	di-n-octyl phthalate				
78	4,6-dinitro-2-methylphenol				
79	2,4-dinitrophenol				
80	2,4-dinitrotoluene				
81	2,6-dinitrotoluene				
82	1,2-diphenylhydrazine				
83	endosulfan I				
84	endosulfan II				
85	endosulfan sulfate				
86	endrin				
87	endrin aldehyde				
88	ethylbenzene				
89	fluoranthene				

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Item #	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
90	fluorene				
91	heptachlor epoxide				
92	hexachlorobenzene				
93	hexachlorobutadiene				
94	hexachlorocyclopentadiene				
95	hexachloroethane				
96	indeno (1,2,3-d) pyrene				
97	isophorone				
98	methylene chloride				
99	naphthalene				
100	nitrobenzene				
101	2-nitrophenol				
102	4-nitrophenol				
103	n-nitrosodimethylamine				
104	n-nitrosodipropylamine				
105	n-nitrosodiphenylamine				
106	PCB-1016				
107	PCB-1221				
108	PCB-1232				
109	PCB-1242				
110	PCB-1248				
111	PCB-1254				
112	PCB-1260				
113	pentachlorophenol				
114	phenanthrene				
115	phenol				
116	pyrene				
117	2,3,7,8-tetrachlorodibenzo-p-dioxin				
118	1,1,2,2-tetrachloroethane				
119	tetrachloroethane				
120	toluene				
121	toxaphene				
122	1,2,4-trichlorobenzene				
123	1,1,1-trichloroethane				
124	1,1,2-trichloroethane				
125	trichloroethene				
126	trichlorofluoromethane				
127	2,4,6-trichlorophenol				
128	vinyl chloride				

** For chemical compounds which are indicated to be “known present”, please attach a list with the item number, chemical compound, estimated usage (daily, weekly, annual, which ever. best fits), and loss to sewer.*

29. Please indicate the sections of this Application that you wish to remain confidential and your basis for requesting confidentiality.

Question #	Reason(s)
<input type="radio"/> 1	_____
<input type="radio"/> 2	_____
<input type="radio"/> 3	_____
<input type="radio"/> 4	_____
<input type="radio"/> 5	_____
<input type="radio"/> 6	_____
<input type="radio"/> 7	_____
<input type="radio"/> 8	_____
<input type="radio"/> 9	_____
<input type="radio"/> 10	_____
<input type="radio"/> 11	_____
<input type="radio"/> 12	_____
<input type="radio"/> 13	_____
<input type="radio"/> 14	_____
<input type="radio"/> 15	_____
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<input type="radio"/> 23	_____
<input type="radio"/> 24	_____
<input type="radio"/> 25	_____
<input type="radio"/> 26	_____
<input type="radio"/> 27	_____
<input type="radio"/> 28	_____
<input type="radio"/> 29	_____

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30. This completed Application is to be certified and signed by a qualified professional and reviewed and signed by an authorized representative of the Industrial User. An Authorized Representative is:
- A. If the user is a corporation:
 - 1. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principle business function, or any other person who performed similar policy or decision-making functions for the corporation.
 - 2. The manager of one or more manufacturing, production, operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;
 - B. If the user is a partnership or sole proprietorship: a general partner or proprietor, respectively;
 - C. If the user is a Federal, State, or Local Government facility: a director or highest official appointed or designated to oversee the operations and performance of the activities of the government facility, or his/her designee;
 - D. The individuals described in A. through C. above may designate another authorized representative if the authorization is in writing. The authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the City.

By signing this Application, each signatory certifies to the following:

“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 Application submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information for the Application submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations”

Certified by: _____
Title: _____
Date: _____

Reviewed by: _____
Title: _____
Date: _____

