City of Helena Wastewater Treatment Facility 2108 Custer Avenue East Helena, MT 59602 (406) 457-8555 Industrial User Permit Application - Wastewater	and the state
1. a) NAME OF BUSINESS	$\bigcirc$
b) MAILING ADDRESS	
c) ADDRESS OF PREMISES	_
d) TYPE OF BUSINESS (CHECK) Industrial [ ] Commercial [ ] Professional [ ]	
e) DESCRIPTION OF BUSINESS	-
Federal SIC No	
f) PERSON TO CONTACT ABOUT THIS APPLICATION	
PHONE	
2. a) METHOD OF WASTE DISPOSAL (Check): City Sewer[] Septic Tank and Leac	hing[] Haul[]
b) TYPE OF WASTE DISCHARGED (Check): Industrial only [] Industrial and	I Domestic [ ]
3. a) DAYS OF OPERATION PER WEEK (CIRCLE) M T W TH F SA SU SHIFTS PER DAY	
b) NUMBER OF EMPLOYEES Full-timePart-time	
c) RAW MATERIALS USED (including average rate of usage)	
d) PRODUCTS PRODUCED (type and rate of production)	
e) PROCESS DESCRIPTION	
4. a) WASTEWATER PRODUCING OPERATIONS (full description)	

b) DURATION OF DISCHARGE\_\_\_\_\_\_

HOURLY PEAK

(indicate units)

SEASONAL VARIATIONS

SANITARY, BOILER, COOLING WATER DISCHARGE FLOW\_\_\_

(indicate units)

- 5. a) Attach site and or floor plan of facility showing details of process plumbing, sewer lines, connections and appurtenances.
  - b) If batch process used, describe procedures used to dispose of waste materials.
  - c) Describe any pretreatment, waste storage, spill control or housekeeping practices used or planned.

### 6. POLLUTANT CHARACTERISTICS

Check pollutants found in facility's discharge from manufacture of product or as by-product and provide average concentration (mg/l). If industry is governed by Federal Categorical Standards, provide concentrations of discharge from regulated processed.

#### Group I

BOD TSS Dissolved Solids Oil and Grease Chloride		Cyanide Fluoride Sodium Sulfate	
Group II (List specified	c pollutant)		
Flammable of exp Radioactive mate Large amounts of	r toxic organic materials plosive materials rials r soaps, detergents or dyes r 160 degrees F or		

### Group III

65 TOXIC POLLUTANTS LISTED IN CONSENT DECREE AND REFERENCED IN 307 (A) OF THE CWA OF 1977

DinitrotolueneVinyl ChlorideDiphenylhydrazineZinc and compoundsEndosulfan & metabolitesXylenes
--

List any other toxicants not covered in above groups known or anticipated to be present in your discharge

7. I certify under penalty of law that this form was prepared by me or under my direction and that the information contained herein 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/or imprisonment for knowingly or negligently submitting false or misleading information.

Signed: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Printed Name:

# Please return to the following address and include payment of \$ 75.00 for application fee:

City of Helena Wastewater Treatment Facility Attn: Lynora Rogstad, Pretreatment Administrator 2108 Custer Avenue East Helena, MT 59602

(406) 457-8555 Fax # (406) 457-8557

# When a permit is issued, an additional \$75.00 annually, for the term of the permit, will be charged for administrative fees.