



INDIVIDUAL WASTEWATER DISCHARGE PERMIT APPLICATION

City Of Missoula Wastewater Treatment Facility

435 Ryman St - Missoula, MT 59802 – (406) 552-6606

An application for this individual wastewater discharge permit, in accordance with 13.07.640 MMC, must be filed at least 90 days prior to the date upon which any discharge will begin or recommence. Original signed copy must be mailed to address on form. Questions and/or additional documents can be emailed to seibt@ci.missoula.mt.us

SECTION A – GENERAL INFORMATION

Facility Contact Information

Facility Contact Information		
1. Facility/Business Name:	2. Physical Address:	
3. Facility Phone:	4. Facility Email:	
5. Owner's Name:	7. Owner's Email:	
6. Owner's Phone:		
8. Mailing Address:	9. Primary Contact Name/Title:	
10. Primary Contact Phone:	11. Primary Contact Email:	
12. Business license #:	13. Geocode:	
14. List any environmental control permits held by the facility:		
Type of Permit	Permit Number	Expiration Date

15. Give a brief description of all operations at this facility including primary products manufactured or services provided (attach additional sheets if necessary):



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SECTION B – INDUSTRIAL USER CATEGORY

1. IU Category. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial User Category				
Select the industry category(ies) for your facility				
<input type="checkbox"/> Airport Deicing	<input type="checkbox"/> Ferroalloy Mfg.	<input type="checkbox"/> Paint Formulating		
<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Fertilizer Mfg.	<input type="checkbox"/> Paving and Roofing Materials Prod		
<input type="checkbox"/> Asbestos Mfg.	<input type="checkbox"/> <i>Food Service (retail or mfg., cafeteria, day care, restaurant, etc.)</i>	<input type="checkbox"/> Pesticide Chemicals		
<input type="checkbox"/> Auto Repair	<input type="checkbox"/> Glass Mfg.	<input type="checkbox"/> Petroleum Refining		
<input type="checkbox"/> Battery Mfg.	<input type="checkbox"/> Grain Mill	<input type="checkbox"/> Pharmaceutical Mfg.		
<input type="checkbox"/> Brewery	<input type="checkbox"/> Gum and Wood Chem Manuf.	<input type="checkbox"/> Phosphate Mfg.		
<input type="checkbox"/> Canned/Presv Fruit & Veg Proc	<input type="checkbox"/> Hospital	<input type="checkbox"/> Photographic Proc.		
<input type="checkbox"/> Canned/Preserved Seafood Proc	<input type="checkbox"/> Ink Formulating	<input type="checkbox"/> Plastics Molding		
<input type="checkbox"/> Carbon Black Mfg.	<input type="checkbox"/> Inorganic Chemical Mfg.	<input type="checkbox"/> Porcelain Enameling		
<input type="checkbox"/> Cement Mfg.	<input type="checkbox"/> Iron and Steel Mfg.	<input type="checkbox"/> Pulp, Paper, & Paperboard		
<input type="checkbox"/> Centralized Waste Tmt	<input type="checkbox"/> Landfill	<input type="checkbox"/> Rubber Mfg.		
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Leather Tanning	<input type="checkbox"/> Soap and Detergent Mfg.		
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Meat and Poultry Product	<input type="checkbox"/> Steam Electric Power Gen		
<input type="checkbox"/> CAFO	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Sugar Proc.		
<input type="checkbox"/> CAAP - Aquaculture	<input type="checkbox"/> Metal Casting (Foundry)	<input type="checkbox"/> Textile Mill		
<input type="checkbox"/> Construction and Development	<input type="checkbox"/> Metal Products & Machinery	<input type="checkbox"/> Timber Products Proc		
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Mineral Mining and Proc.	<input type="checkbox"/> Transportation Equip Clng.		
<input type="checkbox"/> Dairy Proc.	<input type="checkbox"/> Nonferrous metals forming	<input type="checkbox"/> Vehicle Washing		
<input type="checkbox"/> Dental Office	<input type="checkbox"/> Nonferrous Metals Mfg.	<input type="checkbox"/> Waste Combustion		
<input type="checkbox"/> Electrical Components	<input type="checkbox"/> Oil and Gas extraction	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Ore Mining	<input type="checkbox"/> <i>None of the above, commercial septage discharge only</i>		
<input type="checkbox"/> Explosives Mfg.	<input type="checkbox"/> Organic Chem, Plastics & Syn Fibers			



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SECTION C – OPERATIONS

1. Site Plan - draw to scale the location of each building on the premises (or generate edited Google map/GIS map). Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram in Wastewater Section), public sewers, and each facility sewer line connected to the public sewers.

If this is a permit renewal and the above drawings have been submitted, and no changes have occurred, resubmittal of drawings or blueprints is unnecessary. Make note of this below.



A large rectangular box intended for drawing the Site Plan. In the top right corner of this box is a small north arrow symbol (a triangle pointing upwards with the letter 'N' to its left).



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2. Shift Information

Shift	Employees per shift	Mon	Tues	Wed	Thur	Fri	Sat	Sun
		Shift Hours						
1 st								
2 nd								
3 rd								

3. Operational Schedule. Indicate whether the business activity is:

Continuous through the year, or
 Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments (does operation shut down for maintenance/vacation/etc.?):

4. Raw Materials. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

Raw Material	Quantity	Storage Location	Labeled (Y/N)	Lidded (Y/N)	Secondary Containment (Y/N)



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5. Chemicals. List types and quantities of chemicals used or planned for use (attach list if needed). Include copies of Safety Data Sheets (if available) for all chemicals identified.

Chemical class	Chemical/Substance Name	Volume
Corrosives, acids, bases (pH <5.0 or >12.0)		
Degreasing agents		
Dyes		
Fats, oils, grease		
Flammable/Combustible Liquids/Fuels		
Foaming agents/detergents		
Fume suppressants		
Hazardous Substances/Waste		
Nutrients (ammonia, nitrogen, nitrates, phosphorus)		
Oxygen-demanding pollutants (BOD)		
Petroleum oils		
Radioactive wastes or isotopes		
Sanitizers/cleaners		
Solid or viscous substances (paint, tar, sludge, etc.)		
Vapor or gas-producing		

6. Production Rates

Product	Past Calendar Year Amounts per day (daily units)		Estimate This Calendar Year Amounts per day (daily units)	
	Average	Maximum	Average	Maximum



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SECTION D – SPILL PREVENTION

1. Do you have floor drains in your manufacturing or chemical storage areas?

Yes No

If Yes, where do floor drains discharge? (sewer, emergency spill containment, unknown, etc.):

2. Could an accidental spill on the premises lead to a discharge to: (check all that apply)

- Floor Drain
- Onsite disposal system (septic tank)
- Public sanitary sewer system
- Storm drain
- To ground
- Other, specify:

- N/A, no possible discharge to any of the above routes

3. Do you have an accidental spill prevention plan to prevent spills of chemicals or slug discharges from entering the sewer system?

- Yes - [Please enclose a copy with the application]
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharges only domestic wastes.

4. Please describe any previous spill events and remedial measures to prevent their recurrence.



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SECTION E – WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Water Utility
- Other (Specify):

2.

Name on water bill:	
Address:	
Water Service Account Number:	

3. List average water usage/inputs that contribute to the following:

Type	Gallons Per Day	Indicate Estimated (E) or Measured (M)
a. Process waste		
b. Non-contact Cooling Water		
c. Contact Cooling Water		
d. Boiler Feed		
e. Air Pollution Control		
f. Contained in Product		
g. Plant and Equipment Wash down		
h. Irrigation and Lawn watering		
i. Sanitary waste		
j. Other		
k. TOTAL A-J		

* If sanitary flow is not metered provide an estimate based on 15 gallons per day (gpd) for each employee



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SECTION F – WASTEWATER

- 1. Sanitary sewer account number:** _____
- 2. Schematic Flow Diagram**
 - a. For each major activity in which wastewater is or will be generated, attach a diagram of the flow of materials, products, water and wastewater from the start of the activity to its completion, showing all unit processes.
 - b. Number each unit process having wastewater discharges to the sewer system. Use these same numbers when showing unit processes in the building layout and when filling out the following table.
 - c. Using the following table, indicate the average daily volume **and** maximum daily volume of each waste stream and indicate if this is a measured (M) or estimated (E) flow.
- 3. Process Discharge Waste.** Describe for each facility process average **and** maximum discharge in gallons per day (GPD), and the type of discharge (batch, continuous). If process results in no waste or hazardous or solid waste that does not discharge to the treatment plant, indicate as "none" under type of discharge. Include the reference number from the schematic flow diagram that corresponds to each process.

Process Step No.	Process Description	Avg/Max Waste Generated (GPD)	Type of Discharge



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4. Time and Duration of Any/All Wastewater Discharges

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Discharge (e.g., 9 a.m. to 5 p.m.)							
Total Hours per day Discharging (e.g., 8 hours/day)							

a. Peak hourly flow rate (GPD) _____

b. Maximum daily flow rate (GPD) _____

c. Annual daily average (GPD)_____.

5. If batch discharge occurs or will occur, indicate: (new facilities may estimate)

a. Number of batch discharges per day: _____

b. Average discharge per batch (GPD):_____

c. Time of batch discharges:

Days of week: _____ Hours of day:_____

d. Flow rate (GPM):_____

e. Percent of total facility discharge: _____

6. Measurement of Pollutants in Wastewater Discharge. Provide the results of sampling and analysis identifying the nature and concentration, and/or mass, of regulated pollutants in the discharge from each regulated process in table from Section F.(3) above. Please note, sampling must be representative of daily operations and in accordance with sections 13.07.1080 and 13.07.1090 MMC.

7. Sampling Equipment. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow equipment at the facility?

Current: Flow Metering Yes No
Sampling Equipment Yes No

Planned: Flow Metering Yes No
Sampling Equipment Yes No

If so, indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:



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8. Changes to Wastewater. Are there any process changes or expansions planned during the next 5 years that could alter wastewater volumes, constituents, or characteristics?

SECTION G – PRETREATMENT OF WASTEWATER

1. Indicate the pretreatment devices or processes used or proposed for pretreating wastewater or sludge. Check as many as apply.

Air flotation
Chemical precipitation
Chlorination
Filtration
Flow equalization
Grease or oil separation
Grease trap
Grit removal
Ion exchange
Neutralization, pH correction
Oil/sand interceptor
Ozonation
pH Adjustment
Reverse osmosis
Screen
Sedimentation
Septic tank
Solvent separation
Spill protection
Biological treatment, type: _____
Other, type: _____

2. Do you have a manual on the correct operation of your pretreatment equipment?

Yes No

3. Do you have a written maintenance schedule for your pretreatment equipment?

Yes No



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4. Describe the pollutant loadings, flow rates, design capacity, physical size and operating and maintenance procedures of each system. (attach any appropriate information) (i.e. Sand/Oil interceptor information, Grease Interceptor information)

Pretreatment System	Design Capacity	Size	Flow Rate	Pollutant Loading Capacity
1.				
	O&M			
2.				
	O&M			

SECTION H – NON-DISCHARGED WASTES

1. List any waste liquids or sludge generated and not disposed of in the sanitary sewer system.

Waste Generated	Quantity lbs/gal. (per year)	Disposal Method

2. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

Hauler #1	Hauler #2	Hauler #3

Authorized Representative 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 ensure 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.

Name:

Title:

Signature:

Date:

Original signed copy must be mailed to address on form. Questions and/or additional documents can be emailed to seibt@ci.missoula.mt.us