



**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](mailto:seibt@ci.missoula.mt.us)

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



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**SECTION C – OPERATIONS**

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- 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.

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**2. Shift Information**

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

**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.):

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**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**

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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**

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

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

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**2.**

<b>Name on water bill:</b>	
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**

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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?

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**SECTION G – PRETREATMENT OF WASTEWATER**

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

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

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- 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				

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## SECTION H – NON-DISCHARGED WASTES

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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](mailto:seibt@ci.missoula.mt.us)