



1. Name:			
2. Activity:			
3. Discharge:			
4. S/N Designation:		For each discharge point, enter a S/N designation (001, 002, 003, etc)	
5. Exact location on receiving water (describe and locate on map) or receiving wastewater treatment facility:			
6. Nature of Activity:			
7. Point source category (EPA)		40 CFR Sub-part	
SIC		Sub category	
Product			
Production Process			
Production Ton/Day			
7b. If the discharge is regulated by either 40 CFR Part 423 OR CFR Part 433 (metal finishing or electroplating), include a toxic organic management plan			
		Attached	
8. Describe wastes to be discharged:			
9a. Existing discharge?	Yes	No	If "yes", are wastes being treated?
			Yes No
9b. Explain and describe any less than full time operation of treatment facilities:			
9c. If "no", give the date the discharge will commence:			
9d. Will wastes be treated prior to discharge?		Yes	No
9e. Explain and describe any less than full time operation of treatment facilities:			
10a. Are new treatment facilities or modifications to existing facilities in design or under construction?		Yes	No
10b. If "yes", describe and provide schedule for attainment of operational level:			

10c. If design of proposed treatment facility requires a period for data collection, how much time is required?

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11. Have modifications to the production process or treatment facilities occurred during since the previous application was submitted?                      Yes                                      No

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12. If "yes", please describe:

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13. Describe flow sequence of discharge, including source of intake water, operations contributing wastewater to the effluent and treatment facilities. Attach line drawing showing the water flow through the facility.

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14. Volumes of wastes, after treatment, if any, to be discharged

<b>(A) Sanitary Wastes</b>				
Weekdays average		GPD		
Weekends average		GPD		
<b>(B) All other wastes</b>				
Weekdays average		GPD		
Weekends average		GPD		

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15. Will discharges in (B) above be essentially uniform over a 12 month period?                      Yes                                      No

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15b. If "No", provide monthly or seasonal breakdown:

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16. Is the person who is, or will be, responsible for operation and maintenance of the treatment facility certified by the Office of Professional Regulation as a Treatment Plant Operator?                                      Yes                                      No

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17. Describe the procedures used for the disposal of all solids, sludges, filter backwash or other pollutants removed in the course of treatment or control of wastewaters. Include disposal site or location:

18. Describe the effluent characteristics of wastes, (B-12(a) and (B)) to be discharged which you know or have reason to believe are present. Provide maximum concentrations or range of concentrations. If no constituent of the type indicated is added, enter "none added". If constituent is present in unknown or uncertain amount enter "present" and describe in an attachment of the circumstances relating to its presence, including amounts of known constituents.

**Biochemical and physical characteristics**

Constituent	Amount	Unit	Constituent	Amount	Unit
BOD5		Mg/l	Total Dissolved Solids		Mg/l
COD		Mg/l	Total Phosphorus AS P		Mg/l
TSS		Mg/l	Total Kjeldahl Nitrogen (TKN)		Mg/l
Turbidity		NTU	Color		
Settleable Solids		Mg/l	Materials affecting taste and Odor		
Oil and Grease		Mg/l	Temperature Range		°F
Floatable Solids		Mg/l	pH Range		SU

**Chemical Constituents**

Constituent	Amount	Unit	Constituent	Amount	Unit
Arsenic		Mg/l	Mercury		Mg/l
Cadmium		Mg/l	Nickel		Mg/l
Chlorine (free)		Mg/l	Selenium		Mg/l
Chromium (+6)		Mg/l	Silver		Mg/l
Chromium (+3)		Mg/l	Zinc		Mg/l
Copper		Mg/l	OTHERS (including any other pollutant identified as a priority pollutant by EPA in the NRDC vs. Train consent decree of July 8, 1976). <sup>1</sup>		
Cyanide		Mg/l	Other:		
Iron		Mg/l	Other:		
Lead		Mg/l	Other:		
Maganese		Mg/l	Other:		

<sup>1</sup>Existing discharges regulated by 40 CFR Part 413 or 40 CFR Part 433 are required to perform an analysis for Total Toxic Organics from a grab sample and submit the results as part of this application. Contact the Department for the list of Total Toxic Organics.

**Attach additional information relating to the presence and amounts of other known constituents (instructions attached below)**

**Send completed application to:**

VT Department of Environmental Conservation  
 Watershed Management Division  
 1 National Life Drive, Davis 3  
 Montpelier VT 05620-3522