



**Sussex County Engineering
 Department 2 The Circle
 P.O. Box 589
 Georgetown, DE. 19947
 302-855-7718**

INDUSTRIAL WASTEWATER DIRECT/INDIRECT DISCHARGE REQUEST (DR/IDR) APPLICATION

SECTION A: PART I: COUNTY

Sussex County, Delaware proposes to accept to its Publicly Owned Treatment Works (POTW), a

New Discharge or **Modified**

Discharge of industrial wastewater from:

Applicant: _____
 (Name of Discharger)

Flow: Average Process Wastewater Volume (gallons/day):

Previous Permitted Total:	_____
This Request:	* _____
TOTAL:	_____

* This value is the average daily process flow requested by the Applicant on Page 2

Certification:

This proposal meets with the approval of all local authorities having jurisdiction over the request.

Authorized Official:

Print or Type Name and Title: _____

Signature: _____ Date: _____

Notes:

- By signing this discharge request form, the county official certifies that the county has evaluated and approves the proposed discharge and the ability of the POTW to take the discharge based on the information submitted by the industrial user, and that the application is complete.
- The proposed discharge shall meet the requirements of state and federal pretreatment standards, and local pretreatment programs/sewer use ordinances.

PART II: APPLICANT *

(a) DISCHARGER NAME & ADDRESS

Name:	
Street Address:	
Mailing Address:	

(b) RESPONSIBLE OFFICIAL

Name:	
Position Title:	
Daytime Phone #:	

(c) INDUSTRY TYPE

Product(s) / Description:			
NAICS Code(s):		SIC Code(s) (if available):	

(d) SIU or CATEGORICAL STANDARDS Yes No

CIU Category(ies):	40 CFR Part:	Subpart:
Categorical Industrial User		
SIU Description:**	Significant Industrial User	

(e) FLOW INFORMATION

This IDR - Ave. Process (gpd):	# Connections to Sewer**	# Employees:**	# Shifts**
*			

FLOW SUMMARY	Source	Average (gpd)	Minimum (gpd)	Maximum (gpd)	Time/Duration
Previous	Sanitary				
	Process				
	TOTAL				
<u>Change - This DR:</u>	Sanitary				
	Process	*			
	TOTAL				
TOTAL :	Sanitary				
	Process				
	TOTAL				

*** This value to match the value of "This Request" on Page 1**

◆ Attach additional pages as needed

PART II: APPLICANT (CONTINUED)

Engineer:	
Company:	
NH P.E. #:	

ATTACHMENTS CHECK LIST:

	Attached	Remarks/Explanation
(a) Treatment Process Schematic	<input type="checkbox"/>	
(b) Plans, Specs, O & M Procedures	<input type="checkbox"/>	
(c) Production Process Diagram	<input type="checkbox"/>	
(d) Waste Stream Pollutants List	<input type="checkbox"/>	
(e) Toxicity/Treatability Information	<input type="checkbox"/>	
(f) Location Map	<input type="checkbox"/>	
(g) Chemical List	<input type="checkbox"/>	
(h) Sampling Location	<input type="checkbox"/>	
(i) H₂O Reduction / P2 Narrative	<input type="checkbox"/>	
(j) Environmental Permits List	<input type="checkbox"/>	

CERTIFICATION:

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 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 true, accurate, and complete to the best of my knowledge and belief.

I am aware that there are significant penalties for submitting false information, including the possibility of criminal prosecution under for knowing violations.

Name: _____
Print or type

Title: _____
Print or type

Signature: _____

Date: _____

SECTION B – General Information – See instructions.

B.1 Standard Industrial Classification Number(s) (SIC code) for your facilities if applicable:

B.2 This facility generates the following types of wastes (Check all that apply):

TYPE	AVERAGE GPD	ESTIMATED	MEASURED
<input type="checkbox"/> Domestic Waste	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/Tower	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cooling Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Process	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Equipment/Facility	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Air Pollution	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (Describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL FLOW B.2

B.3 Wastes are discharged to (check all that apply):

TYPE	AVERAGE GPD	ESTIMATED	MEASURED
<input type="checkbox"/> Sanitary Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Sewer	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Surface Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ground Water	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste Haulers	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used.

Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes No N/A

SECTION C – Facility Operation Characteristics

C.1 Number of employee shifts worked per 24-hour day is _____.
Average number of employees per shift is _____.

C.2 Starting times of each shift: 1st _____, 2nd _____, 3rd _____

Note: The following information in this section must be completed for each product line.

C.3 Principal product produced: _____

C.4 Raw materials and process additives used:

C.5 Production Process is: Batch Continuous Both Average number of batches per 24 hour day _____.

C.6 Hours of operation ____ a.m. to ____ p.m. continuous.

C.7 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle.

C.8 Are any process changes or expansion planned during the next three years?
 yes no

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Section D – Wastewater Information

D.1 If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of the processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

- a. Industrial Categories
- Adhesives
 - Aluminum Forming
 - Auto & Other Laundries
 - Battery Manufacturing
 - Coal Mining
 - Coil Coating
 - Copper Forming
 - Electric & Electronic Components
 - Electroplating
 - Explosives Manufacturing
 - Foundries
 - Gum & Wood Chemicals
 - Inorganic Chemicals
 - Iron & Steel
 - Leather Tanning & Finishing
 - Mechanical Products
 - Nonferrous Metals
 - Ore Mining
 - Organic Chemicals
 - Paint & Ink
 - Pesticides
 - Petroleum Refining
 - Pharmaceuticals
 - Photographic Supplies
 - Plastic & Synthetic Materials
 - Plastics Processing
 - Porcelain Enamel
 - Printing & Publishing
 - Pump & Paper
 - Rubber
 - Soaps & Detergents
 - Steam Electric
 - Textile Mills
 - Timber

b, Other Business Activity

- Dairy Products
- Slaughter/Meat Packing/Rendering
- Food/Edible Products Processor
- Beverage Bottler

D.2 Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or oil separation, type _____
- Grease trap
- Grit Removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type _____
- Rainwater diversion or storage _____
- Other chemical treatment, type _____
- Other physical treatment, type _____
- Other, type _____
- No pretreatment provided

Notes & Comments

D.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

D.4 Priority Pollutant Information

Please indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Suspected to be Absent,” “Suspected to be Present,” or “Known to be Present” in your manufacturing or service activity or generated as a by-product.

D.5 If you are unable to identify chemical constituents of products you use that are discharged in your wastewater, attach copies of the material’s safety data sheets for such products.

Section E

E.1 Are any liquid wastes or sludge from this firm disposed of by means other than discharge to the sewer system?

yes no

If “no” skip remainder of Section E.
If “yes” complete items 2 and 3.

E.2 These wastes may best be described as:

	<u>Estimated Gallons Or Pounds/Year</u>
<input type="checkbox"/> Acids and Alkalis	_____
<input type="checkbox"/> Heavy Metal Sludge	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludge	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____

 Other Wastes (specify)

E.3 For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

INDUSTRIAL WASTEWATER DIRECT/INDIRECT DISCHARGE REQUEST (D/IDR)

APPLICATION INSTRUCTIONS

The owner of an DR/IDR from which industrial waste is or will be discharged to a POTW that has its wastewater treatment plant located in Sussex County shall apply for approval of the discharge **prior to** discharging any industrial waste, increasing the volume of the industrial wastewater flow, or changing any characteristics of the discharge, such as pollutant concentration or characteristics, if such discharge is from a significant DR/IDR or could:

- Cause interference with the POTW;
- Have an adverse effect on the receiving stream or otherwise endanger public or private safety or property; or
- Constitute a nuisance by affecting qualities not specifically regulated, such as odor or the color of the discharge.
- Obtain an DR/IDR form from the County;
- Complete the DR/IDR form by providing the information specified in the form and compiling the required attachments;
- Sign the DR/IDR form; and
- Submit the completed, signed application form, all attachments, and the required fee to the County.

The County must:

- Review the information provided by the applicant;
- Complete the first part of the DR/IDR form by providing the information specified in the form
- Have the completed DR/IDR form signed by the individual authorized by the County to sign such forms; and
- Submit the complete application to:

Sussex County Engineering Department
2 The Circle
P.O. Box 589
Georgetown, DE 19947

Relevant Rules:

Section A

Discharge Request Form: County Portion. The County shall complete the first part of the discharge request form by providing:

- (a) The name of the County;
- (b) The name of the applicant;
- (c) Whether the requested permit is for a new discharge or a modified discharge;
- (d) Prior flow volume, if any;
- (e) Proposed flow volume and total flow volume to be discharged; and
- (f) The printed or typed name and title of the individual authorized by the governing body of the County to sign discharge requests as specified in Env-Wq 305.14(a).

Discharge Request Form: Applicant Portion. The applicant shall provide the following information on or with the applicant portion of the discharge request form:

- (a) The name, street address, and mailing address of the discharger;
- (b) The name, position, and daytime telephone number of a responsible individual of the discharger, such as a plant manager, plant engineer, president, or vice president of the company, who has been authorized by the discharger to certify the permit application.
- (c) The North American Industry Classification System (NAICS) code of the discharger and, if available, the SIC code(s);
- (d) Whether the discharger is subject to national categorical standards, and if so, which standards;
- (e) Information on the proposed flow, including the estimated average, minimum, maximum and total daily flow for domestic discharges and each process discharge and the time and duration of those discharges;
- (f) A schematic of the proposed treatment process;
- (g) The name, company, and license number of the chemical, civil, sanitary, or environmental professional engineer (PE) authorized to work in Delaware who prepared the treatment system plans and specifications, if plans and specifications are being submitted for review;
- (h) If applicable, plans, specifications, and operation and maintenance procedures for new or modified treatment facilities at the discharger, stamped by the PE identified pursuant to (g), above;
- (i) A schematic diagram showing the production process, including the origin of each wastestream;
- (j) A list of pollutants expected to be present in the discharge and the anticipated quantity of each, based on:
 - (1) Analyses of the waste stream(s) to be discharged, in which case test results shall be submitted with the discharge permit request; or
 - (2) Knowledge of the process that produces the wastewater;
- (k) Information on the toxicity and treatability of the pollutants proposed to be discharged, as available from manufacturer's testing, safety, and data publications;
- (l) A map showing the location of the discharger with respect to the POTW;
- (m) A listing of all chemicals used at the discharger that will be or could be discharged, such as production chemicals, degreasers, and cleaning solvents;

(n) A description and location diagram of all sampling locations at the discharger;

(o) A brief narrative describing those measures taken or planned to reduce water usage and implement pollution prevention techniques, if any, such as:

- (1) Flow restrictors;
- (2) Countercurrent rinses;
- (3) Recycling of non-contact cooling water;
- (4) Chemical substitutions; and
- (5) Pollutant source reduction; and

(p) A list of all environmental permits held by or for the discharger.

Signatures and Certifications.

(a) The individual authorized by the governing body of the County to sign discharge requests shall sign and date the discharge application. Such signature shall constitute certification that the proposal meets with the approval of all local authorities having jurisdiction over the request.

(b) The responsible individual identified shall sign and date the discharge application. Such signature shall constitute certification that:

- (1) The application and all attachments were prepared under the responsible individual's direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted;
- (2) Based on inquiry by the responsible individual of the individual or individuals who manage the system, or those individuals directly responsible for gathering the information, the information submitted is true, accurate, and complete to the best of the responsible individual's knowledge and belief; and
- (3) The responsible individual is aware that there are significant penalties for submitting false information, including the possibility of criminal prosecution for knowing violations.

Discharge Request Submission: Local Treatment.

(a) This section shall apply to the processing of discharge requests where the County in which the applicant is located owns and operates the POTW that will receive and treat the discharge.

(b) The applicant shall submit the completed, signed discharge request to the County.

(c) Upon receipt of a discharge request, the county engineer shall evaluate the proposed discharge ability of the POTW to accommodate the discharge based on information submitted by the applicant.

(d) The County shall not approve the discharge request unless the proposed discharge meets all applicable requirements of these rules and all applicable local pretreatment programs and sewer use ordinances.

(e) If the County approves the discharge request, an authorized official of the County shall:

- (1) Sign the discharge request; and
- (2) Forward the discharge request to the department.

Discharge Request Submission: Remote Treatment.

(a) This section shall apply to the processing of discharge applications where the POTW that will receive and treat the discharge (host POTW) is not owned and operated by the municipality in which the applicant is located (satellite municipality), other than discharges that are subject.

(b) The applicant shall submit the completed, signed discharge request to the satellite municipality. The satellite municipality may request the applicant to submit 2 copies of the completed discharge request form.

(c) Upon receipt of a discharge request, the satellite municipality shall:

- (1) Evaluate the proposed discharge for compliance with locally-applicable requirements; and
- (2) Approve the discharge request if the proposed discharge meets all locally-applicable requirements.

(d) If the municipality approves the discharge request, an authorized official of the municipality shall:

- (1) Sign the discharge request; and
- (2) Forward the discharge request to the department and to the host POTW.

(e) Upon receipt of a discharge request, the host POTW shall evaluate the proposed discharge and the ability of the POTW to accommodate the discharge based on information submitted by the applicant.

(f) The host POTW shall not approve the discharge request unless the proposed discharge meets all applicable requirements of these rules and all applicable local pretreatment programs and sewer use ordinances.

SECTIONS B, C, D & E

If your facility is a major non-domestic user or a significant non-domestic user, please complete Sections B, C, D, and E and return to the Sussex County Engineering Department.