SUSSEX COUNTY ENVIRONMENTAL SERVICES
INDUSTRIAL WASTEWATER PRETREATMENT PROGRAM

Industrial Wastewater Discharge Permit Application

Note: Guidance on completing this application provided on the last pages.

Section A: General Information

A.1 Facility Information

Business Name:	
Site Address:	
Mailing Address:	
Length of time at address:	
Registered Agent:	
Is this business part of a Corporation?	

A.2 Responsible Official

Name:	
Position Title:	
Phone Number:	
Email Address:	

Engineer (if applicable):	
Company:	
P.E. Number:	

A.3 Significant or Categorical Standards

☐ **CIU Category(ies); indicate categorical standards:**	**40 CFR Part:**	**Subpart:**

☐ **SIU Description; indicate main operations:**

Indicate all major activities, facilities, and processes applicable to this location:

☐ Dairy Products
☐ Government
☐ Machine Shop
☐ Food/Beverage Processing
☐ Laboratory
☐ Landfill
☐ Laundry (Industrial/Commercial)
☐ Other (specify): _____

☐ Slaughter/Meat Packing/Rendering
☐ Food/Edible Products Processor
☐ Manufacturing
☐ Office space
☐ Retail/Wholesale
☐ School/Educational
☐ Vehicle/Equipment Cleaning

Applicable Categorical Standards:

- ☐ Aluminum Forming *(40 CFR 467)*
- ☐ Battery Manufacturing *(40 CFR 461)*
- ☐ Carbon Black Manufacturing *(40 CFR 458)*
- ☐ Centralized Waste Treatment *(40 CFR 437)*
- ☐ Coil Coating *(40 CFR 465)*
- ☐ Concentrated Animal Feeding Operations *(40 CFR 412)*
- ☐ Copper Forming *(40 CFR 468)*
- ☐ Electrical and Electronic Components *(40 CFR 469)*
- ☐ Electroplating *(40 CFR 413)*
- ☐ Fertilizer Manufacturing *(40 CFR 418)*
- ☐ Glass Manufacturing *(40 CFR 426)*
- ☐ Grain Mills *(40 CFR 406)*
- ☐ Ink Formulating *(40 CFR 447)*
- ☐ Inorganic Chemicals Manufacturing *(40 CFR 415)*
- ☐ Iron and Steel Manufacturing *(40 CFR 420)*
- ☐ Leather Tanning and Finishing *(40 CFR 425)*
- ☐ Metal Finishing *(40 CFR 433)*
- ☐ Metal Molding and Casting *(40 CFR 464)*
- ☐ Nonferrous Metals Forming and Metal Powders *(40 CFR 471)*
- ☐ Oil and Gas Extraction *(40 CFR 435)*
- ☐ Organic Chemicals, Plastics, and Synthetic Fibers *(40 CFR 414)*
- ☐ Paint Formulating *(40 CFR 446)*
- ☐ Paving and Roofing Materials *(40 CFR 443)*
- ☐ Pesticide Chemicals *(40 CFR 455)*
- ☐ Petroleum Refining *(40 CFR 419)*
- ☐ Pharmaceutical Manufacturing *(40 CFR 439)*
- ☐ Porcelain Enameling *(40 CFR 466)*
- ☐ Pulp, Paper, and Paperboard *(40 CFR 430)*
- ☐ Rubber Manufacturing *(40 CFR 428)*
- ☐ Soap and Detergent Manufacturing *(40 CFR 417)*
- ☐ Steam Electric Power Generating *(40 CFR 423)*
- ☐ Timber Products Processing *(40 CFR 429)*
- ☐ Transportation Equipment Cleaning *(40 CFR 442)*
- ☐ Waste Combustors *(40 CFR 444)*

A.4 Industry Type

Detailed description of all industrial processes, operations, final product(s) and/or service(s):			
NAICS Code(s):		**SIC Code(s) (if available):**	

(For information on NAICS codes, visit the website https://www.census.gov/naics/)

List all environmental permits held by the facility (RCRA, NPDES, etc.)**:**

A.5 Flow Information

Process Wastewater (gpd)	**Average:**		**Maximum:**	

◆ Attach additional pages as needed

Note: For Industrial Users that have limited pollutants in the process wastewater with flows less than 5,000 gallons per day and are non-categorical, you may skip Sections B, C, D, E to complete and submit this Application.

For significant industrial users with flows >5,000 gpd and categorical industrial users, please continue completing all sections prior to submitting this Application.

SECTION B Operations Information

B.1 **Number of workdays per week:**_____

B.2 **Personnel Schedule**

Enter number of employees and the shift start and end times (note a.m. or p.m.):

	Office		First Shift		Second Shift		Third Shift	
	# of Employees	Shift Times	# of Employees	Shift Times	# of Employees	Shift Times	# of Employees	Shift Times
Weekdays:								
Saturdays:								
Sundays:								

B.3 **Schedule Variability**

Is the operation subject to seasonal variations: ☐ Yes ☐ No

If "Yes," indicate:

Seasonal maximum wastewater flow: _____ gallons/day during months of: _____

Seasonal minimum wastewater flow: _____ gallons/day during months of: _____

Are facility operations shutdown for vacation, maintenance or other reason? ☐ Yes ☐ No

If "Yes," indicate reason Shutdown period (months):

B.4 **Process Discharges**

Describe Process Wastewater Discharges:

☐ Batch ☐ Continuous ☐ Both _____ % Batch _____ % Continuous

Average number of batch discharges per 24-hour calendar day: _____

Length and duration of continuous discharge per 24-hour calendar day: _____

Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? ☐ Yes ☐ No

(Evaluate production processes as well as air or water pollution control processes.)

If answer is "Yes," briefly describe these changes and their likely effects on the wastewater volume and characteristics (attach additional sheets as necessary):

B.5 **Water Usage and Discharge Information**

Indicate service that pertains to the facility for which you are applying:

Water Service	Account Number	Sewer Service
☐ Sussex County		☐ Sussex County
☐ Tidewater Utilities		☐ Septic Tank
☐ Rehoboth Water		☐ Holding Tank
☐ Private Well		
☐ Other:		☐ Other:

Summarize applicable sources of water usage and wastewater generation								
WATER IN *(gallons per day)*					**WATER OUT** *(gallons per day)*			
Average Water Usage	**GPD**	**Estimated**	**Measured**		**Average Water Discharged or Consumed**	**GPD**	**Estimated**	**Measured**
Domestic (Sanitary)		☐	☐		Sanitary Sewer		☐	☐
Process Flow		☐	☐		Waste Hauler		☐	☐
Washdown (equipment/facility)		☐	☐		Evaporation		☐	☐
Contact cooling water		☐	☐		Consumed in product/process		☐	☐
Non-contact cooling water		☐	☐		Storm Drain		☐	☐
Boiler blowdown		☐	☐		Groundwater		☐	☐
Air pollution control device		☐	☐		Landfill		☐	☐
Other (describe) _____		☐	☐		Septic/Holding Tank		☐	☐
Other (describe) _____		☐	☐		Surface Water		☐	☐
Other (describe) _____		☐	☐		Other (describe) _____		☐	☐
Total (all of above)	0	☐	☐		**Total (all of above)**	0	☐	☐

Note: the ***WATER IN*** Total should equal the ***WATER OUT*** Total.

SECTION C Facility Operation Characteristics

C.1

List raw materials and process additives used:

C.2

Chemicals Used and Stored - include acids, bases, solvents, metals, and organic & inorganic compounds:		
Chemical Name	**Quantity Used (lbs / GPD)**	**Quantity Stored (lbs / GPD)**

C.3

Pollutants of Concern - Check all priority pollutants or other pollutants of concern that may be present in the wastestream:

☐ Acenaphthene	☐ Bis(2-chloroethoxy) methane
☐ Acrolein	☐ Methylene chloride (dichloromethane)
☐ Acrylonitrile	☐ Methyl chloride (chloromethane)
☐ Benzene	☐ Methyl bromide
☐ Benzidine	☐ Bromoform
☐ Carbon tetrachloride	☐ Dichlorobromomethane
☐ 1,2,4-trichlorobenzene	☐ Chlorodibromomethane
☐ Hexachlorobenzene	☐ Hexachlorobutadiene
☐ 1,2-dichloroethane	☐ Hexachlorocyclopentadiene
☐ 1,1,1-trichloroethane	☐ Isophorone
☐ 1,1-dichloroethane	☐ Naphthalene
☐ 1,1,2-trichloroethane	☐ Nitrobenzene
☐ 1,1,2,2-tetrachloroethane	☐ 2-nitrophenol
☐ Chloroethane	☐ 4-nitrophenol
☐ Bis (2-chloroethyl) ether	☐ 2,4-dinitrophenol
☐ 2-chloroethyl vinyl ether	☐ 4,6-dinitro-o-cresol
☐ 2-chloronaphthalene	☐ N-nitrosodimethylamine
☐ 2,4,6-trichlorophenol	☐ N-nitrosodiphenylamine
☐ Parachlorometa cresol	☐ N-nitrosodi-n-propylamine
☐ Chloroform	☐ Pentachlorophenol
☐ 2-chlorophenol	☐ Phenol
☐ 1,2-dichlorobenzene	☐ Bis(2-ethylhexyl) phthalate
☐ 1,3-dichlorobenzene	☐ Butyl benzyl phthalate
☐ 1,4-dichlorobenzene	☐ Di-N-Butyl Phthalate
☐ 3,3-dichlorobenzidine	☐ Di-n-octyl phthalate
☐ 1,1-dichloroethylene	☐ Diethyl Phthalate
☐ 1,2-trans-dichloroethylene	☐ Dimethyl phthalate
☐ 2,4-dichlorophenol	☐ Benzo(a) anthracene
☐ 1,2-dichloropropane	☐ Benzo(a) pyrene
☐ 1,3-dichloropropylene	☐ Benzo(b) fluoranthene
☐ 2,4-dimethylphenol	☐ Benzo(k) fluoranthene
☐ 2,4-dinitrotoluene	☐ Chrysene
☐ 2,6-dinitrotoluene	☐ Acenaphthylene
☐ 1,2-diphenylhydrazine	☐ Anthracene
☐ Ethylbenzene	☐ Benzo(ghi) perylene
☐ Fluoranthene	☐ PCB-1242 (Arochlor 1242)
☐ Fluorene	☐ PCB-1254 (Arochlor 1254)
☐ Phenanthrene	☐ PCB-1221 (Arochlor 1221)
☐ Dibenzo(,h) anthracene	☐ PCB-1232 (Arochlor 1232)
☐ Indeno (1,2,3-cd) pyrene	☐ PCB-1248 (Arochlor 1248)
☐ Pyrene	☐ PCB-1260 (Arochlor 1260)
☐ Tetrachloroethylene	☐ PCB-1016 (Arochlor 1016)

Pollutants of Concern - Check all priority pollutants or other pollutants of concern that may be present in the wastestream:

☐ Toluene	☐ Toxaphene
☐ Trichloroethylene	☐ Antimony
☐ Vinyl chloride	☐ Arsenic
☐ Aldrin	☐ Asbestos
☐ Dieldrin	☐ Beryllium
☐ Chlordane	☐ Cadmium
☐ 4,4-DDT	☐ Chromium
☐ 4,4-DDE	☐ Chromium (Hexavalent)*
☐ 4,4-DDD	☐ Copper
☐ Alpha-endosulfan	☐ Cyanide, Total
☐ Beta-endosulfan	☐ Iron*
☐ Endosulfan sulfate	☐ Lead
☐ Endrin	☐ Mercury
☐ Endrin aldehyde	☐ Molybdenum*
☐ Heptachlor	☐ Nickel
☐ Heptachlor epoxide	☐ Selenium
☐ Alpha-BHC	☐ Silver
☐ Beta-BHC	☐ Thallium
☐ Gamma-BHC	☐ Zinc
☐ Delta-BHC	☐ PFAS (Per- and Polyfluoroalkyl Substances)*
☐ 4-bromophenyl phenyl ether	☐ Chloride*
☐ Bis(2-chloroisopropyl) ether	☐ Total Trihalomethanes*

*Not a priority pollutant, however this pollutant is a pollutant of concern

C.4

Spill Prevention and Chemical Management

Do floor drains exist in manufacturing or chemical storage areas? ☐ Yes ☐ No

If "Yes," what is their discharge destination (check all that apply)?

☐ Sanitary sewer ☐ Storm Drain ☐ Septic tank
☐ Ground ☐ Holding tank ☐ Other

If chemical storage containers, bins, ponds, or other containment structures exist at the facility, an accidental spill would lead to (check all that apply):

☐ Sanitary sewer ☐ Storm Drain ☐ Septic tank
☐ Ground ☐ Holding tank ☐ Other

Is there a spill prevention or control and countermeasures or a RCRA contingency plan for the facility?

☐ Yes (If "Yes," attach a copy) ☐ No

Does the facility have a Toxic Organic Management Plan (TOMP) or Solvent Management Plan (SMP)?

☐ Yes (If "Yes," attach a copy) ☐ No

If the facility does not have any of the plans listed above in place, describe in detail the facility's spill response procedures (attach additional sheets as necessary):

Does the facility have a formal program to train employees in spill response? ☐ Yes ☐ No

Does the facility maintain a spill log? ☐ Yes ☐ No

Section D Wastewater Information

D.1 Wastewater Treatment

Is any form of pretreatment currently practiced at the facility? ☐ Yes ☐ No

For all wastewater that is treated before discharge, check the appropriate boxes to indicate the type(s) of pretreatment used at the facility. Indicate the design treatment capacity for each type checked.

Type	*Capacity (GPM)*	*Type*	*Capacity (GPM)*
Grease or Oil Separation:		***Solids Separation:***	
☐ Grease abatement device		☐ Centrifugation/Cyclone	
☐ Oil/water separator		☐ Clarifier/sedimentation tank	
☐ Dissolved air flotation		☐ Filtration (size/type):	
☐ Filtration (size/type): _____		☐ Screening	
☐ Other (specify): _____		☐ Other (specify): _____	
Metals Treatment:		***Other:***	
☐ Chemical precipitation		☐ Air stripper/scrubber	
☐ Ion exchange		☐ Biological treatment	
☐ Filtration (size/type): _____		☐ Chlorination/Ozonation	
☐ Silver Recovery Unit		☐ Evaporation	
☐ Cyanide Destruction		☐ Flow equalization	
☐ Electrolytic recovery		☐ Neutralization, pH adjustment	
☐ Other (specify): _____		☐ Reverse Osmosis	
		☐ Wastestream segregation	
Organics Treatment:		☐ Water reclamation	
☐ Activated carbon		☐ Other (specify): _____	
☐ Air stripper/scrubber		☐ Other (specify): _____	
☐ Other (specify):			

D.2

Provide a detailed description of pretreatment system(s) operation. Include operational set points for controllers, chemical feed rates, and alarm conditions (attach additional sheets as necessary):

D.3

Do you have an operations and maintenance manual for the pretreatment system(s)?	☐ Yes	☐ No
Are there any bypasses of the pretreatment system?	☐ Yes	☐ No

If "Yes," describe the reason(s) and the operational procedure for the bypass:

D.4

Is any form of pretreatment planned for the facility within the next three years?	☐ Yes	☐ No

If "Yes," indicate the form of pretreatment that is planned:

D.5

After pretreatment, can wastewater streams be monitored prior to mixing with other waste streams?

☐ Yes ☐ No ☐ Not Applicable

Provide a written description of each monitoring location:

D.6

If any wastewater analyses have been performed which characterizes the facility discharge to the sewer system, attach a copy of the most recent data to this application. Be sure to include the laboratory report(s) and chain of custody(s), and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

☐ Yes, the analytical data is attached.

☐ No, the analytical data has been previously submitted to the County.

☐ No wastewater analytical data has been collected.

Provide a summary of the average characteristics anticipates in the wastewater:

Parameter	Average Daily Concentration (mg/L) (except as indicated)	Parameter	Average Daily Concentration (mg/L) (except as indicated)
Inorganics		***Organics***	
Arsenic		Total Trihalomethanes (TTHMs)	
Cadmium		Total Polychlorinated Biphenyls (PCBs)	
Chromium (hexavalent)		***Conventionals***	
Chromium		Chloride	
Copper		Suspended Solids	
Cyanide		BOD (5-day, 20°C)	
Iron		COD	
Lead		Per-and Polyfluoroalkyl Substances (PFAS)	

Mercury		Fats, Oil and Grease (FOG Polar)	
Nickel		pH (min/max)	
Silver		Temperature °F (max)	
Zinc			

Include other applicable categorical specific parameters or other data as necessary

Section E Waste Disposal

E.1

Are there any waste liquids or solids generated that are not discharged to the sanitary sewer?

☐ Yes ☐ No

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

E.2

Waste	Quantity	/	Units	Waste	Quantity	/	Units
Waste solvent		/		Heavy metals		/	
Waste product		/		Organic compounds		/	
Spent grains/hops/trub		/		Paints		/	
Grease		/		Acids/alkalis		/	
Oil		/		Inks/dyes		/	
Pretreatment sludge		/		Pesticides		/	
Plating Wastes		/		Other:		/	

E.3

Does the company "self" transport any of the above from the facility? ☐ Yes ☐ No

If "Yes,", describe:

Provide name and address of waste hauler, if used:

ATTACHMENTS CHECK LIST:

	Attached	Remarks/Explanation
(a) Treatment Process Schematic	☐	
(b) Plans, Specs, O & M Procedures	☐	
(c) Production Process Diagram	☐	
(d) Environmental Permits List	☐	
(e) Toxicity/Treatability Information	☐	
(f) Location Map	☐	
(g) Chemical List	☐	
(h) Sampling Location	☐	
(i) H_2O Reduction / P2 Narrative	☐	

Signatory Authority

Designation of Authorized Representative[1] *(Required)*

I, _____ (Authorized Representative), _____ (Authorized Representative Title) of _____ (Industry Name), as an individual identified in 40 CFR Part 403.12(l)(1)&(2) of the Federal Pretreatment Regulations, shall sign all reports submitted to Sussex County for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that I choose to delegate signatory authority to another authorized representative, I shall notify Sussex County, in writing, of the change.

_____ Signature of Authorized Representative

_____ Date

_____ Authorized Representative E-mail

_____ Authorized Representative Phone Number

Delegation of Signatory Authority *(Optional)*

I, _____ (Authorized Representative) of _____ (Industry Name),

duly authorize _____ (Delegated Individual), _____ (Delegated Individual Title)

to sign all reports submitted to Sussex County for purposes of maintaining compliance with Federal and local pretreatment requirements. In the event that the name of the aforementioned designated individual changes, a new statement shall be submitted to Sussex County, in writing, thus granting authorization to the new individual.

_____ Signature of Delegated Individual

_____ Date

_____ Signature of Authorized Representative

_____ Date

_____ Delegated Individual E-mail

_____ Delegated Individual Phone Number

[1] Authorized Representative Definition (in following 40 CFR Part 403.12(l)(1) & (2):

a. By a responsible corporate officer if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
   1. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
   2. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations, can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b. By a general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.

c. By a principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agent.

d. By a duly authorized representative of the individual designated in paragraph a., b., or c. of this Section if:
   1. The authorization is made in writing by the individual described in paragraph a., b., or c;
   2. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well or a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
   3. The written authorization is submitted to Sussex County.

If authorization in paragraph a-d. above is no longer accurate because a different individual or position has responsibility, a new written authorization must be submitted to Sussex County prior to or together with any reports to be signed by an authorized representative.

Certification Statement *(Required)*

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 evaluated 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.

Certified By:

Authorized Representative (Print): _____

Title: _____

Signature: _____ Date: _____

Prepared By:

Name (Print): _____

Title: _____

Signature: _____ Date: _____

Mail completed application to:

South Coastal Regional Wastewater Facility
Environmental Services
33711 South Coastal Lane
Frankford, Delaware 19945

In addition to submitting the original signed copy, the applicant may elect to email to the following email address:

UtilityCompliance@sussexcountyde.gov

Authorized County Official:

Print or Type Name and Title: _____

Signature: _____ Date: _____

Permit required? ☐ Yes ☐ No

INDUSTRIAL WASTEWATER DISCHARGE PERMIT (IWDP) APPLICATION

INSTRUCTIONS

The industrial user from which industrial waste is or will be discharged to the Sussex County Unified Sanitary Sewer District shall apply for approval of the discharge **prior to** discharging any industrial waste, at the renewal time of a current IWDP, increasing the volume of the industrial wastewater flow, or changing any characteristics of the discharge (e.g. pollutant concentration or characteristics). Users that discharge non-domestic wastewaters shall not discharge or cause to be discharged, directly or indirectly, any pollutant or wastewater which:

- Can cause interference with the regional wastewater facility operations;
- Can pass-through the regional wastewater facility;
- May contaminate sewage sludge;
- Endanger workers or interfere with the collection system;
- 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.

Mail the completed application to:

South Coastal Regional Wastewater Facility
Environmental Services
33711 South Coastal Lane
Frankford, Delaware 19945

In addition to submitting the original signed copy, the applicant may elect to email to the following email address:

UtilityCompliance@sussexcountyde.gov

Application Guidance:

Section A: General Facility Information.
The applicant shall provide the following information on or with the applicant portion of the discharge application:

(a) The name, street address, and mailing address of the discharger;

(b) The name, position, telephone number, and email of a responsible individual of the discharger, such as an owner, plant manager, plant engineer, president, or vice president of the company, who has been authorized by the discharger to certify the permit application. (See Authorized Representative Definition in the Signatory Authority on page 11);

(c) If applicable, 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;

(d) Determine if the facility is a Categorical or Significant industrial user. Review list of major activities or categorial standards;

(e) Describe in detail the business operations. Determine the North American Industry Classification System (NAICS) code of the discharger and, if available, the SIC code(s); and

(f) Information on the proposed flow, including the estimated average and maximum daily flow for process wastewater discharge.

After completing Section A, Industrial Users that have limited pollutants in the process wastewater with flows ≤ 5,000 gallons per day and are non-categorical, may skip Sections B, C, D, E to complete and submit this Application. Note: upon County review of the application, Sections B, C, D , E may be required to be competed.

For significant industrial users with flows >5,000 gpd and all categorical industrial users, please continue completing all sections prior to submitting this Application.

Sections B, C, D, & E

- **Section B:** provides insight on the business operations regarding water usage and wastewater discharges;
- **Section C:** provides insight on materials and chemicals used, pollutants that could be in the wastewater, as well as protection against accidental spills;
- **Section D:** provides insight on how pollutants are reduced or eliminated from wastewater. Describe your pretreatment system and how it works. If the wastewater has been tested to check the levels of pollutants, submit those results; and
- **Section E:** provides information on any wastes that are not discharged and how they are handled.

Signatures and Certifications.
Signature by an Authorized Representative is required for this application. Please review the Authorized Representative definition at the bottom of the Signatory Authority. Optional at this time is for the Authorized Representative to assign the Delegation of Signatory Authority. The Delegated person can handle all associated Permit activities or simply be a back up for the Authorized Representative.

For the Certification Statement, the preparer (if different than the Authorized Representative) will complete the appropriate section and the Authorized Representative will sign the Certification as well.