

**GREEN BAY METROPOLITAN SEWERAGE DISTRICT**  
**INDUSTRIAL WASTEWATER DISCHARGE PERMIT**  
**APPLICATION**

Full Legal Name of Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

The Green Bay Metropolitan Sewerage District (GBMSD) will use information provided in this application to determine the discharge status of your facility in accordance with the GBMSD Sewer Use Ordinance. Please complete all required information as accurately as possible. Additional pages may be used to provide any information requiring more space. If you have any questions regarding this application, please contact Sara Georgel, Pretreatment Program Coordinator at GBMSD, at 920-438-1079.

**Part 1 - Facility Information**

Owner:

Contact:

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Business Activity \_\_\_\_\_

List all environmental permits currently held by the facility:

SIC Code \_\_\_\_\_

Total number of employees \_\_\_\_\_

Average number of work days per year \_\_\_\_\_

Number of shifts per day \_\_\_\_\_

Number of hours per shift \_\_\_\_\_

**Part 2 – Waste Stream Information**

Process wastewater does not include sanitary wastewater (bathrooms), noncontact cooling water, or boiler blowdown water.

Basic Description of Process that Generates Wastewater*	Continuous Discharge Flow (gallons per day)		Batch Flow (gallons per batch)
	Average	Maximum	
1.			
2.			
3.			
4.			
5.			
6.			

\* Wastewater pretreatment systems are NOT a process that generates wastewater.

**Part 3 - Total Flow Balance**

	Gallons Per Day		Estimated (E) or Measured (M)
	Average	Maximum	
1. Water Consumption*	_____	_____	_____
2. Process Wastewater (total from Part 2)	_____	_____	_____
3. Sanitary Wastewater	_____	_____	_____
4. Noncontact Cooling Water	_____	_____	_____
5. Boiler Blowdown	_____	_____	_____
6. Evaporation	_____	_____	_____
7. Other _____	_____	_____	_____
8. Add lines 2-7 for each column (Line 8 must equal line 1)	_____	_____	_____

\* Water consumption can be obtained through a review of water bills.

**Part 4 – Process Waste Streams (use one page per process)**

*This does not include pretreatment systems that treat wastewater.*

Process \_\_\_\_\_ Date Installed \_\_\_\_\_

Description of Process Operation \_\_\_\_\_

Average Production Rate \_\_\_\_\_

Minimum/Maximum Production Rate \_\_\_\_\_

Normal Discharge: Hrs/day \_\_\_\_\_ Days/week \_\_\_\_\_ Time of Discharge \_\_\_\_\_

Volume of Discharge:

Continuous Flow \_\_\_\_\_ gallons/day Batch Flow \_\_\_\_\_ gallons

Number of tanks/stages

1<sup>st</sup> tank/stage \_\_\_\_\_ gallons 2<sup>nd</sup> tank/stage \_\_\_\_\_ gallons

3<sup>rd</sup> tank/stage \_\_\_\_\_ gallons 4<sup>th</sup> tank/stage \_\_\_\_\_ gallons

Typical frequency of each batch discharge

Material Details:

Raw Materials (in the above process)	Contact with Wastewater?		Chemicals (in the above process)	Contact with Wastewater ?	
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No
_____	Yes	No	_____	Yes	No

Wastes and by-products produced:

Is this process regulated by Categorical Pretreatment Standards?    Yes                  No

What Category? \_\_\_\_\_

Is quaternary ammonia used at the facility? If yes, what is the maximum volume on hand at any time?

Describe any pretreatment process used at the facility to treat this wastewater:

**Part 5 – Metering and Sampling (use one page per sample point)**

Process(es) (from Part 4) discharging to this sample point:

Description/location of Sample Point:

Location(s) of lateral connection(s) to the public sanitary sewer:

Flow break down *at this sample point*:

Wastewater Type	Average (GPD)	Maximum (GPD)	Estimated (E) or Measured (M)
Process Wastewater			
Treated Categorical	_____	_____	_____
Untreated Categorical	_____	_____	_____
Treated Unregulated	_____	_____	_____
Untreated Unregulated	_____	_____	_____
Sanitary Wastewater	_____	_____	_____
Noncontact Cooling Water	_____	_____	_____
Boiler Blowdown	_____	_____	_____
Other _____	_____	_____	_____

Does the facility have a composite sampler? Yes No

Does the facility have continuous wastewater flow monitoring equipment installed?

Yes No

If yes, what kind of equipment?

When wastewater is discharged, is the flow rate uniform or variable?

Does the facility have a spill prevention or slug discharge control plan?

Briefly describe how hazardous wastes are generated at the facility, and how and where they are disposed of:



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 or 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 fines and imprisonment for knowing violations.

\_\_\_\_\_

Authorized Representative Name (printed)

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

The authorized representative must meet the signatory criteria described in NR 211.15(10).