

# APPLICATION FOR INDUSTRIAL WASTE DISCHARGE PERMIT

Chapter 13.08 (PERMITS) of the Municipal Code

CITY OF CEDAR RAPIDS, IOWA  
WATER POLLUTION CONTROL FACILITIES  
7525 Bertram Road, SE Cedar Rapids, IA 52403-7111  
(319) 286-5286      FAX: (319) 286-5287

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**Legal Name of Applicant:**

Standard Industrial Classification Code (SIC):

**Mailing Address of Facility for which permit is requested:**

Number and Street:  
City, State, Zip Code:

**Facility Street Address:**

**Applicants Authorized Representative**

Name:  
Title:  
Number and Street:  
City, State, Zip Code:  
Telephone #:                      FAX #:  
Email:

**Alternate Contact Person concerning information provided herein**

Name:  
Title:  
Number and Street:  
Telephone #:                      FAX #:



**WATER USE**

1. Describe work schedule (shifts/day, and days/week, and number of employees per shift) or some similar analysis of water use variation.

2. Water Sources:                      City Water \_\_\_\_\_ gallons/workday  
    Private well(s) \_\_\_\_\_ gallons/workday  
    Total    \_\_\_\_\_ gallons/workday

3. Water Uses	Used in Plant	To Sanitary Sewer	
		Average gpwd	Maximum gpwd
Domestic/Sanitary	_____ gpwd	_____	_____
Contained in product	_____ gpwd	_____	_____
Cooling water	_____ gpwd	_____	_____
Boiler feed	_____ gpwd	_____	_____
(a) Air Scrubbers	_____ gpwd	_____	_____
(b) Other Evaporative/loss	_____ gpwd	_____	_____
(c) Production processes	_____ gpwd	_____	_____
Total	_____ gpwd	_____	_____
Discharged to storm sewer or other surface waters		_____	_____

(i) Identify air scrubbers and other losses.

(ii) Identify and itemize the processes.

## WASTEWATER CHARACTERISTICS

Section 13.07 in Chapter 13 of the Municipal Code of the City of Cedar Rapids sets out the requirements for the Use of Public Sewers. Section 13.07 (b) describes prohibited discharges and Section 13.07 (c) describes discharges prohibited except by permit.

40 CFR Part 401.15 (Toxic Pollutants) identifies certain toxic pollutants designated in the Clean Water Act that may be regulated by various National Categorical Standards.

1. Provide a brief description of the character or nature of the industrial waste from your plant. (This description should reference the manufacturing activities you have listed in items 4 & 5 on page 2 of this application and specifically identify any 13.07(b), 13.07(c) and 40 CFR 401.15 substances that are present in the waste). Please include a laboratory analysis if available, or quantify the constituents with a narrative to the extent possible.

PRETREATMENT (include attachments as necessary)

1. Provide a description of industrial waste pre-treatment facilities and processes being used. Include a schematic diagram of the process train.
2. Provide a description of sampling and flow measurement facilities.
3. Attach a sketch showing the location of the building outfall sewer and its connection to the city sanitary sewer system. The sketch should also show the principal in-plant industrial waste plumbing lines, identifying and locating source(s) of water supply, wet process manufacturing activities, pre-treatment facilities, and sampling and flow measurement facilities.
4. Is there a spill prevention and counter-measure plan in effect for this plant? Attach a copy, if applicable.
5. Is there a solvent management plan in effect for this plant? Attach a copy, if applicable.
6. Is this plant subject to Federal Categorical Pre-Treatment Standards? What categories?
7. Are all applicable Categorical Pre-Treatment Standards being met on a consistent basis? If not, describe corrections and time schedule planned for bringing the discharge into compliance with the Standards.
8. Are any environmental control permits presently held by or for this facility? If so, please identify issuing agency and permit number.
9. Are any other environmental permits applied for, or, at this time, anticipated by or for this facility? If so, please list permit type and agency to which application is or will be made.

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, 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.

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Signature of Authorized Representative

Date