



## Industrial Pretreatment

Water & Resource Recovery Center

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# Industrial Wastewater Discharge Permit Application

## Instructions

Complete this application to apply for a new or to renew an existing Industrial Wastewater Discharge Permit (IWDP). An IWDP authorizes SIU's to discharge industrial wastewater to the City of Dubuque (City) sanitary sewer. Permits are issued under [Section 13-D2-11](#). The permits contain discharge requirements, pollutant limitations and monitoring requirements.

### Check below if this is a new or renewal application.

**New permit. Permit Application Submission and Fee Payment**

It is mandatory for new applicants to submit their completed applications for a new permit either within 90 days before commencing any discharge or within 90 days following their identification as a Significant Industrial User (SIU). A non-refundable processing fee of \$100.00 is required for each application submitted. All payment checks should be made payable to the "City of Dubuque, Iowa.

**Renewal.** Please submit your renewal application at least 90 days before the expiration of your current permit to ensure uninterrupted compliance. A renewal fee of \$50.00 will be charged. This fee can be conveniently added to your monthly invoice after the permit renewal date.

## For More Information

### **City of Dubuque**

### **Water & Resource Recovery Center Industrial Pretreatment Coordinator**

John Wiley

Phone: 563-589-4178

Email: [jwiley@cityofdubuque.org](mailto:jwiley@cityofdubuque.org)

Web:

<https://www.cityofdubuque.org/663/Industrial-Pretreatment>

### **Environmental Protection Agency National Pretreatment Program**

Web:

<https://www.epa.gov/npdes/national-pretreatment-program>

The application and required attachments must be completed in their entirety. If any section or question does not apply, write "N/A." Incomplete applications will not be accepted. Submittal of this application does not guarantee a new or renewed IWDP will be issued to the applicant. Retain a copy of this application for a minimum of 3 years.

## Confidential Information

To make a claim of confidentiality for information contained in this application, clearly label any such information as "Confidential Business Information." The claim of confidentiality will create a presumption of confidentiality, subject to verification by the City.

Chapter 40 of the Code of Federal Regulations (CFR) part 2(B) governs confidentiality of business claims. Effluent data cannot be classified as confidential.

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# **City of Dubuque Water & Resource Recovery Center Industrial Wastewater Discharge Permit Application**

## **Application Sections and Supplementary Materials – Table of Contents**

<b>SECTION A: FACILITY INFORMATION</b> .....	4
Attachment 1: Site Map/Building Layout/Floor Plan .....	6
<b>SECTION D: PRODUCTION INFORMATION</b> .....	7
Attachment 2: Production Process Diagram.....	7
<b>SECTION E: WATER USAGE INFORMATION</b> .....	8
<b>SECTION F: WASTEWATER INFORMATION</b> .....	9
Attachment 3: Wastewater Flow Diagram is attached.....	10
<b>SECTION G: WASTEWATER TREATMENT INFORMATION</b> .....	11
Attachment 4: Pretreatment System Diagram.....	12
<b>SECTION H: MONITORING INFORMATION</b> .....	13
Attachment 5: Photo(s) of Sampling Location(s) .....	13
<b>SECTION I: WASTE INFORMATION</b> .....	15
<b>SECTION J (1): CATEGORICAL INDUSTRIAL USERS</b> .....	16
<b>SECTION J (2): BASELINE MONITORING REPORT</b> .....	17
<b>SECTION K: HAZARDOUS WASTE REPORTING REQUIREMENT</b> .....	19
<b>SECTION L: CHECKLIST, CERTIFICATION, AND SIGNATURE</b> .....	21

## Application Definitions

**Authorized Representative:**

1. A principal executive officer of at least the level of vice president if the industrial user is a corporation; or
2. A general partner or proprietor if the industrial user is a partnership or sole proprietorship, respectively; or
3. A duly authorized representative of the individual designated above if such representative is responsible for the overall operation or has overall responsibility for environmental matters of the facility from which the discharge originates.

**Batch Discharge:** The controlled discharge of a discrete, contained volume of wastewater.

**Best Management Practices (BMPs):** Procedures and other controls that are used to reduce pollutant discharges including structural controls, modification of facility processes, and operating and housekeeping pollution control practices.

**Categorical Pretreatment Standards:** Limitations on pollutant discharges to POTWs from specific types of new or existing industrial users. These standards are promulgated by the EPA in accordance with Sections 307 (b) and (c) of the Clean Water Act. This term includes prohibitive limitations established pursuant to 40 CFR 403.5

**Dilutional Wastewater:** Wastewater from boiler blowdown, noncontact cooling water streams, domestic wastewater, or any other unregulated non-process wastestreams.

**Domestic Wastewater:** Any water that contains only domestic waste.

**Industrial User:** Any person who discharges industrial or commercial wastewater to the City sewer system.

**Industrial Wastewater:** Any discharge resulting from, or used in connection with, any process of industry, manufacturing, commercial food processing, business, agriculture, trade or research. Industrial wastewater includes, but is not limited to, the development, recovery or processing of natural resources and leachate from landfills or other disposal sites.

**National Pollutant Discharge Elimination System (NPDES):** Clean Water Act (40 CFR Part 122) regulations that require dischargers to control and reduce pollutants in discharges to waters of the United States

**Point of Compliance:** The location where representative industrial wastewater samples are collected from industrial users to determine compliance with discharge standards. For categorical pretreatment standards, the point of compliance shall be at a location where the effluent of the process regulated by the standard is collected, or as otherwise specified by the standard. For other limits, the point of compliance shall be at end-of-pipe where the wastewater from the industrial user enters the City sewer system. The City may designate an alternative location to accommodate collecting representative compliance monitoring samples

**Pretreatment:** The reduction of pollutants, the elimination of pollutants, or the alteration of the nature of pollutant properties in wastewater in accordance with federal, state and local laws, regulations and permits prior to or in lieu of discharging or otherwise introducing such pollutants into the City sewer system.

**Wastewater:** Any non-domestic sewage flows including but not limited to wash waters, industrial wastewater, commercial discharges, and other non-stormwater discharges.

## SECTION A. FACILITY INFORMATION

Complete the below information. The legal name is the name as reported to the [Iowa Secretary of State Business Registry](#). The facility name is the name of the business at the site that is applying for wastewater discharge. Include LLC, Inc., etc. if applicable. The business description should be short - Section C will contain more detail regarding operations.

Facility Name:	Legal Name:
Facility Address:	Mailing Address:
Business Description:	Billing Address (if different):
	SIC/NAISC Code(s):
Are any site and/or pretreatment system modifications expected to occur within the next 5 years? <input type="radio"/> Yes <input type="radio"/> No If yes, describe:	

## SECTION B: CONTACT INFORMATION

**Authorized Signatory:** Requires Authorized Signatory Form on file signed by Responsible Corporate Officer (e.g., President, CEO, or Owner)

Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		
<b>Responsible Corporate Officer or Business Owner(s)</b>		
Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		
<b>Emergency Contact:</b>		
Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		
<b>Billing Contact:</b>		
Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		
<b>Field Contact:</b> Must be available during the daytime hours for City staff to address issues during sampling events		
Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		
<b>Backup Authorized Signatory (if available):</b>		
Name:	Title:	Pronouns:
Phone:	Mobile:	Email:
Contact is a consultant? <input type="radio"/> No <input type="radio"/> Yes – Name firm:		

## SECTION C: GENERAL INFORMATION

### Business start date

Describe all operations of the facility.

Are there any operations performed that are listed in an industrial category between 40 CFR 405-471?

Yes – If yes, check applicable operations in list below.     No – If no, go to PPE question below.

40 CFR Industry	40 CFR Industry	40 CFR Industry
<input type="checkbox"/> 405 Dairy products processing	<input type="checkbox"/> 426 Glass manufacturing	<input type="checkbox"/> 451 Concentrated aquatic animal production (aquaculture)
<input type="checkbox"/> 406 Grain mills	<input type="checkbox"/> 427 Asbestos manufacturing	<input type="checkbox"/> 454 Gum & wood chemicals manufacturing*
<input type="checkbox"/> 407 Canned & preserved fruits & vegetable processing	<input type="checkbox"/> 428 Rubber manufacturing	<input type="checkbox"/> 455 Pesticide chemicals
<input type="checkbox"/> 408 Canned & preserved seafood	<input type="checkbox"/> 429 Timber products processing	<input type="checkbox"/> 457 Explosives manufacturing*
<input type="checkbox"/> 409 Sugar processing	<input type="checkbox"/> 430 Pulp, paper, & paperboard	<input type="checkbox"/> 458 Carbon black manufacturing
<input type="checkbox"/> 410 Textile mills	<input type="checkbox"/> 432 Meat & poultry products*	<input type="checkbox"/> 459 Photographic processing*
<input type="checkbox"/> 411 Cement manufacturing	<input type="checkbox"/> 433 Metal finishing	<input type="checkbox"/> 460 Hospitals*
<input type="checkbox"/> 412 Concentrated animal feeding operations (CAFO)	<input type="checkbox"/> 434 Coal mining*	<input type="checkbox"/> 461 Battery manufacturing
<input type="checkbox"/> 413 Electroplating	<input type="checkbox"/> 435 Oil & gas extraction	<input type="checkbox"/> 463 Plastics molding & forming
<input type="checkbox"/> 414 Organic chemicals, plastics and synthetic fibers (OCPSF)	<input type="checkbox"/> 436 Mineral mining & processing*	<input type="checkbox"/> 464 Metal molding & casting foundries)
<input type="checkbox"/> 415 Inorganic chemicals manufacturing	<input type="checkbox"/> 437 Centralized waste treatment	<input type="checkbox"/> 465 Coil coating
<input type="checkbox"/> 417 Soap & detergent manufacturing	<input type="checkbox"/> 438 Metal products & machinery	<input type="checkbox"/> 466 Porcelain enameling
<input type="checkbox"/> 418 Fertilizer manufacturing	<input type="checkbox"/> 439 Pharmaceutical manufacturing	<input type="checkbox"/> 467 Aluminum forming
<input type="checkbox"/> 419 Petroleum refining	<input type="checkbox"/> 440 Ore mining & dressing*	<input type="checkbox"/> 468 Copper forming
<input type="checkbox"/> 420 Iron & steel manufacturing	<input type="checkbox"/> 441 Dental office	<input type="checkbox"/> 469 Electrical & electronic components
<input type="checkbox"/> 421 Nonferrous metals manufacturing	<input type="checkbox"/> 442 Transportation equipment cleaning	<input type="checkbox"/> 471 Nonferrous metals forming & metal powders
<input type="checkbox"/> 422 Phosphate manufacturing*	<input type="checkbox"/> 443 Paving & roofing materials (tars & asphalt)	
<input type="checkbox"/> 423 Steam electric power generating	<input type="checkbox"/> 444 Waste combustors	
<input type="checkbox"/> 424 Ferroalloy manufacturing	<input type="checkbox"/> 445 Landfills*	
<input type="checkbox"/> 425 Leather tanning & finishing	<input type="checkbox"/> 446 Paint formulating	
	<input type="checkbox"/> 447 Ink formulating	
	<input type="checkbox"/> 449 Airport deicing	
	<input type="checkbox"/> 450 Construction & development	

\*No pretreatment standards for existing or new sources

## SECTION C: GENERAL INFORMATION (continued)

Is personal protective equipment (PPE) needed for site visitors?  Yes  No

If yes, check all that apply:  Safety glasses  Hard hat  Other:  
 Safety vest  Ear Plugs  
 Steel-toe shoes  Gloves

Does the facility have other environmental permits?  Yes  No

If yes, complete the table below for permits held by the facility.

Permit Type	Permit Number	Expiration Date (MM/DD/YYYY)
Air Contaminant Discharge		
Individual Industrial NPDES		
Industrial Stormwater Discharge		
Hazardous Waste (RCRA) Generator status: <input type="checkbox"/> LQG <input type="checkbox"/> SQG		
Other (describe):		
Other (describe):		

Are there active environmental cleanups of soil or groundwater on site?  Yes  No

If yes, describe:

### Attachment 1: Site Map/Building Layout/Floor Plan

The Site Map/Building Layout/Floor Plan must include perimeter of the facility's site, building locations, parking lot locations, entrances and exits, safety information, general locations of main office, restrooms, production areas, waste locations, chemical storage locations, pretreatment system location, and any other pertinent information.

The Site Map/Building Layout/Floor Plan is attached.

**This completes Section C.**

## SECTION D: PRODUCTION INFORMATION

Provide production schedule information. Enter the days and times the main office is open and the days and hours of production. Enter shift information under the different shift types and the average number of employees for that shift. Indicate whether there is process wastewater discharge and if so, if that discharge is continuous or by batch. Last, enter the total number of employees working per day.

Office Days and Hours	Start Time (HH:MM):	End Time (HH:MM):	Average number of employees:
<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat			

Production Days and Hours	Start Time	End Time	Average number of employees	Wastewater discharge? yes/no Type? C=continuous, B=batch, or Int=intermittent
Day Shift <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> Int
Swing Shift <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> Int
Night Shift <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> Int
Other <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat				<input type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> Int

Indicate any months which have heavier production or increase in wastewater discharge?

<input type="checkbox"/> January	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> September
<input type="checkbox"/> April	<input type="checkbox"/> October
<input type="checkbox"/> May	<input type="checkbox"/> November
<input type="checkbox"/> June	<input type="checkbox"/> December

Are there any scheduled shutdowns or periods without wastewater discharge?  Yes  No

If yes, describe:

Materials and Product Used and Stored on Site (Attach separate list, if needed.)

Raw Materials Used and Stored on Site	Stored on site		Amount processed per day	
	Avg lbs.	Max lbs.	Avg lbs.	Max lbs.

Final Product Description	Amount produced each day		Amount stored on site	
	Avg lbs.	Max lbs.	Avg lbs.	Max lbs.

Describe the production process(es):

### Attachment 2: Production Process Diagram

The production process diagram must include all individual production processes, flow, where wastewater is generated, where wastewater is discharged (if applicable), any wastes generated and from which processes, and which chemicals are used in the process and where they are input into the system.

The Production Diagram is attached.

## SECTION E: WATER USAGE INFORMATION

### Incoming Water and Uses

**What is the source of the incoming water used at the facility? Check all that apply.**

- City of Dubuque Water Department
- Private well(s)
- Surface water
- Shared Meter with other Business's
- Other: \_\_\_\_\_

**Enter all water service account and meter numbers associated with the facility.**

Account Number:	Meter Number (S):

**If well water is pulled for use, complete the following.**

How many wells are on site? \_\_\_\_\_

How many are actively used? \_\_\_\_\_

Average daily use (gpd): \_\_\_\_\_

Maximum daily use (gpd): \_\_\_\_\_

Where is it discharged after use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If surface water is pulled for use, complete the following.**

Permit number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Average daily use (gpd): \_\_\_\_\_

Maximum daily use (gpd): \_\_\_\_\_

Where is it discharged after use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy of permit attached.

**What is the incoming water used for?**

**Check all that apply and list the average gallons per day (gpd) used for that source.**

- Air compressor (water-cooled) \_\_\_\_\_ gpd
- Boiler \_\_\_\_\_ gpd
- Contact cooling water \_\_\_\_\_ gpd
- Contained in product \_\_\_\_\_ gpd
- Cooling tower \_\_\_\_\_ gpd
- Domestic (e.g., hand sinks, toilets, showers) \_\_\_\_\_ gpd
- Irrigation \_\_\_\_\_ gpd
- Non-contact cooling water \_\_\_\_\_ gpd
- Production process \_\_\_\_\_ gpd
- Wash water \_\_\_\_\_ gpd
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_

- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_
- Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_

**This Completes Section E**

## SECTION F: WASTEWATER INFORMATION

Identify all sources of wastewater.

Check all that apply and list the average gallons per day (gpd) discharged from that source:

Production process wastewater \_\_\_\_\_ gpd

Boiler blowdown \_\_\_\_\_ gpd

Condensate \_\_\_\_\_ gpd

Contact cooling water \_\_\_\_\_ gpd

Cooling tower blowdown \_\_\_\_\_ gpd

Domestic (e.g., hand sinks, toilets, showers) \_\_\_\_\_ gpd

Non-contact cooling water \_\_\_\_\_ gpd

Contaminated stormwater \_\_\_\_\_ gpd

Wash water \_\_\_\_\_ gpd

Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_

Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_

Other—Describe: \_\_\_\_\_ Avg gpd: \_\_\_\_\_

### Production Process Wastewater Details

Describe how process wastewater is generated.

Average daily discharge flow: \_\_\_\_\_ gpd

Measured  Estimated

Maximum daily discharge flow: \_\_\_\_\_ gpd

Measured  Estimated

Add description of how flow is measured or estimated (include calculations, if applicable):

What is the volume (ft<sup>3</sup>) of contaminated stormwater that is discharged to the combined or sanitary sewer system?

Describe how wash water is generated.

## SECTION F: WASTEWATER INFORMATION (continued)

Explain wastewater flow.

Wastewater is discharged:  Continuously  Batch Discharge  Intermittent

Provide days and times of discharge.

Day	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Other:
Time Range								

**Describe the wastewater flow to the best of your ability.**  
For example: The facility discharges by batch 1x per week for 4 hours with total volume of 10,000 gal, on average.

**Is discharge rain-dependent?**  Yes  No  
If yes, describe:

**Attachment 3: Wastewater flow diagram is attached.**

The wastewater flow diagram details all sewer lines and connections, manholes, trenches and other drains, sampling locations, directions of wastewater flows, bypass lines, and recirculation lines.

**This facility does not discharge process wastewater.**

**Identify which pollutants are or may be present in wastewater discharges, specify which wastestream source(s).**

Parameter	AVG Daily mg/l	Quantity lbs./day	Wastestream Source(s)
Biochemical Oxygen Demand (BOD5)	_____	_____	_____
Chemical Oxygen Demand (COD)	_____	_____	_____
Total Solids	_____	_____	_____
Suspended Solids	_____	_____	_____
Dissolved Solids	_____	_____	_____
Total Volatile Solids	_____	_____	_____
Ammonia	_____	_____	_____
Cyanide (amenable and/or total)	_____	_____	_____
Oil and Grease (nonpolar and/or polar)	_____	_____	_____
per- & poly-fluoroalkyl substances (PFAS)	_____	_____	_____
Chromium (Total)	_____	_____	_____
Iron (Fe)	_____	_____	_____
Copper	_____	_____	_____
Zinc	_____	_____	_____
Lead	_____	_____	_____
Mercury	_____	_____	_____
Nickel	_____	_____	_____
Cadmium	_____	_____	_____
Silver	_____	_____	_____
Selenium	_____	_____	_____
Sulfides/Sulfates	_____	_____	_____

If more space is needed, please attach a separate sheet of paper.

**This completes Section F.**

## SECTION G: WASTEWATER TREATMENT INFORMATION

What type of wastewater treatment is the facility using to ensure wastewater meets City of Dubuque discharge standards? Check all that apply:

- Evaporation
- Hauling process wastewater off site
- Metals (e.g., chemical addition/precipitation)
- Oil and grease – chemical (e.g., dissolved/saturated air flotation)
- Oil and grease – physical (e.g., oil-water separation)
- Organics – biological (e.g., bioreactor)
- Organics – other (e.g., air stripping)
- pH adjustment
- Solids/physical (e.g., screening)
- Other(s): \_\_\_\_\_
- Not applicable. The facility does not discharge process wastewater.

**Describe BMPs utilized in addition to treatment to meet pretreatment standards.**

## Identify chemicals used for treatment.

List the chemicals used for treatment, including their concentrations and purpose.

## Treatment Chemical

### Concentration (%)      Purpose

<hr/>	<hr/>	<hr/>

**What is the design capacity in gallons per day of the treatment system?**

gpd

Are there any flow meters on the treatment system?

Yes  No

**If yes, describe:**

Are there any continuous recording devices on the treatment system?  Yes  No

**If yes, describe:**

**Is a Pretreatment Operation and Maintenance Plan (O&M Plan) on file with City?**

Yes  No

## Is there an operator and backup operator of the treatment system?

Yes  No

## SECTION G: WASTEWATER TREATMENT INFORMATION (continued)

Is the current treatment system able to achieve compliance with the current permit, City Code, and associated administrative rules?

- Yes
- Not applicable. This facility doesn't have a pretreatment system.
- No. If not, what changes are being made or planned for the pretreatment system in order to achieve compliance?

### Attachment 4: Pretreatment System Diagram

The pretreatment system diagram must include, if present: treatment devices, pipes, flow directions, chemical injection locations, solids removal, continuous monitoring equipment, sampling locations, and any bypass or recirculation lines.

- The Pretreatment System Diagram is attached.
- Not applicable. This facility does not discharge process wastewater.

**This completes Section G.**

## SECTION H: MONITORING INFORMATION

### Monitoring Access Structures:

Is there a monitoring access for the City to sample on site?

Yes

No

If yes, describe the sample location(s):

### Describe any other monitoring locations:

If you monitor any pollutants continuously, describe the location of the continuous meter.

Do you have an active monitoring waiver for any pollutants?

Yes

No

If yes, which pollutants?

Is there a split sampling form on file with the City?

Yes

No

### Describe access instructions for City sampling events.

For example: Use passcode 12345 on sampling shed door to access the point of compliance.

If a flow meter is present, is it located at the monitoring location (point of compliance):

Yes  No

### Attachment 5: Photo(s) of Sampling Location(s)

- Photo(s) of Sampling Location(s) is attached.
- Not applicable. The facility does not discharge process wastewater. No monitoring point is required.

## SECTION H: MONITORING INFORMATION (continued)

### Compliance

**Is compliance with the current Industrial Wastewater Discharge Permit, City Code, and associated administrative rules being achieved on a consistent basis? Select one.**

- Yes.** Compliance is consistent, and the facility has not received any enforcement actions within the last two years. If yes, Section H is complete.
- New facility.** This is a new facility with no monitoring results. Pretreatment systems have been/will be installed to ensure wastewater discharges will meet permit limits and standards. If this is a new facility, then Section H is complete.
- No.** Compliance is inconsistent, and the facility has received enforcement actions within the last two years. Continue with questions below. Proceed with the questions below.

**If No, describe any changes in operation and maintenance activities or pretreatment equipment have been made to achieve compliance?**

**Describe any additional changes in operations and maintenance and/or pretreatment equipment are needed to achieve compliance?**

**This completes Section H.**

## SECTION I: WASTE INFORMATION

Are any wastes or byproducts generated from the production process?  Yes  No

If yes, complete the table below:

Describe waste	Yearly average (gallons, yards, or pounds)	Reused, recycled, or disposed? If off-site, list hauler	On-site
			<input type="checkbox"/>

Attach a separate document if necessary.

Are any wastes or byproducts generated from the treatment system?  Yes  No

If yes, complete the table below:

Describe waste	Yearly average (gallons, yards, or pounds)	Reused, recycled, or disposed? If off-site, list hauler	On-site
			<input type="checkbox"/>

Attach a separate document if necessary.

Are any wastes disposed to the sewer?  Yes  No

If yes:

For Hazardous waste complete Section K: RCRA Hazardous Waste Disposal Notification Form

For other wastes, please describe:

**This completes Section I.**

## SECTION J (1): CATEGORICAL INDUSTRIAL USERS

If no industries were selected in Section C, Question 3, this section is not applicable. Confirm and proceed to Section K.

**I certify that no 40 CFR 405-471 operations are performed at this facility.** Initial: \_\_\_\_\_

Applicants who checked one or more of the industries in Section C, Question 3 must complete this section.

**When did the categorical production begin (MM/DD/YYYY)?**

**Are there any dilutional wastestreams that comingle with the categorical wastestreams prior to discharge to the combined or sanitary sewer system?**  Yes  No  Unknown

If yes, which dilutional wastestreams?

**Are the categorical wastestreams monitored at the end of the categorical process “end of process” or after it comingles with other noncategorical wastestreams “end of pipe”?**

End of process  End of pipe  Unknown  Not applicable. This application is for new permit.

**Is the facility currently in a compliance schedule to meet local, state, and/or federal rules?**  Yes  No

**Have you submitted a Toxic Organic Management Plan to the City?**  Yes  No  Not applicable

## SECTION J (2): BASELINE MONITORING REPORT

### ONLY NEW CATEGORICAL INDUSTRIES TO COMPLETE THIS SECTION

A baseline monitoring report (BMR) due must be submitted within 180 days after the effective date of a categorical Pretreatment Standard, or 180 days after the final administrative decision made upon a category determination submission under 40 CFR 403.6(a)(4), whichever is later.

<b>Facility Name:</b>	<b>Operator Name or Owner:</b>
<b>Facility Address:</b>	<b>Mailing Address:</b>
<b>Business Description:</b>	<b>Billing Address (if different):</b>
	<b>SIC/NAICS Code(s):</b>

## **SECTION J (2): FROM THE BASELINE MONITORING REPORT (continued)**

**Report the pollutants analysis results from the BMR in the following table.** A minimum of one representative sample to compile that data necessary to comply with the Baseline Monitoring Report requirements. Sampling and analysis shall be performed in accordance with the techniques prescribed in 40 CFR 136. Samples should be taken immediately downstream of a pretreatment system if it exists or immediately downstream from the regulated process if no pretreatment exists. If other wastestreams are mixed with the regulated wastewater prior to pretreatment, the facility should measure the flows and concentrations necessary to allow use of the combined waste stream formula (40 CFR 403.6(e)) in order to evaluate compliance with the Pretreatment Standards.

### Describe sample location:

## Certification and Signature

I certify that the BMR sampling and analysis is representative of normal work cycles and expected pollutant discharges to the combined or sanitary sewer. 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 ensure 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.

Print Name

## Title

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Signature of Authorized Signatory

Date

## This completes Section J.

## SECTION K: HAZARDOUS WASTE REPORTING REQUIREMENT

The federal regulations (40 CFR 403.8(f)(2)(iii)), require that The City of Dubuque (“City”) notify industries who discharge wastewater to the public sewer system of Resource Conservation and Recovery Act (RCRA) hazardous waste reporting requirements. A summary of the notification requirement follows:

### **Who Must Notify:**

All non-domestic users whose wastewater is treated at the City’s treatment facilities and that discharge listed or characteristic RCRA hazardous waste to the Publicly Owned Treatment Works (POTW) (except as described below) must notify the City and other regulatory agencies. RCRA listed and characteristic wastes are described in 40 CFR Part 261.

### **Wastes Covered by the Notification:**

Any discharge to the POTW of more than 15 kilograms (kg) (33 lb.) per calendar month of a RCRA hazardous waste, or a discharge of any quantity of an acutely hazardous waste identified in 40 CFR 261.30(d) and 261.33(e), must be reported as a one-time notification.

A discharge to the POTW of 15 kg (33 lb.) or less per calendar month of a RCRA hazardous waste need not be reported, except for acutely hazardous waste identified in 40 CFR 261.30(d) and 261.33(e).

A subsequent discharge of more than 15 kg (33 lb.) per calendar month, or of any quantity of an acutely hazardous waste, must be reported as a one-time notification.

Pollutants already reported under reporting requirements for categorical industrial users in baseline monitoring, final and periodic compliance reports are not subject to this notification requirement.

### **When the Notification Must be Submitted:**

No later than 180 days after the discharge of the listed or characteristic hazardous waste.

In the case of any new regulations under Section 3001 of RCRA identifying additional characteristics of hazardous waste or listing any additional substance as a hazardous waste, you must notify the City of Dubuque, State of Iowa, and the EPA of the discharge of such substance within 90 days of the effective date of such regulations.

The notification need be submitted only once for each hazardous waste discharged, except when there will be a substantial change in the volume or character of the hazardous waste discharged (generally because of a planned change in your facility operations). In this case, you must notify the City in advance of the discharge.

### **How to Count the Volume of Hazardous Waste Discharged:**

If a hazardous waste is mixed with a non-hazardous process or non-process wastestream and the entire mixture is then discharged to the sewer, the volume of the entire wastestream containing hazardous waste is considered hazardous according to the RCRA “mixture rule” in 40 CFR 261.3(a)(2)(iii). The effect of this rule is summarized as follows:

**Characteristic Wastes:** These wastes are classified as hazardous because they exhibit one of the hazardous characteristics identified in 40 CFR 261.20 – 40 CFR 261.24 (i.e., they are ignitable, corrosive, reactive, or toxic). If these wastes are mixed with non-hazardous materials and the mixture is then discharged to the sewer, the notification must be submitted only if the entire mixture actually discharged is more than 15 kg (33 lb.) per calendar month and if the entire mixture discharged still exhibits the characteristic(s).

**Listed Wastes:** These are wastes that are classified as hazardous pursuant to being listed in 40 CFR 261.30 – 40 CFR 261.33. If these listed wastes are mixed with non-hazardous materials and then discharged to the sewer, the entire wastestream is considered hazardous and a notification must be submitted. Thus, only if the entire wastestream containing the hazardous waste amounted to 15 kg (33 lb.) or less per calendar month, would the above exemption apply.

**Questionable Wastes:** If you have any doubt about whether a mixture discharged to the sewer is hazardous, or if you do not wish to perform any calculations which may be necessary under the mixture rule (cf., 40 CFR 261.3(a)(2)(iii)) you should submit the one-time notification.

### **Required Notification Recipients:**

City of Dubuque Industrial Pretreatment Coordinator  
EPA Regional 7 Waste Management Division Director

# Hazardous Waste Reporting Form

Complete and submit the following form to comply with the RCRA hazardous waste notification requirement.

## Generator Information

Facility Name:	Company Name:
Facility Address:	Email:
City, State, Zip	Phone:

## Hazardous Waste Information

Not applicable. Initials \_\_\_\_\_

Waste Name	EPA Hazardous Waste #	Type of Discharge (Pick one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more than **100 kilograms (220 lbs.)** of any hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

Not applicable. Initials \_\_\_\_\_

Waste Name	EPA Hazardous Waste #	Type of Discharge (Pick one)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Certification and Signature

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail Completed Form.** This notification form must be submitted in writing for any discharge into the City's POTW of any substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261.

**City of Dubuque Water & Resource Recovery Center**

Industrial Pretreatment Coordinator

795 Julien Dubuque Drive Dubuque, IA 52003-7996

**U.S. Environmental Protection Agency**

USEPA Region 7 Director

Air and Waste Management Division,

11201 Renner Blvd.

Lenexa, KS 66219

## SECTION L: CHECKLIST, CERTIFICATION, AND SIGNATURE

**All following items must be submitted for the application to be completed:**

- Completed application
- Attachment 1: Site Map/Building Layout/Floor Plan
- Attachment 2: Production Process Diagram
- Attachment 3: Wastewater Flow Diagram  Not applicable
- Attachment 4: Pretreatment System Diagram  Not applicable
- Attachment 5: Photo(s) of sampling location(s)  Not applicable

**Add all attachments after this Section and not within your application.**

NOTE: The City may request revision or additional information, data, diagrams, or photos to evaluate this application or write the permit.

### Certification and Signature

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 ensure 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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Print Name

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Title

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Signature of Authorized Signatory

---

Date

**Keep a copy for your records. Mail the original signed copy to:**

Industrial Pretreatment Coordinator

Water & Resource Recovery Center

795 Julien Dubuque Drive Dubuque, IA 52003-7996

You may also email a copy of the application to the Industrial Pretreatment Coordinator

[jwiley@cityofdubuque.org](mailto:jwiley@cityofdubuque.org)