



Waste Discharge Authorization Application

City of Henderson

450 East Galleria Drive, Building USSB

P.O. Box 95050 (MSC#814)

Henderson, NV 89009-5050

Pretreatment Main Number 267-2603 Fax 267-2651

Reason for
application submittal:

New Facility
 Change of Ownership

Permit Renewal
 Other _____

(explain)

SECTION I – FACILITY INFORMATION

Facility Name(s): _____

(include any alternate names)

Physical Address: _____

(Address)

(City)

(State)

(Zip)

Mailing Address: _____

(Address)

(City)

(State)

(Zip)

Telephone: _____

Fax: _____

(extension)

E-mail Address: _____

Responsible Official: _____

Title: _____

Alternate Contact(s): _____

Indicate any safety, security, or other issue(s) that need to be addressed prior to City of Henderson personnel being permitted access, without delay, to the facility's property or premise for the purpose of inspection, sampling, record review, or other related matter.

List any environmental permits issued to the facility (i.e. air quality, hazardous materials, etc.). Identify the type of permit, the permit number(s), and the effective/expiration date(s).

Remainder of page intentionally left blank, please proceed to next page.

SECTION II – OPERATIONAL INFORMATION

Hours of Operation: Sun. _____ Mon. _____ Tues. _____ Wed. _____
 Thur. _____ Fri. _____ Sat. _____

No. of employees per shift: 1st _____ 2nd _____ 3rd _____

Does the facility conduct any operation(s) which are subject to EPA federal regulation? yes no

If yes, list applicable category(ies): _____

North American Industry Classification System (NAICS) or Standard Industrial Classification SIC code(s): _____

Briefly describe the activities performed at the facility:

Describe any pretreatment system(s) or pollution prevention techniques/practices that the facility utilizes: *(i.e. pH neutralization, oil/grease or sand/oil interceptors, product substitution, aeration. etc.)*

Describe any/all process waste streams that discharge to sewer:	Discharge Type:	Max. Flow:	Max. Flow:	Discharge Frequency:
<ul style="list-style-type: none"> ▪ Identify where the waste stream originates and list any/all pollutant(s) and the pollutant concentration(s) which may be present in the waste stream ▪ (If the facility does not discharge process waste to sewer indicate "zero discharge" and proceed directly to SECTION III) 	<i>(Batch or Continuous)</i>	<i>(GPD)</i>	<i>(GPM)</i>	<i>(i.e. daily, weekly, etc.)</i>

Does the facility have a discharge flow monitor for the process wastestream(s)? yes no

If box is checked, you are required to submit a plumbing schematic of the facility. The schematic must identify where each process wastestream originates and the flow path of each wastestream.

List scheduled periods of no discharge or modified discharge (i.e. Christmas – New Years). *(Explain any modifications.)*

SECTION III – CHEMICAL INFORMATION

List all chemicals used at the facility. Provide the chemical name, quantity stored, and the storage location.

Are Material Safety Data Sheets (MSDS) available for all chemicals stored at the facility? **yes** **no**
(Pretreatment may require that a copy of the MSDS be submitted for any/all chemical(s) stored at the facility.)

Identify any solid, liquid or other type of waste(s) generated at the facility. Provide a description of each waste and identify how each waste is disposed of. If the waste is hauled offsite, please indicate the name of the waste hauler and the name of the final repository location.

- If box is checked, you are required to submit a copy of the facility’s slug and spill control plan (SSCP). The SSCP shall identify how the facility would prevent and/or respond to a slug discharge &/or chemical/hazardous material spill.**

- If box is checked, you are required to complete the Priority Pollutant Table on page 4. If box is not checked, please proceed directly to Section IV.**

Remainder of page intentionally left blank, please proceed to next page.

PRIORITY POLLUTANT TABLE:

Enter the respective use code(s) for each pollutant listed. *(multiple use codes may be entered)*

Use Code List:

- | | |
|----------|--|
| 1 | Not used at the facility |
| 2 | Used in the manufacture of your product(s) or results as a by-product |
| 3 | May discharged to the POTW collection system or directly to surface waters |
| 4 | Entrained in product or otherwise captured in sludge(s) or other associated wastes |
| 5 | Totally consumed or destroyed during production, resulting in absence of the compound |
| 6 | Released to atmosphere by evaporation, incineration, volatilization or other means |

Pollutant List:

Metals		Aromatic Hydrocarbons		Phenols	
<input type="checkbox"/>	Antimony	<input type="checkbox"/>	Acenaphene	<input type="checkbox"/>	2-chlorophenol
<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	2,4-dichlorophenol
<input type="checkbox"/>	Beryllium	<input type="checkbox"/>	Ethyl benzene	<input type="checkbox"/>	Pentachlorophenol
<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	Other Chlorinated Phenols
<input type="checkbox"/>	Chromium	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	2,4-dimethylphenol
<input type="checkbox"/>	Copper	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	Nitro phenol
<input type="checkbox"/>	Lead	<input type="checkbox"/>	Other Aromatic Hydrocarbons	<input type="checkbox"/>	Phenol
<input type="checkbox"/>	Mercury	Chlorinated Hydrocarbons		<input type="checkbox"/>	Other Phenols
<input type="checkbox"/>	Nickel	<input type="checkbox"/>	Chlorinated Naphthalene	Other	
<input type="checkbox"/>	Selenium	<input type="checkbox"/>	Dichlorobenzene	<input type="checkbox"/>	Acrolein
<input type="checkbox"/>	Silver	<input type="checkbox"/>	Other Chlorinated Benzenes	<input type="checkbox"/>	Acrylonitrile
<input type="checkbox"/>	Thallium	<input type="checkbox"/>	Dichloroethylenes	<input type="checkbox"/>	Asbestos
<input type="checkbox"/>	Zinc	<input type="checkbox"/>	Chlorinated Ethane	<input type="checkbox"/>	Benzedrine
<input type="checkbox"/>	Other Metals	<input type="checkbox"/>	Dichloropropane/ Dichloropropene	<input type="checkbox"/>	Chloralkethers
Pesticides		<input type="checkbox"/>	Hexachlorocyclopentadiene	<input type="checkbox"/>	Cyanide (compounds)
<input type="checkbox"/>	Aldrin / Dieldrin	<input type="checkbox"/>	Polychlorinated Biphenyl	<input type="checkbox"/>	Dichlorobenzidine
<input type="checkbox"/>	Chlordane (metabolites)	<input type="checkbox"/>	Tetrachloroethylene	<input type="checkbox"/>	Dinitrotoluene
<input type="checkbox"/>	DDT (metabolites)	<input type="checkbox"/>	Trichloroethylene	<input type="checkbox"/>	Diphenylhydrazine
<input type="checkbox"/>	Endosulfan (metabolites)	<input type="checkbox"/>	Vinyl Chloride	<input type="checkbox"/>	Halo ethers
<input type="checkbox"/>	Endrin (metabolites)	Halomethanes		<input type="checkbox"/>	Isophorone
<input type="checkbox"/>	Heptachlor (metabolites)	<input type="checkbox"/>	Carbon Tetrachloride	<input type="checkbox"/>	Nitrobenzene
<input type="checkbox"/>	Hexacholorcyclohexane	<input type="checkbox"/>	Chloroform	<input type="checkbox"/>	Nitrosamines
<input type="checkbox"/>	Toxaphene	<input type="checkbox"/>	Other Halomethanes	<input type="checkbox"/>	Phthalatesters
<input type="checkbox"/>	Other Pesticides			<input type="checkbox"/>	2,3,7,8-tetrachlorodibenzop-dioxin (TCDD)

SECTION IV – CERTIFICATION

I certify under penalty of law this document and all attachments were prepared under my direction or supervision. Based on my inquiry, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Responsible Official *(Signature)*

Responsible Official *(Title)*

Responsible Official *(Print Name)*

Date

FOR OFFICE USE ONLY

Date Received:	Comments:
Facility ID No.:	
Permit No.:	
Classification: <i>(IU, SIU, CIU)</i>	