



## SANITARY SEWER DISCHARGE PERMIT APPLICATION

### Instructions:

Complete all sections, if not applicable, write N/A. Incomplete forms may be denied. Submit completed request forms to American Water via email to the following address; [JBLMTemporaryDischargePermits@amwater.com](mailto:JBLMTemporaryDischargePermits@amwater.com) .

General questions about this form may be submitted to the same email address shown above.

Information provided is used solely for determination of discharge permitting requirements and applicability. All discharges to the sanitary sewer system must be compliant with the EPA's National Pollutant Discharge Elimination System requirements, The Clean Water Act, and the National Pretreatment Standards and Requirements as outlined in the JBLM WWTP NPDES Permit as well as the Code of Federal Regulations pertaining to pretreatment requirements, 40 CFR Part 403.

Discharge requests that do not meet requirements for compliance or that may cause interference or pass through at the WWTP will be denied. Additional wastewater characterization data, including laboratory analysis, may be requested by American Water prior to permit issuance.

### I. Applicant Contact Information

Facility Name:	
Facility Address/Location:	
Responsible Party Contact Name:	
Phone:	Email:
After Hours/Weekend Contact Name:	
After Hours/Weekend Phone:	

### II. Discharge Type Requested (Check One)

Request for a new permanent sewer connection (new tap)

Existing permanent sewer connection, new operation or change to existing

Request for temporary sewer connection (i.e.: contractor temp office trailer)

Request for temporary or one time discharge (request for discharge into a manhole or an existing drain that connects to the sanitary sewer system)

Permit Renewal Application, no operational changes

Permit Renewal, operational changes

### **III. Discharge Location**

Attach with this application the appropriate map showing your existing or planned discharge location.

For existing sewer connections, provide a topographic map identifying facility and sewer connection(s).

For proposed sewer connections, provide a topographic map showing the location of the proposed facility connection.

For one time or temporary discharge requests, provide a topographic map showing the planned discharge location. If unknown, attach a topographic map of the location of the stored wastewater or wastewater that will be produced for discharge. The WWTP may assign a discharge location if discharge request is approved. The discharge location will be identified in the permit issued.

**IV. Complete the User Questionnaire on the following pages. Complete all information, if not applicable state “N/A”. Incomplete forms may be denied.**

### **V. Additional Information Required After Submission**

American Water may request additional information after your submission has been reviewed. Additional information requested may include copies of SDS information, analytical sampling, and a scheduled site visit to evaluate details of the discharge location and/or sampling location(s).



## Non-Domestic User Questionnaire

### INSTRUCTIONS for completing the Commercial and Industrial User Questionnaire:

---

In accordance with the Clean Water Act, Title 40 of the Code of Federal Regulations (CFRs), all applicable businesses are required to submit a completed Commercial and Industrial User Questionnaire. The following are required to complete this form:

- Any business, facility or contractor that uses water for non-domestic purposes, including but not limited to manufacturing, industrial processes, metal working, parts washing, equipment/vehicle washing, medical or dental services, coating processes, cleaning/pressure washing surfaces or facilities, fuel labs, analytical labs, medical labs.
- Facilities which store or handle any chemicals on site, including transportation and fleet.

Fill out the Questionnaire completely, answering all questions. If a question is not applicable to your facility, write "N/A". Please write clearly and fill out the Questionnaire using ink. Section VII of this form must be signed by an Authorized Representative according to Federal requirements - see 40 CFR 403.12 (I).

**Deliver the Commercial and Industrial User Questionnaire by email to**  
[JBLMTemporaryDischargePermits@amwater.com](mailto:JBLMTemporaryDischargePermits@amwater.com)

### SECTION I - General Business Information

Provide the current discharge permit number (if applicable), business name and information including contact information and alternate contact information, business status, type of business, and description of business activities, including NAICS/ SIC Code (use OSHA.gov and NAICS.com websites to determine the correct codes).

### SECTION II - Business Characterization

Provide flow and usage information. Check all applicable uses, disposal methods and business activities - include all activities performed on site.

### SECTION III - Sanitary Sewer Pretreatment - Industrial User Questionnaire

Answer all questions and identify all pretreatment processes.

### SECTION IV - Oil Water Separators, Grease Traps, Storage Tanks

Answer all questions. If not applicable, state "N/A"

### SECTION V - Additional Water Systems

Check all applicable water systems information.

### SECTION VI - Backflow Prevention Information

Check all applicable backflow prevention devices that are to be used on site.

### SECTION VII - Certification

Federal rule 40 CFR Part 403 provides for severe civil penalties for submitting false information on this form. 40 CFR 403.12 (I) requires this form to be signed by an authorized representative. If you have any questions, contact American Water at [JBLMTemporaryDischargePermits@amwater.com](mailto:JBLMTemporaryDischargePermits@amwater.com)

---

### HAZARDOUS WASTE DISCHARGE REPORTING NOTIFICATION

Title 40 Part 403.12(p) of the Code of Federal Regulations includes requirements for any User to notify the WWTP (American Water), EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be considered a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). American Water requires this notification for a discharge of hazardous waste to the sanitary sewer system and the report shall be made immediately or immediately of learning of the discharge. Additional details of the reporting requirements and exemptions are included in the above referenced regulations.

---

Discharge Permit #, if none issued state N/A: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

COMMERCIAL & INDUSTRIAL USER QUESTIONNAIRE

SECTION I - GENERAL FACILITY INFORMATION

Facility Name: \_\_\_\_\_ d.b.a. Business Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_ NAICS Code (6 digits): \_\_\_\_\_  
Authorized Representative: \_\_\_\_\_ SIC Code (4 digits): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Construction Date: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Operational Date: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Status of Facility : ☐ Proposed ☐ Occupied ☐ Vacant

Operator Type : ☐ Business (Contract/Private) ☐ Federal ☐ Other \_\_\_\_\_  
Type of Operation: ☐ Manufacturing ☐ Distribution/Warehouse ☐ Retail Sales-Non Food  
(Check all that apply) ☐ Lodging ☐ Office Only ☐ Retail Sales-Food  
☐ Medical or Dental ☐ Vehicle or Equipment Services ☐ Non-Retail - Food  
☐ Other \_\_\_\_\_

Description of activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach Additional Sheets if necessary

SECTION II - FACILITY MATERIALS AND WASTE CHARACTERIZATION

This section is to identify any liquid waste that may be regulated or requires Best Management Practices for discharge to Sanitary Sewer systems. (Provide estimates if actual values unknown)

Average Daily Wastewater Flow (gpd): \_\_\_\_\_ Peak Wastewater Flow (gpm): \_\_\_\_\_  
Average Water Usage (gpd): \_\_\_\_\_ One Time Discharge Requested Total (gal): \_\_\_\_\_

(gpd = gallons per day ; gpm = gallons per minute; gal = gallons)

Water Usage: ☐ Domestic ☐ Irrigation ☐ Non contact cooling  
(Check all that apply) ☐ Boiler / Heating ☐ Production ☐ Contact cooling water  
☐ Other: \_\_\_\_\_

Current Disposal ☐ Sanitary Sewer ☐ Septic Tank/Leach Field ☐ Hauled Off-Site  
Methods: ☐ Storm Sewer ☐ Direct discharge to a ☐ No wastewater  
(Check all that apply) ☐ ditch, river, etc. generated  
☐ Other: \_\_\_\_\_

Activities Occurring at Your Location (Check all that Apply); continued on next page

<input type="checkbox"/>	Adhesives	<input type="checkbox"/>	Aluminum Forming (467)
<input type="checkbox"/>	Asbestos Manufacturing (427)	<input type="checkbox"/>	Battery Manufacturing (461)
<input type="checkbox"/>	Dental Services (441)	<input type="checkbox"/>	Pulp, Paper and Paperboard (430)
<input type="checkbox"/>	Animal Veterinary Care	<input type="checkbox"/>	Animal Kennel, Grooming, Training, Dog Runs/Parks
<input type="checkbox"/>	Canned/Preserved Fruit & Vegetable Processing (407)	<input type="checkbox"/>	Canned & Preserved Seafood Processing (408)

Check Activities Occurring at Your Location (Check all that apply)

<input type="checkbox"/>	Car Wash	<input type="checkbox"/>	Carpet Cleaner
<input type="checkbox"/>	Carbon Black Manufacturing (458)	<input type="checkbox"/>	Cement Manufacturing (411)
<input type="checkbox"/>	Centralized Waste Treatment - metals, oil & organics recovery (437)	<input type="checkbox"/>	Coal Mining (434)
<input type="checkbox"/>	Coil Coating (465)	<input type="checkbox"/>	Contractor Yard
<input type="checkbox"/>	Copper Forming (468)	<input type="checkbox"/>	Dairy Products Processing (405)
<input type="checkbox"/>	Dental Services (441)	<input type="checkbox"/>	Dry Cleaning / Laundry
<input type="checkbox"/>	Electroplating (413)	<input type="checkbox"/>	Electrical & Electrical Components (469)
<input type="checkbox"/>	Electric Power Generation	<input type="checkbox"/>	Explosives Manufacturing (457)
<input type="checkbox"/>	Feed Lots (412)	<input type="checkbox"/>	Ferroalloy Manufacturing (424)
<input type="checkbox"/>	Fertilizing Manufacturing (418)	<input type="checkbox"/>	Firearms - Bluing
<input type="checkbox"/>	Foundry	<input type="checkbox"/>	Furniture Manufacturing
<input type="checkbox"/>	Glass Manufacturing (426)	<input type="checkbox"/>	Grain Mills (406)
<input type="checkbox"/>	Gum & Wood Manufacturing (454)	<input type="checkbox"/>	Hospital (460)
<input type="checkbox"/>	Ink Formulating (447)	<input type="checkbox"/>	Inorganic Chemicals Manufacturing (415)
<input type="checkbox"/>	Iron & Steel Manufacturing (420)	<input type="checkbox"/>	Metal Products & Machinery (438)
<input type="checkbox"/>	Metal Finishing (433)	<input type="checkbox"/>	Metal Products (432)
<input type="checkbox"/>	Nonferrous Metals Forming & Metal Powder (471)	<input type="checkbox"/>	Nonferrous Metals Manufacturing
<input type="checkbox"/>	Oil & Gas Extraction (435)	<input type="checkbox"/>	Ore Mining & Dressing
<input type="checkbox"/>	Organic Chemicals, Plastics & Synthetic Fibers (414)	<input type="checkbox"/>	Paint Formulating (446)
<input type="checkbox"/>	Paving & Roofing Materials - tar & asphalt (443)	<input type="checkbox"/>	Pesticide Chemicals (455)
<input type="checkbox"/>	Pharmaceutical Manufacturing (439)	<input type="checkbox"/>	Phosphate Manufacturing (422)
<input type="checkbox"/>	Photographic (459)	<input type="checkbox"/>	Plastics Molding & Forming (463)
<input type="checkbox"/>	Porcelain Enameling (466)	<input type="checkbox"/>	Pulp, Paper & Paperboard (430)
<input type="checkbox"/>	Retail Sales Only	<input type="checkbox"/>	Restaurant & Food Service
<input type="checkbox"/>	Rubber Manufacturing (428)	<input type="checkbox"/>	Septage Hauler
<input type="checkbox"/>	Sewage Treatment Facilities	<input type="checkbox"/>	Solid Hazardous, Liquid Waste, Transportation, Treatment or Disposal
<input type="checkbox"/>	Soap & Detergent Manufacturing (417)	<input type="checkbox"/>	Sugar Processing (409)
<input type="checkbox"/>	Textile Mills (410)	<input type="checkbox"/>	Timber Products Processing (429)
<input type="checkbox"/>	Transportation Equipment Cleaning (442)	<input type="checkbox"/>	Vehicle Repair Shop /Garage
<input type="checkbox"/>	Warehouse and Storage	<input type="checkbox"/>	Other _____

**SECTION III - SANITARY SEWER PRETREATMENT - USER QUESTIONNAIRE**

Wastewater produced by facilities, which is discharged to the sanitary sewer system is regulated in accordance with 40 CFR 403.

**Are there any floor drains in the work area? (Y/N) \_\_\_\_\_**

**Is your wastewater treated prior to discharge? (Y/N) \_\_\_\_\_**

**If yes, what treatment does it receive?**

<input type="checkbox"/>	pH Adjustment	<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Chlorination
<input type="checkbox"/>	Sand/Sedimentation tank	<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Chemical Treatment
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	Screening
<input type="checkbox"/>	Solvent Separation	<input type="checkbox"/>	Oil Water Separator	<input type="checkbox"/>	Ion Exchange
<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Biological Treatment	<input type="checkbox"/>	Other:

For official Use Only

Review Date: \_\_\_\_\_ Review by: \_\_\_\_\_ Determination: \_\_\_\_\_

Does Your Facility Use or Generate any of the Following?

	Chemicals/Pollutants/Waste-Products	Discharge to Sanitary Sewer?	Discharge to Storm Sewer?	Where discharged if neither? e.g. ground, ditch, pond, etc.
	Antifreeze / Glycol Compounds			
	Petroleum Grease/Oils			
	Vegetable Grease/Oils			
	Acids/Corrosives			
	Food Wastes			
	Solvents (Include Cleaning Solvents)			
	Flammables/Explosives			
	Pesticides/Herbicides			
	Phenols			
	Cyanides			
	Metals/Metal Solutions			
	Nitrogen Containing Compounds			
	Organic Chemicals			
	Hazardous Wastes			
	Radioactive Isotopes			
	Trucked or Hauled Wastes			
	High Temperature Wastes			
	Sulfides or H <sub>2</sub> S Generating Wastes			
	High Total Dissolved Solids (TDS)			
	Per or Poly-fluoroalkyl Substances (PFAS)			

**SECTION IV - Oil Water Separators, Grease Traps, Storage Tanks**

Oil Water Separators, Grease Traps and storage tanks connected to sanitary sewer systems are subject to 40 CFR 403 and 40 CFR 264, 265 and 280.

Are there Oil Water Separators on site? (Y/N) \_\_\_\_\_ If "YES" provide the total number of oil water separators on site \_\_\_\_\_

Are there grease traps on site? (Y/N) \_\_\_\_\_ If "YES" provide the total number of grease traps on site \_\_\_\_\_

Does the Facility have an written, documented inspection and maintenance plan for Oil Water Separators that is in alignment with industry standards for Best Management Practices (BMPs)? (Y/N) \_\_\_\_\_

Does the facility have a written, documented inspection and maintenance plan for Grease Traps that is in alignment with industry standards for Best Management Practices (BMPs)? (Y/N) \_\_\_\_\_

In the past year, how many times have the Oil Water Separators been pumped out? \_\_\_\_\_

In the past year, how many documented inspections occurred for Oil Water Separators? \_\_\_\_\_

In the past year, how many times have the Grease Traps been pumped out? \_\_\_\_\_

In the past year, how many documented inspections occurred for Grease Traps? \_\_\_\_\_

In the past year how many employees have documented training on BMPs? (Y/N) \_\_\_\_\_

Will there be any changes to facility processes or chemical storage in the next year? (Y/N) \_\_\_\_\_

If "YES", describe:

---



---



---

Are there any underground storage tanks connected to oil water separators or grease traps? (Y/N) \_\_\_\_\_

Are there any above ground storage tanks receiving flow from oil water separators or grease traps? (Y/N) \_\_\_\_\_

If "YES" to either of the above, what disposal method is used for tank contents? \_\_\_\_\_

For American Water Use Only

Review Date: \_\_\_\_\_ Review by: \_\_\_\_\_ Permit Number: \_\_\_\_\_

### SECTION V - ADDITIONAL WATER SYSTEMS

The facility has or will have in the next year (check all that apply):

<input type="checkbox"/>	A Fire Protection System	<input type="checkbox"/>	A Fire Standpipe
<input type="checkbox"/>	Landscape Irrigation System	<input type="checkbox"/>	Process Water
<input type="checkbox"/>	Heating/Cooling Systems using Water	<input type="checkbox"/>	Boilers
<input type="checkbox"/>	Water Storage Tank	<input type="checkbox"/>	Secondary Water supply
<input type="checkbox"/>	Plumbing Devices that are not drinking water approved	<input type="checkbox"/>	Plumbing fixtures that do not have International Plumbing Code approved backflow prevention

### SECTION VI - BACKFLOW PREVENTION

What type of backflow devices are on site or proposed?

#	Type	#	Type
<input type="checkbox"/>	Reduced Pressure (RP)	<input type="checkbox"/>	Double Check Valve Assembly (DCV)
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill Resistant Pressure Vacuum Breaker (SVB)
<input type="checkbox"/>	Air Gap	<input type="checkbox"/>	Other:

### SECTION VII - CERTIFICATION

The Authorized Representative for the facility shall sign this survey and return via email to

**American Water**

[JBLMTemporaryDischargePermits@amwater.com](mailto:JBLMTemporaryDischargePermits@amwater.com)

"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 upon 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/or imprisonment for knowing violations."

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

For American Water Use Only