

APPLICATION TO DISCHARGE WASTEWATER TO THE PUBLICLY OWNED  
TREATMENT WORKS REGULATED BY THE LEWISTON-AUBURN WATER  
POLLUTION CONTROL AUTHORITY

Note: Please read all attached instructions before completing this application.

Note: This application form is in Adobe PDF

Section A - GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in 1.a. the owner of the facility?

Yes       No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Business Mailing Address:

Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Designated signatory authority of the facility (per 40 CFR 403.12):

[Attach similar information for each authorized representative]

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone # : (\_\_\_\_\_) \_\_\_\_\_

5. Designated facility contact:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: DAY: \_\_\_\_\_ NIGHTS/WEEKENDS: \_\_\_\_\_

E-mail: \_\_\_\_\_

## SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

### Industrial Categories\*

- 405 Dairy Products
- 406 Grain Mills
- 407 Canned and Preserved Fruits and Vegetables
- 408 Canned and Preserved Seafood
- 409 Sugar Processing
- 410 Textile Mills
- 411 Cement Manufacturing
- 412 Feedlots
- 413 Electroplating
- 414 Organic chemicals, plastics, and synthetic fibers
- 415 Inorganic Chemicals manufacturing
- 416 (reserved)
- 417 Soap and detergent manufacturing
- 418 Fertilizer manufacturing
- 419 Petroleum refining
- 420 Iron and steel manufacturing
- 421 Nonferrous metals manufacturing
- 422 Phosphate manufacturing
- 423 Steam electric power generating
- 424 Ferroalloy manufacturing
- 425 Leather tanning and finishing
- 426 Glass manufacturing
- 427 Asbestos manufacturing
- 428 Rubber manufacturing
- 429 Timber products
- 430 Pulp, paper, and paperboard
- 431 The builders' paper and board mills
- 432 Meat products
- 433 Metal finishing
- 434 Coal mining
- 435 Oil and gas extraction
- 436 Mineral mining and processing
- 439 Pharmaceutical manufacturing
- 440 Ore mining and dressing
- 441 Industrial laundries
- 442 Transportation Equipment Cleaning Services

- 443 Paving and roofing materials
- 444 Waste Combustors (proposed)
- 446 Paint formulating
- 447 Ink formulating
- 454 Gum and wood chemicals manufacturing
- 455 Pesticide chemicals
- 457 Explosives manufacturing
- 458 Carbon black manufacturing
- 459 Photographic
- 460 Hospital
- 461 Battery manufacturing
- 463 Plastics Molding and Forming
- 464 Metal molding and casting
- 465 Coil coating
- 466 Porcelain enameling
- 467 Aluminum Forming
- 468 Copper Forming
- 469 Electrical and electronic components
- 471 Nonferrous metals forming and metal powders
- (Reserved)
- (Reserved)

A facility with processes inclusive in these business areas may be covered by United States Environmental Protection Agency (EPA) categorical pretreatment standards. These facilities are termed "categorical users." It is the responsibility of the individual facility to determine its obligations in meeting applicable categorical pretreatment standards (40 CFR 403 et seq.).

2. Give a brief description of all operations at this facility, including primary products and/or services (attach additional sheets if necessary):

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3. Indicate the applicable Standard Industrial Classification (SIC) for all processes and services. (If more than one SIC code is applicable, list in descending order of importance.):

Code #	Title
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

4. PRODUCT VOLUME

PRODUCT (Brand name, item name, unit name, etc. )	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amount per Day Daily unit: _____	Amount per Day Daily unit: _____	Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as apply)

- Private Well
- Surface Water (river, brook, lake, pond, etc.)
- Municipal Water Utility. Name: \_\_\_\_\_
- Private Water Utility. Name: \_\_\_\_\_
- Other. Specify: \_\_\_\_\_

2. Name on water bill: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_

3. Water Service account number(s):  
 \_\_\_\_\_

4. List average water uses on premises:  
 [New facilities planning to discharge may estimate]

	Avg. Water usage (gpd)	Indicate Estimate (E) Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed water	_____	_____
d. Industrial Process water	_____	_____
e. Sanitary (toilets, sinks, etc.)	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown not included in industrial process water	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF a-j:	_____	_____

**SECTION D - SEWER INFORMATION**

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system or combined sanitary/storm sewer system?

Yes: Sanitary sewer account number(s): \_\_\_\_\_  
 No : Have you applied for sanitary sewer hook-up?  Yes  No.

- b. For a new business:

- (i) Will your facility be occupying an existing vacant building (such as in an industrial park?)
- (ii) Has your company applied for a building permit if a new facility is to be constructed?  
 Yes  No.
- (iii) Has your company been granted a Site Development Permit, or equivalent, from the Maine Department of Environmental Protection or a designated municipality, if a new facility is to be constructed?  Yes  No
- (iv) Will you be connected to the public sanitary sewer system?  Yes  No.

2. List size, descriptive location, and flow of each facility sewer that connects to the public sewer system. (If more than three, attach additional information on another sheet).

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gpd)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Does your facility have a stormwater collection system (parking lots, roof drains, etc.)?  
 Yes  No

4. Has your facility applied for a Stormwater Discharge permit from the United States Environmental Protection Agency?  Yes  No.

**SECTION E - WASTEWATER DISCHARGE INFORMATION**

1. Does, or will, this facility discharge any wastewater other than from restrooms to the public sewer system?

- Yes If the answer to this question is "Yes," complete the remainder of this application.
- No If the answer to this question is "No," complete only those sections that apply.

2. Provide the following information on wastewater discharges from the sewer connection listed in Section D 2:

(New facilities may estimate):

a. Hours/Day Wastewater is Discharged (e.g., 8 hours/day):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

b. Hours of Discharge (e.g., 9 a.m. - 5 p.m.)

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

E 2 continued

Indicate  
Estimated (E) or  
Measured (M).

c. Peak hourly flow rate (GPM)	_____	_____
d. Maximum daily flow rate (GPD)	_____	_____
e. Annual average daily flow rate (GPD)	_____	_____

3. Describe each type of batch discharge that occurs or will occur.  
(New facilities may estimate. If more than four, attach information for each batch).

a. Description	Avg. gpd	Frequency of Discharge (twice per day, Mon & Weds, monthly, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Schematic Flow Diagram: For each industrial process or major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the process to its completion. See Instructions-Figure 1 for an example.

- Show individual unit processes.
- Include water usage for each process, in average gallons per day.
- Indicate which processes use water and which generate wastestreams.
- Include the average daily discharge volume to sewer or recycling system from each process (new facilities may estimate).
- Number each unit process that generates wastewater discharges to the public sewer system. Identify the discharge point to sewer from each (e.g., FAC, 001). Use these numbers when showing the separate unit processes in the building layout in Section H.
- You may need to provide several drawings; the one shown in the Instructions is for demonstration purposes only.
- Each drawing must be certified by a **Maine Registered Professional Engineer**.

**Facilities that checked activities in question 1 of Section B are considered most likely to be Categorical Industrial Users. Categorical Industrial Users should skip to question 6.**



**ANSWER QUESTION 6 ONLY IF YOUR FACILITY IS SUBJECT TO CATEGORICAL  
PRETREATMENT STANDARDS**

6. For Categorical Users: provide the wastewater discharge flows for each process or proposed process. Include the reference number from schematic flow diagram (#4 above) that corresponds to each process. [new facilities should provide estimates for each discharge.]

**Categorical Regulated Process Streams**

No.	Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch,continuous,no discharge)
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

**Categorical Unregulated Process Streams (See 40 CFR 406)**

Average No.	Process	Maximum Flow (GPD)	Flow (GPD)	Type of discharge (batch,continuous,no discharge)
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
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—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____
—	_____	_____	_____	_____

**Dilution Streams** (e.g., non-contact cooling water)


7. Provide the following information on **“Toxic and reactive gases and vapors”**

a. Does (or will) this facility use or store on site or discharge any of the toxic and reactive gases and vapors limited (for explosivity) in the Authority's rules and regulations?

Yes  No

b. Does this facility use or store or discharge any of the toxic and reactive gases and vapors for which the Authority has set screening levels for toxicity in its rules and regulations?

Yes  No

c. Has this facility developed a management plan, and/or installed monitoring equipment at the discharge site for any toxic and reactive gases and vapors?

**FOR CATEGORICAL USERS WITH TTO REQUIREMENTS ONLY**

d. Has a baseline monitoring report (BMR), as required by 40 CFR 403.12, been submitted which contains TTO information?  Yes  No

8. Does your facility have, or plan to have, automatic sampling equipment or wastewater flow metering equipment?

Current: Flow metering  Yes  No  N/A

Sampling Equipment  Yes  No  N/A

Planned: Flow metering         Yes  No  N/A  
          Sampling Equipment     Yes  No  N/A

If planned, indicate the present or future location of this equipment on the Schematic Flow Diagram and describe the equipment below.

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9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip to question 11)

10. Briefly describe planned changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed).

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11. Are any materials recycling or re-use, or water reclamation systems in use or planned?

- Yes
- No, (skip to Section F)

12. Briefly, describe any chemical or water recovery processes, including the substance(s) being recovered, percent recovered, and the concentration of the recovered substance(s) in spent solutions or sludges. (Attach additional sheet if needed.)

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## SECTION F - CHARACTERISTICS OF DISCHARGE

Significant industrial users are required to submit monitoring data on all pollutants that are regulated in either categorical standards or the Authority's Rules & Regulations. Some categorical pretreatment standards are specific to each industrial process. Use the tables provided in this section to report the last one year's period analytical results on each discharge point (end-of-pipe for non-categorical users.).

In the case of applicable federal categorical pretreatment standards for which your facility has not yet sampled and analyzed, indicate whether the categorical pollutant is known to be present (P), or not known to be present (U), by placing the appropriate letter in the column for "Daily Average."

For facilities not yet discharging to the Authority, the table may be used to indicate which pollutants are expected to be discharged, by entering a letter (E) in the column for "Daily Average."

**If the analytical result for a pollutant is expressed as "N.D." or trace, report the result as less than (<) the laboratory's detection limit (numerical). Example: <0.01 mg/L**



Special Instructions:

1. For Total Toxic Organics (TTO), report total result as required in the standard and attach results of analyses.
2. For production based standards, when identifying the “Name of the Wastestream” refer to the wastestream name entered in “regulated process” in Section E.6 and the production data that has been entered in Section B.4.

Section F – Characteristic of Discharge

**POLLUTANTS IDENTIFIED BY THE AUTHORITY AS NEEDING LIMITATION (LOCAL LIMITS)  
OR AS HAVING THE POTENTIAL TO CAUSE PASS-THROUGH OR INTERFERENCE– Table 2  
COMPLETE A SEPARATE TABLE FOR EACH SAMPLING POINT**

**Each significant industrial user must complete Table 2 for every regulated wastewater discharge point to the Authority.  
If the user has not yet analyzed its discharge for a particular pollutant, enter “NT” in the column for “Daily Average.”**

**Name of discharge point/sample point:** \_\_\_\_\_

**Testing period:** January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

<b>POLLUTANT</b>	<b>REPORTING UNITS</b>	<b>DAILY MAXIMUM (value)</b>	<b>DAILY AVERAGE (value)</b>	<b>Number of analyses in this period</b>	<b>Analytical method used (from 40 CFR 136)</b>
Ammonia (N)	Milligrams per Liter				
Biochemical Oxygen Demand (BOD)	Milligrams per Liter				
Chemical Oxygen Demand (COD)	Milligrams per Liter				
Closed Cup Flashpoint	Degrees Fahrenheit				
Oil & Grease	Milligrams per Liter				
pH (maximum value)	Standard Units				
pH (minimum value)	Standard Units				
Temperature	Degrees Fahrenheit				
Total aluminum	Milligrams per Liter				
Total arsenic	Milligrams per Liter				
Total cadmium	Milligrams per Liter				
Total chromium	Milligrams per Liter				
Total copper	Milligrams per Liter				
Total cyanide	Milligrams per Liter				
Total lead	Milligrams per Liter				
Total mercury	Milligrams per Liter				
Total molybdenum	Milligrams per Liter				
Total nickel	Milligrams per Liter				
Total reactive phosphorous	Milligrams per Liter				
Total selenium	Milligrams per Liter				
Total silver	Milligrams per Liter				
Total Suspended Solids (TSS)	Milligrams per Liter				
Total zinc	Milligrams per Liter				

**TOXIC and REACTIVE GASES & VAPORS – Table 3**

The following pollutants have been identified as having the characteristic of explosivity, and thereby creating a potential hazard to sewer workers.

**Each significant industrial user must complete Table 3 for every regulated wastewater discharge point to the Authority.**

**A new user must complete a baseline monitoring for these pollutants. Existing users may refer to historical data.**

**If the user has not yet analyzed its discharge for a particular pollutant, enter “NT” in the column for “Daily Average.”**

Name of discharge point /sample point: \_\_\_\_\_ Sampling date: \_\_\_\_\_

<b>POLLUTANT</b>	<b>Reporting Unit</b>	<b>Maximum</b>	<b>Average Value</b>	<b># of</b>	<b>EPA method used</b>
Acrylonitrile					
Benzene					
Bromomethane					
Carbon disulfide					
Chlorobenzene					
Chloroethane					
Chloromethane					
1,2-dichlorobenzene					
1,3-dichlorobenzene					
1,4-dichlorobenzene					
1,1-dichloroethane					
1,2 dichloroethylene					
trans 1, dichloroethylene					
1,2 Dichloropropane					
1,3 Dichloropropane					
Ethyl benzene					
Ethylene dichloride					
Formaldehyde					
Methylene chloride					
Methyl ethyl ketone (2-butanone)					
Naphthalene					
Nitrobenzene					
Phenol					
Toluene					
1,2,4 trichlorobenzene					
1,1,1 trichloroethane					
Trichloroethylene					
Vinyl chloride					
Vinylidene chloride					



SECTION G - PRETREATMENT

1. Is any form of wastewater pretreatment (see list below) practiced at this facility?  
 Yes  No
2. Is any form of wastewater pretreatment (or changes to an existing wastewater pretreatment) planned for this facility within the next three years?

Yes, describe: \_\_\_\_\_  
 No

3. Pretreatment devices or processes used or proposed for treating wastewater or wastewater residuals (sludges). Check as many as appropriate.

- Dissolved air floatation
  - Centrifuge
  - Chemical precipitation, type (e.g., lime) \_\_\_\_\_
  - Chlorination
  - Comminutors
  - Filtration, type (e.g., ultra-filtration) \_\_\_\_\_
  - Flow equalization
  - Grease or oil separation, type \_\_\_\_\_
  - Grit removal
  - Ion exchange
  - pH adjustment, neutralization
  - Ozonation
  - Reverse osmosis
  - Screening, type \_\_\_\_\_
  - Sedimentation, explain \_\_\_\_\_
  - Septic tank
  - Solvent separation, solvent recycling
  - Spill protection
  - Biological treatment, type \_\_\_\_\_
  - Stormwater diversion or storage
  - Incineration
  - Chemical treatment, type \_\_\_\_\_
  - Physical treatment, type \_\_\_\_\_
  - Other, type \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Description

Describe the pollutant loadings, flow rates, and operating procedures of each pretreatment process checked above. Attach additional sheets, if necessary.

Pretreatment process description	Flow treated (gpd)	Pollutants being reduced or eliminated	per cent removal influent/effluent (estimate, if necessary)	Residuals (sludge, or other)

5. Attach a process flow diagram, for each existing treatment system or the entire treatment system, including process equipment, design capacity, physical size and by-products (sludge) treatment methods.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the public sewer. Please include estimated completion dates.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Pretreatment Systems Operator (supply information on the person in charge of pretreatment)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Work place phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

State Certification number and type: \_\_\_\_\_

8. Does your facility possess a manual for the proper operation of its wastewater pretreatment equipment (e.g. an O & M manual)?  Yes  No

9. Does your facility have a written maintenance schedule for its wastewater pretreatment equipment?     Yes  No

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information (If staggered shifts, or more than one type of shift, please explain:

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Work Days                              
                 Mon.   Tues.   Weds.   Thus.   Fri.   Sat.   Sun.

Number of staff shifts per  
Work Day    \_\_\_\_\_

Number of Employees Per Shift

1st \_\_\_\_\_

2nd \_\_\_\_\_

3rd \_\_\_\_\_

Shift start and end times

Production Employees  
1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Office and Clerical Staff  
1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

2. Indicate whether the business activity is:

Continuous through the year, or  
 Seasonal - Circle the months of the year during which the business activity occurs:  
                 J F M A M J J A S O N D

3. Indicate whether the **facility wastewater discharge** is

Continuous through the year, or

Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

4. Does your facility have any of its operation shut down periods for vacation, planned maintenance, or other reasons?

No.

Yes. Dates of year: \_\_\_\_\_

Indicate reasons for the shutdown : \_\_\_\_\_

\_\_\_\_\_

5. List types and amounts (mass or volume per day, month or year) of primary raw materials used or planned for use at your facility (e.g. silk, fiberboard, transistors). Attach a separate list, if more space is needed, to this Application. Such information may be labeled confidential, subject to public participation regulations in 40 CFR Part 2, and the Authority's rules and regulations.

Item

Quantity Used per

day  month  year

pounds  Kg

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



7. **Building Layout and Site Plan** Show map orientation and location of processes and services for each building on the facility's premises, and utility connections to public services.
- all water, sewage and process flow measuring equipment
  - all storm drains (mark if discharged to separated storm collection system or combined sewer system),
  - numbered unit processes (from schematic flow diagram),
  - internal sewer lines and floor drain locations,
  - manholes or other control structures connected to the public sewer system,
  - each facility sewer line connection to the public sewers, and
  - wastewater sampling locations. (Show existing and/or proposed wastewater sampling locations.)

Each drawing must be certified by a Maine Registered Professional Engineer.

**SECTION I - SPILL PREVENTION**

1. Are there any chemical/raw materials storage containers (silos, tanks, bins, barrels, drums) or ponds at this facility?  
 Yes  No

If yes, describe the location, contents, size, type of chemical storage facility, and note the frequency and method of cleaning.

Chemical/Raw Material	Container Type (state type)	Container capacity (gallons, pounds, etc.)	Cleaning Frequency

Also, indicate in a diagram or comment on the proximity of each chemical storage facility to a sewer or storm drain. Indicate if buried (underground storage) containers are registered with the State, and indicate any metal containers that are equipped with cathodic protection. Attach a separate sheet, if more space is needed

2. Are there any floor drains in manufacturing or chemical storage areas?  
 No  
 Yes If yes; To where do these floor drains discharge?

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3. Are there any chemical storage facilities that could, in the case of an accidental spill or leak, discharge to (check all that apply):

- an onsite collection system (sump)
- public sewer system (combined sewer or sanitary sewer)
- storm drain (separated system)
- the ground
- surface water
- other, specify \_\_\_\_\_
- not applicable, no possible route of discharge to any listed discharge point.

4. Has this facility prepared an accidental spill prevention plan to prevent leaks and spills of chemicals or slug discharges from entering the Authority's wastewater treatment plant or the public sewer system?

- No
- Yes - [Specify date submitted to the Authority, or enclose a copy with this Application]

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Not applicable: there are no drains at this facility which are connected to the public sewer system; or this facility discharges only domestic wastes (toilets, showers, etc.) to the public sewer and all chemical storage areas have secondary containment systems.

5. This facility has prepared emergency plans for response to chemical spills and submitted them to the following entities (check all that apply):
- Local public safety (Fire Dept., LEPC, etc.)
  - Maine Department of Environmental Protection
  - Maine State Emergency Response Commission
  - United States Coast Guard (SPCC)
  - to meet the requirements of the Occupational Safety and Health Act (OSHA)
  - Other, describe \_\_\_\_\_

5. Describe any previous spill events and remedial measures taken to prevent any reoccurrence:

**SECTION J - NON-DISCHARGED WASTES**

1. Are there any wastes (liquids or sludges) generated at this facility which are **not** discharged to the public sewer system?
- No, skip to Section K
  - Yes, describe below

Waste generated	Quantity per year	Disposal Method (municipal solid waste, hazardous waste, sludge, etc.)	Disposal Site (MMWAC, Safety Kleen, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Are any wastes sent off-site for recycling or treatment (e.g., florescent lighting, machine oils)?  No  Yes. If yes, identify the waste, the amount recycled and the facility that recycles or treats the waste:

Product recycled	Quantity per year	Facility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. If applicable, list the name, address and state hazardous or non-hazardous transporter permit number of all waste haulers and/or waste transporters employed by this facility:

_____	_____
_____	_____
_____	_____
_____	_____

4. Has this facility been issued, or applied for, any federal, state or local environmental permits (e.g. NPDES, air emissions, hazardous waste generator)?  Yes  No

If yes, list permit type, permit number, and expiration date:

_____
_____
_____
_____

## SECTION K - AUTHORIZED SIGNATURES

In accordance with 40 CFR Part 403.12(k), most reports submitted under the pretreatment regulations and standards must be certified and signed "(1) By a responsible corporate officer if the Industrial User submitting the reports required . . . is a corporation. For the purpose of this paragraph, a responsible corporate officer means (i) a president, secretary, treasurer or vice-president of the corporation, in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. (2) By a general partner or proprietor if the Industrial User submitting the reports . . . is a partnership or sole proprietorship respectively. (3) By a duly authorized representative of the individual designated in paragraph (1)(1) or (1)(2) of this section

if:(i) the authorization is made in writing by the individual described . . . ; (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well or well field superintendent, or a position of equivalent responsibility,, or having overall responsibility for environmental matters for the company; and (iii) the written authorization is submitted to the Control Authority."

1. List the name and position/title of the individual who shall sign reports submitted under the pretreatment program regulations to the Lewiston-Auburn Water Pollution Control Authority:

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2. If applicable, list the name and/or position/title of the authorized representative of the individual described in question 1 above:

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**SECTION L - COMPLIANCE CERTIFICATIONS**

1. Is this facility meeting all applicable federal, state or local pretreatment standards and requirements on a consistent basis?

Yes  No  Not yet discharging

2. If No

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance

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b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with projected completion dates. Please note that when the Authority issues a permit to the applicant, it may choose to establish a schedule for compliance different from the one submitted by the facility.

Milestone Activity

Completion Date

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Authorized Representative Statement

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. Base 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 fines and imprisonment for knowing violations.

\_\_\_\_\_  
Name (print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date