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DATE DUE: \_\_\_\_\_

www.brentwood-tn.org



◆ **WASTEWATER SURVEY PERMIT APPLICATION** ◆  
**(UPDATED MARCH 1, 2016)**

SECTION A – GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

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

Zip Code \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

A.2. Address of production or manufacturing facility. (If same as above, check here [  ]).

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

Zip Code \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_

A.3. Name, title, and telephone number of person authorized to represent this firm in official dealings with the Brentwood Water and Sewer Department:

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

A.4. Alternate person to contact concerning information provided herein:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

*This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.*

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and / or imprisonment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Official  
(Seal if applicable)

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

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*Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR, Part 2. Should a Discharge Permit be required for your facility, the information in this questionnaire will be used to issue the permit.*

A.6. Provide a brief narrative of the manufacturing, production, or service activities your firm conducts.

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A.7. Standard Industrial Classification Number (s) (SIC Code) for your facilities:

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A.8. This facility generates the following types of wastes (check all that apply):

	<u>Average Gallons Per Day</u>		
1. <input type="checkbox"/> Domestic waste (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
2. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
3. <input type="checkbox"/> Boiler / Tower blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
4. <input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
5. <input type="checkbox"/> Process	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
6. <input type="checkbox"/> Equipment / Facility washdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
7. <input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
8. <input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
9. <input type="checkbox"/> Other (Describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<hr/>			
Total A.8.1 – A.8.9	_____		

A.9. Wastes are discharged to (check all that apply):

Average Gallons Per Day

- |                             |                  |       |                          |           |                          |          |
|-----------------------------|------------------|-------|--------------------------|-----------|--------------------------|----------|
| 1. <input type="checkbox"/> | Sanitary Sewer   | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 2. <input type="checkbox"/> | Storm Sewer      | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 3. <input type="checkbox"/> | Surface Water    | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 4. <input type="checkbox"/> | Ground Water     | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 5. <input type="checkbox"/> | Waste Haulers    | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 6. <input type="checkbox"/> | Evaporation      | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 7. <input type="checkbox"/> | Other (describe) | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |

Provide name and address of waste hauler(s), if used:

\_\_\_\_\_

\_\_\_\_\_

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes       No

*Note: If your facility did not check one or more of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey / application. If any items, A.8.4 through A.8.9 were checked, please complete the remainder of this survey / application.*

## SECTION B – FACILITY OPERATION CHARACTERISTICS

B.1. Number of employee shifts worked per 24-hour day is: \_\_\_\_\_ .  
Average number of employees per shift is: \_\_\_\_\_ .

B.2. Starting times of each shift: 1<sup>st</sup> \_\_\_\_\_ am / pm    2<sup>nd</sup> \_\_\_\_\_ am / pm    3<sup>rd</sup> \_\_\_\_\_ am / pm

*Note: The following information in this section must be completed for each product line.*

B.3. Principal product produced: \_\_\_\_\_

B.4. Raw materials and process additives used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B.5. Production process is:  
 Batch       Continuous       Both \_\_\_\_\_% Batch    \_\_\_\_\_% Continuous

Average number of batches per 24-hour day: \_\_\_\_\_

B.6. Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.     Continuous

B.7. Is production subject to seasonal variation?  Yes  No

If yes, briefly describe seasonal production cycle. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.8. Are any process changes or expansions planned during the next three years?

Yes  No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

## SECTION C – WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

### A. 34 Industrial Categories

1.  Adhesives
2.  Aluminum Forming
3.  Auto and Other Laundries
4.  Battery Manufacturing
5.  Coal Mining
6.  Coil Coating
7.  Copper Forming
8.  Electric and Electronic Components
9.  Electroplating
10.  Explosives Manufacturing
11.  Foundries
12.  Gum and Wood Chemicals
13.  Inorganic Chemicals
14.  Iron and Steel
15.  Leather Tanning and Finishing
16.  Mechanical Products
17.  Nonferrous Metals
18.  Ore Mining
19.  Organic Chemicals
20.  Paint and Ink
21.  Pesticides
22.  Petroleum Refining
23.  Pharmaceuticals
24.  Photographic Supplies
25.  Plastic and Synthetic Materials
26.  Plastics Processing
27.  Porcelain Enamel
28.  Printing and Publishing

- 29.  Pulp and Paper
- 30.  Rubber
- 31.  Soaps and Detergents
- 32.  Steam Electric
- 33.  Textile Mills
- 34.  Timber

**B. Other Business Activity**

- 1.  Dairy Products
- 2.  Slaughter / Meat Packing / Rendering
- 3.  Food / Edible Products Processor
- 4.  Beverage Bottler

**C.2. Pretreatment devices or processes used for treating wastewater or sludge.  
(Check as many as appropriate)**

- Air Flotation
- Biological Treatment – Type \_\_\_\_\_
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation – Type \_\_\_\_\_
- Grease Trap
- Grit Removal
- Ion Exchange
- Neutralization, PH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Rainwater Diversion or Storage
- Other Chemical Treatment – Type \_\_\_\_\_
- Other Physical Treatment – Type \_\_\_\_\_
- Other – Type \_\_\_\_\_
- No Pretreatment Provided

**C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analyses, name of the laboratory performing the analyses, and location(s) from which the sample(s) were taken (attach sketches, plans, etc., as necessary).**

C.4. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", Suspected to be Present", or "Known to be Present" in your service activity or manufacturing process or generated as a by-product.

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
<b>I. METALS AND INORGANICS</b>					
1. Antimony	[ ]	[ ]	[ ]	[ ]	_____
2. Arsenic	[ ]	[ ]	[ ]	[ ]	_____
3. Asbestos	[ ]	[ ]	[ ]	[ ]	_____
4. Beryllium	[ ]	[ ]	[ ]	[ ]	_____
5. Cadmium	[ ]	[ ]	[ ]	[ ]	_____
6. Chromium	[ ]	[ ]	[ ]	[ ]	_____
7. Copper	[ ]	[ ]	[ ]	[ ]	_____
8. Cyanide	[ ]	[ ]	[ ]	[ ]	_____
9. Lead	[ ]	[ ]	[ ]	[ ]	_____
10. Mercury	[ ]	[ ]	[ ]	[ ]	_____
11. Nickel	[ ]	[ ]	[ ]	[ ]	_____
12. Selenium	[ ]	[ ]	[ ]	[ ]	_____
13. Silver	[ ]	[ ]	[ ]	[ ]	_____
14. Thallium	[ ]	[ ]	[ ]	[ ]	_____
15. Zinc	[ ]	[ ]	[ ]	[ ]	_____
<b>II. PHENOLS AND CRESOLS</b>					
16. Phenol(s)	[ ]	[ ]	[ ]	[ ]	_____
17. Phenol, 2-chloro	[ ]	[ ]	[ ]	[ ]	_____
18. Phenol, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
19. Phenol, 2,4,6-trichloro	[ ]	[ ]	[ ]	[ ]	_____
20. Phenol, pentachloro	[ ]	[ ]	[ ]	[ ]	_____
21. Phenol, 2-nitro	[ ]	[ ]	[ ]	[ ]	_____
22. Phenol, 4-nitro	[ ]	[ ]	[ ]	[ ]	_____
23. Phenol, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
24. Phenol, 2,4-dimethyl	[ ]	[ ]	[ ]	[ ]	_____
25. m-Cresol, p-chloro	[ ]	[ ]	[ ]	[ ]	_____
26. o-Cresol, 4,6-dinitro	[ ]	[ ]	[ ]	[ ]	_____
<b>III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, AND PHTHALATES)</b>					
27. Benzene	[ ]	[ ]	[ ]	[ ]	_____
28. Benzene, chloro	[ ]	[ ]	[ ]	[ ]	_____
29. Benzene, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
30. Benzene, 1,3-dichloro	[ ]	[ ]	[ ]	[ ]	_____
31. Benzene, 1,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
32. Benzene, 1,2,4-trichloro	[ ]	[ ]	[ ]	[ ]	_____
33. Benzene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
34. Benzene, ethyl	[ ]	[ ]	[ ]	[ ]	_____
35. Benzene, nitro	[ ]	[ ]	[ ]	[ ]	_____
36. Toluene	[ ]	[ ]	[ ]	[ ]	_____
37. Toluene, 2,4-dinitro	[ ]	[ ]	[ ]	[ ]	_____
38. Toluene, 2,6-dinitro	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
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#### IV. PCBs AND RELATED COMPOUNDS

39. PCB - 1016	[ ]	[ ]	[ ]	[ ]	_____
40. PCB - 1221	[ ]	[ ]	[ ]	[ ]	_____
41. PCB - 1232	[ ]	[ ]	[ ]	[ ]	_____
42. PCB - 1242	[ ]	[ ]	[ ]	[ ]	_____
43. PCB - 1248	[ ]	[ ]	[ ]	[ ]	_____
44. PCB - 1254	[ ]	[ ]	[ ]	[ ]	_____
45. PCB - 1260	[ ]	[ ]	[ ]	[ ]	_____
46. 2-Chloronaphthalene	[ ]	[ ]	[ ]	[ ]	_____

#### V. ETHERS

47. Ether, bis (chloromethyl)	[ ]	[ ]	[ ]	[ ]	_____
48. Ether, bis (2-chloroethyl)	[ ]	[ ]	[ ]	[ ]	_____
49. Ether, bis (2-chlorosopropyl)	[ ]	[ ]	[ ]	[ ]	_____
50. Ether, 2-chloroethyl vinyl	[ ]	[ ]	[ ]	[ ]	_____
51. Ether, 4-bromophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
52. Ether, 4-chlorophenyl phenyl	[ ]	[ ]	[ ]	[ ]	_____
53. Bis (2-chloroethoxy) methane	[ ]	[ ]	[ ]	[ ]	_____

#### VI. NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS

54. Nitrosamine, dimethyl	[ ]	[ ]	[ ]	[ ]	_____
55. Nitrosamine, diphenyl	[ ]	[ ]	[ ]	[ ]	_____
56. Nitrosamine, di-n-propyl	[ ]	[ ]	[ ]	[ ]	_____
57. Benzidine	[ ]	[ ]	[ ]	[ ]	_____
58. Benzidine, 3,3-dichloro	[ ]	[ ]	[ ]	[ ]	_____
59. Hydrazine, 1,2-diphenyl	[ ]	[ ]	[ ]	[ ]	_____
60. Acrylonitrile	[ ]	[ ]	[ ]	[ ]	_____

#### VII. HALOGENATED ALIPHATICS

61. Methane, bromo-	[ ]	[ ]	[ ]	[ ]	_____
62. Methane, chloro-	[ ]	[ ]	[ ]	[ ]	_____
63. Methane, dichloro	[ ]	[ ]	[ ]	[ ]	_____
64. Methane, chlorodibromo	[ ]	[ ]	[ ]	[ ]	_____
65. Methane, dichlororbromo	[ ]	[ ]	[ ]	[ ]	_____
66. Methane, tribromo	[ ]	[ ]	[ ]	[ ]	_____
67. Methane, trichloro	[ ]	[ ]	[ ]	[ ]	_____
68. Methane, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
69. Methane, trichlorofluoro	[ ]	[ ]	[ ]	[ ]	_____
70. Methane, dichlorodifluoro	[ ]	[ ]	[ ]	[ ]	_____
71. Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
72. Ethane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
73. Ethane, 1,1,1-trichloro	[ ]	[ ]	[ ]	[ ]	_____
74. Ethane, 1,1,2-trichloro	[ ]	[ ]	[ ]	[ ]	_____
75. Ethane, 1,1,2,1-tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
76. Ethane, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
77. Ethane, chloro	[ ]	[ ]	[ ]	[ ]	_____
78. Ethane, 1,1-dichloro	[ ]	[ ]	[ ]	[ ]	_____
79. Ethane, trans dichloro	[ ]	[ ]	[ ]	[ ]	_____
80. Ethane, trichloro	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
81. Ethene, tetrachloro	[ ]	[ ]	[ ]	[ ]	_____
82. Propane, 1,2-dichloro	[ ]	[ ]	[ ]	[ ]	_____
83. Propene, 2,4-dichloro	[ ]	[ ]	[ ]	[ ]	_____
84. Butadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
85. Cyclopentadiene, hexachloro	[ ]	[ ]	[ ]	[ ]	_____
<b>VII. PHTHALATE ESTERS</b>					
86. Phthalate, di-c-methyl	[ ]	[ ]	[ ]	[ ]	_____
87. Phthalate, di-n-ethyl	[ ]	[ ]	[ ]	[ ]	_____
88. Phthalate, di-n-butyl	[ ]	[ ]	[ ]	[ ]	_____
89. Phthalate, di-n-octyl	[ ]	[ ]	[ ]	[ ]	_____
90. Phthalate, bis (2-ethylhexyl)	[ ]	[ ]	[ ]	[ ]	_____
91. Phthalate, butyl benzyl	[ ]	[ ]	[ ]	[ ]	_____
<b>IX. POLYCYCLIC AROMATIC HYDROCARBONS</b>					
92. Acenaphthene	[ ]	[ ]	[ ]	[ ]	_____
93. Acenaphthylene	[ ]	[ ]	[ ]	[ ]	_____
94. Anthracene	[ ]	[ ]	[ ]	[ ]	_____
95. Benzo (a) anthracene	[ ]	[ ]	[ ]	[ ]	_____
96. Benzo (b) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
97. Benzo (k) fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
98. Benzo (ghi) perylene	[ ]	[ ]	[ ]	[ ]	_____
99. Benzo (a) pyrene	[ ]	[ ]	[ ]	[ ]	_____
100. Chrysene	[ ]	[ ]	[ ]	[ ]	_____
101. Dibenzo (a,n.) anthracene	[ ]	[ ]	[ ]	[ ]	_____
102. Fluoranthene	[ ]	[ ]	[ ]	[ ]	_____
103. Fluorene	[ ]	[ ]	[ ]	[ ]	_____
104. Indeno (1,2,3-ed) pyrene	[ ]	[ ]	[ ]	[ ]	_____
105. Naphthalene	[ ]	[ ]	[ ]	[ ]	_____
106. Phenanthrene	[ ]	[ ]	[ ]	[ ]	_____
107. Pyrene	[ ]	[ ]	[ ]	[ ]	_____
<b>X. PESTICIDES</b>					
108. Acrolein	[ ]	[ ]	[ ]	[ ]	_____
109. Aldrin	[ ]	[ ]	[ ]	[ ]	_____
110. BHC (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
111. BHC (Beta)	[ ]	[ ]	[ ]	[ ]	_____
112. BHC (Gamma) or Lindane	[ ]	[ ]	[ ]	[ ]	_____
113. BHC (Delta)	[ ]	[ ]	[ ]	[ ]	_____
114. Chlordane	[ ]	[ ]	[ ]	[ ]	_____
115. DDD	[ ]	[ ]	[ ]	[ ]	_____
116. DDE	[ ]	[ ]	[ ]	[ ]	_____
117. DDT	[ ]	[ ]	[ ]	[ ]	_____
118. Diedrin	[ ]	[ ]	[ ]	[ ]	_____
119. Endosulfan (Alpha)	[ ]	[ ]	[ ]	[ ]	_____
120. Endosulfan (Beta)	[ ]	[ ]	[ ]	[ ]	_____
121. Endosulfan Sulfate	[ ]	[ ]	[ ]	[ ]	_____
122. Endrin	[ ]	[ ]	[ ]	[ ]	_____
123. Endrin aldehyde	[ ]	[ ]	[ ]	[ ]	_____
124. Heptachlor	[ ]	[ ]	[ ]	[ ]	_____

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT	CONC. PER DAY
125. Heptachlor epoxide	[ ]	[ ]	[ ]	[ ]	_____
126. Isophorone	[ ]	[ ]	[ ]	[ ]	_____
127. TCDD (or Dioxin)	[ ]	[ ]	[ ]	[ ]	_____
128. Toxaphene	[ ]	[ ]	[ ]	[ ]	_____

**SECTION D – OTHER WASTES**

D.1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

[ ] Yes [ ] No

If “No” – skip remainder of Section D.

If “Yes” – complete items 2 and 3 below.

D.2. These wastes may best be described as:

Estimated Gallons or Pounds / Year

- [ ] Acids and Alkalies \_\_\_\_\_
- [ ] Heavy Metal Sludges \_\_\_\_\_
- [ ] Inks / Dyes \_\_\_\_\_
- [ ] Oil and / or Grease \_\_\_\_\_
- [ ] Organic Compounds \_\_\_\_\_
- [ ] Paints \_\_\_\_\_
- [ ] Pesticides \_\_\_\_\_
- [ ] Plating Wastes \_\_\_\_\_
- [ ] Pretreatment Sludges \_\_\_\_\_
- [ ] Solvents / Thinners \_\_\_\_\_
- [ ] Other Hazardous Waste (specify) \_\_\_\_\_  
\_\_\_\_\_
- [ ] Other Wastes (specify) \_\_\_\_\_  
\_\_\_\_\_

D.3. For the above checked waste does your company practice:

- [ ] On-site storage
- [ ] Off-site storage
- [ ] On-site disposal
- [ ] Off-site disposal

Briefly describe the method(s) of storage or disposal checked above. Use back of page if necessary.