



**City of Gillette
Wastewater Division
Industrial/Commercial Discharge Application**

Remit the completed application by mail to:
**Gillette Wastewater Treatment Facility Attn:
Roger Brown, Sherry Vickers ,or Bob Molder
201 E. 5th St.
Gillette, WY 82716**

Or email to:
RogerB@gillettewy.gov
Sherry@gillettewy.gov
Bob@gillettewy.gov

1.0 General Information (Please Print or Type)

Business Name: _____
Mailing Address: _____
City: _____ Zip: _____
Telephone: _____

Address of facility discharging wastewater (if different from mailing address):
Address: _____
City: _____ Zip: _____
Telephone: _____

Authorized Company Representative:
Name: _____ Title: _____
_____ Mailing Address: _____ City: _____
_____ Zip: _____
Telephone: _____
Direct Line: _____
Cell: _____
Email: _____

Person to be contacted regarding this questionnaire:
Name: _____ Title: _____
_____ Mailing Address: _____ City: _____
_____ Zip: _____
Telephone: _____
Direct Line: _____
Cell: _____
Email: _____

2.0 Business Information

Describe your Business Activities (processes, products, etc.):

Are there any floor drains in the work or storage areas at your facility? Yes No

Does your facility discharge domestic wastewater?
(i.e., wastewater from a kitchen, cafeteria, bathroom, or locker room) Yes No

Restaurant/food preparation present? Yes No
If yes, please explain.

Photography, x-ray, or print shop? Yes No
If yes, include additional silver information

Is any of your wastewater treated prior to discharge to the sanitary sewer? Yes No
(i.e., metals treatment, pH neutralization, filtration, etc.)

Indicated pretreatment devices or processes that are used for treating wastewater.
(Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Grease Trap/Interceptor | <input type="checkbox"/> Air Flotation |
| <input type="checkbox"/> Sand Interceptor | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Oil Separation | <input type="checkbox"/> Cyclone |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Grit Removal |
| <input type="checkbox"/> Precipitation | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Neutralization, (pH adjustment) | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Biological (specify): _____ |
| | <input type="checkbox"/> Other (specify): _____ |

Describe the Treatment and/or Treatment Unit(s):

TABLE I
Operations and Activities

Place a '√' 'X' in the box next to each of the following operations or activities and sub category that are performed at your facility:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Air Compressor(s) <input type="checkbox"/> Anodizing <input type="checkbox"/> Assembly Operation <input type="checkbox"/> Automotive Industries <input type="checkbox"/> Beverage (Alcoholic) <ul style="list-style-type: none"> <input type="radio"/> Manufacturing <input type="radio"/> Bottling <input type="radio"/> Distribution <input type="checkbox"/> Beverage (Non-Alcoholic) <ul style="list-style-type: none"> <input type="radio"/> Manufacturing <input type="radio"/> Bottling <input type="radio"/> Distribution <input type="checkbox"/> Boiler System(s) <input type="checkbox"/> Cafeteria onsite <ul style="list-style-type: none"> <input type="radio"/> Full Service (Cooking) <input type="radio"/> Limited Service (No Cooking) <input type="checkbox"/> Chemical Etching/Milling <input type="checkbox"/> Chemical Manufacturing <ul style="list-style-type: none"> <input type="radio"/> Organic <input type="radio"/> Inorganic <input type="checkbox"/> Circuit Board/Related Products Manufacturing <input type="checkbox"/> Conversion Coating <ul style="list-style-type: none"> <input type="radio"/> Phosphatizing <input type="radio"/> Chromating <input type="radio"/> Other _____ <input type="checkbox"/> Collection of (Various waste stream types) <ul style="list-style-type: none"> <input type="radio"/> Receiving <input type="radio"/> Treatment <input type="checkbox"/> Operation of Chiller(s) <input type="checkbox"/> Operation of Cooling Tower(s) <input type="checkbox"/> Cooling Water (Contact) <input type="checkbox"/> Cooling Water (Non-Contact) <input type="checkbox"/> Dairy Products Processing/Manufacturing <input type="checkbox"/> Degreasing <input type="checkbox"/> Dentist Office <ul style="list-style-type: none"> <input type="radio"/> Amalgam Separator <input type="radio"/> Use of film X-rays <input type="checkbox"/> Medical Office <ul style="list-style-type: none"> <input type="radio"/> Type: _____ <input type="checkbox"/> Dry Cleaner <input type="checkbox"/> Electroless Plating <input type="checkbox"/> Electroplating <input type="checkbox"/> Evaporation, Distillation. UF/RO membrane, or other on-site waste stream recovery/recycle system <input type="checkbox"/> Flammables/Explosives <ul style="list-style-type: none"> <input type="radio"/> Used as part of operations <input type="radio"/> Stored <input type="radio"/> Present on the premise | <ul style="list-style-type: none"> <input type="checkbox"/> Floor Wash-down, Stripping <input type="checkbox"/> Food Processing/Manufacturing <input type="checkbox"/> Hospital <input type="checkbox"/> Laboratory <ul style="list-style-type: none"> <input type="radio"/> Medical <input type="radio"/> Non-medical <input type="radio"/> Analytical – not medical <input type="checkbox"/> Manufacturing <ul style="list-style-type: none"> <input type="radio"/> Type _____ <input type="checkbox"/> Meat/Poultry Processing <input type="checkbox"/> Medical Device Manufacture <input type="checkbox"/> Metal Forming (Deformation of metal or metal alloy into specific shapes by various means.) <input type="checkbox"/> Metal Machining <ul style="list-style-type: none"> <input type="radio"/> Cutting <input type="radio"/> Grinding <input type="radio"/> Forming <input type="radio"/> Welding <input type="radio"/> Surface finishing <input type="checkbox"/> Painting <ul style="list-style-type: none"> <input type="radio"/> Liquid <input type="radio"/> Powder Coating <input type="checkbox"/> Parts Washing <input type="checkbox"/> Pharmaceutical Manufacture <input type="checkbox"/> Photographic Processing/Developing <input type="checkbox"/> Plastic Processing (Forming Operations) <input type="checkbox"/> Printing (Print Shop) <input type="checkbox"/> Product Testing <input type="checkbox"/> Repair Shop <ul style="list-style-type: none"> <input type="radio"/> Type _____ <input type="checkbox"/> Sterilizers <input type="checkbox"/> Tank/Piping Wash-outs <input type="checkbox"/> UST groundwater remediation <input type="checkbox"/> Washing <ul style="list-style-type: none"> <input type="radio"/> Car <input type="radio"/> Truck <input type="radio"/> Heavy Machinery Washing <input type="radio"/> Other _____ <input type="checkbox"/> Water Treatment/Conditioning System <ul style="list-style-type: none"> <input type="radio"/> Reverse Osmosis <input type="radio"/> Ion Exchange <input type="radio"/> Activated Carbon <input type="radio"/> Other _____ <input type="checkbox"/> X-Ray Processing <input type="checkbox"/> Other Commercial/Industrial not listed <ul style="list-style-type: none"> <input type="radio"/> Type _____ |
|---|--|

Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

Analyses Attached

No Analyses Available

Indicate the total annual process (non-domestic) wastewater discharge from this facility:

For the Operations/Activities boxes checked in Table 1, please check the box in either Table II or Table III that best correspond to the volume of process (non-domestic) wastewater that is discharged from your facility. Please note that Table II is based on Annual Flow Volumes and Table III is based on Daily Flow Volumes – use the Table that is more convenient for you.

TABLE II – ANNUAL FLOW VOLUMES	
1 - 10,000 gal/year	<input type="checkbox"/>
10,001 – 100,000 gal/year	<input type="checkbox"/>
100,001 – 500,000 gal/year	<input type="checkbox"/>
500,001 – 1,000,000 gal/year	<input type="checkbox"/>
1,000,001 – 2,000,000 gal/year	<input type="checkbox"/>
More than 2,000,000 gal/year	<input type="checkbox"/>
None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)	<input type="checkbox"/>
TABLE III – DAILY FLOW VOLUMES	
Less than 1,000 gal/day	<input type="checkbox"/>
1,001 – 10,000 gal/day	<input type="checkbox"/>
10,001 – 25,000 gal/day	<input type="checkbox"/>
25,000 – 50,000 gal/day	<input type="checkbox"/>
50,001 – 100,000 gal/day	<input type="checkbox"/>
More than 100,000 gal/day	<input type="checkbox"/>
None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)	<input type="checkbox"/>

What source did the Process Wastewater Discharge Information come from?

Estimate

Water Bill

Flow Meter

Other _____

3.0 Waste Disposal

Provide the following information on all waste hauler(s) and/or onsite treatment vendor(s) if used:

Waste Hauler #1

Name: _____
Address: _____
City: _____ Zip: _____
Telephone: _____

Waste Hauler #2

Name: _____
Address: _____
City: _____ Zip: _____
Telephone: _____

Attach additional sheets as needed.

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

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:

Name: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

For questions regarding this application, please contact the Wastewater Division at 307-686-5274.