

SCHOFIELD BARRACKS ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT (OWTSP)

Applicants shall submit a completed form with all required attachments

I. USER NAMES AND ADDRESSES

Building Number: _____

Building/Facility Unit Name: _____

Site Address: _____

Mailing Address: _____

PRIMARY PERSON to be contacted about this application:

Name: _____ Title: _____

Mailing Address: _____

Telephone (24-hour): _____ Email: _____

SECONDARY PERSON to be contacted about this application:

Name: _____ Title: _____

Mailing Address: _____

Telephone (24-hour): _____ Email: _____

II. GENERAL INFORMATION

General Site Activity (The main activity at the applicant site, check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Elevator Install | <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Vehicle Wash Facility |
| <input type="checkbox"/> Surface Drain Runoff | <input type="checkbox"/> Vehicle Maintenance Facility | <input type="checkbox"/> Fueling Facility |
| <input type="checkbox"/> Steam/Pressure Washing | <input type="checkbox"/> Other: _____ | |

Pertinent Permits / Identification Numbers (List any additional environmental permits – e.g. air discharge, hazardous waste, etc.):

<u>Permit Name/Description</u>	<u>Permit Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. ACTIVITIES DESCRIPTION

1. Staffing and Times of Operation:

	Number of Operating Days/Year	Circle the days the facility is in operation and provide the number of hours of operation for each day								Number of Employees/Shift		
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Day	Night	Swing
Average												
Maximum												

2. Activities and Products

(Activities include manufacturing, processing, maintenance, and services that generate or impact wastewater discharges from the facility.)

On-site Activity	Industrial Classification (NAICS) ¹	Type of Service	Daily Quantities (MGD)	
			Average	Maximum

¹ North American Industrial Classification System - <http://www.census.gov/epcd/www/naics.html>

3. Raw Materials and Chemicals Used Onsite

(Identify all chemicals and raw materials used in this facility. Use additional sheets of paper as necessary.)

Brand Name	Manufacturer	Chemical or Actual Name	Purpose	Quantities and Frequencies Used		Working Concentration ²
				Average	Maximum	

² What is the concentration of the chemical used? Is it diluted before use? If so, how much?

4. Wastewaters Discharged to Schofield Barracks Wastewater System

(Enter a brief description to each assigned number process. Show these processes in Attachment B – Site Layout as applicable.)

Process Number	Process That Generates Wastewater	Substances Discharged to the Sewer	Type of Pretreatment	Continuous (C) or Batch (B)	Daily Quantity Discharged in Gallons	
					Average (GPD)	Maximum (GPD)
1.						
2.						
3.						
4.						
5.						

5. Liquid Wastes and Sludges Removed by Other Means

(Identify the type of sludge or liquid waste, the means of removal, and the volume and frequency of removal.)

Type of Waste/Substance	Means of Removal	Frequency	Volume

6. Spill Prevention:

- a. Does your facility have a Spill Prevention Plan? YES NO
- b. Do you propose to discharge chemicals, sludges, or hazardous wastes to the sanitary or storm sewer? YES NO
(If yes, please explain in Attachment A - Supplemental Information.)
- c. Do you have Safety Data Sheets (SDS) for listed in item 3 above? YES NO
- d. Please list below any **hazardous, flammable, or corrosive materials**, products and/or wastes that will be used and stored on site. The location(s) of the materials must be noted on the facility layout diagram in Attachment B - Site Layout.

Type of Material	Quantity	Where Stored on Site

- e. Does your facility have an EPA Generator Number or State ID no.? YES NO
If yes, please provide the number: _____

Attachment A – Supplemental Information

Please provide any supplemental information that is necessary to clarify relevant portions of this permit application. Reference the relevant section of the permit application by number.

Attachment B – Site Layout

Please provide a “to-scale” drawing of the on the facility site layout showing the location of major buildings, fence lines, sewer and stormwater pipes, pretreatment devices, and other important features. Label all information clearly.

I certify 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 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 fine and termination of service for knowing violations.

Permittee Name Title Date

Authorizing Official (Aqua Engineers):

Name Title Date