



# DISCHARGE CONTROL DOCUMENT CERTIFICATION *for Re-APPLICATION*

## SECTION I: GENERAL

**USER NAME:**

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Location Address

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City:

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Mailing Address (if different):

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City, State and Zip Code:

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Telephone Number:

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The authorized representative must be:

- 1) A principle executive officer of at least the level of vice president,
- 2) A general partner or proprietor if company is a partnership or sole proprietorship respectively, or
- 3) A duly authorized representative if such representative is responsible for the overall operation of the facility.

**AUTHORIZED REPRESENTATIVE (AR)**

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Title of AR:

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Telephone Number:

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**Contact Representative (CR):**

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Title of CR

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Firm Name (if different):

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Telephone Number:

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**CERTIFICATION STATEMENT** (Please circle correct number for applicable statement):

- 1) The changes attached in this application are familiar to me and to the best of my knowledge and belief, such information is true, complete and accurate.
- 2) There have been no changes to the facility site or discharge since the original submittal for application of the Discharge Control Document which was submitted \_\_\_\_\_ (fill in the date).

**SIGNATURE of**

Authorized Representative \_\_\_\_\_ DATE \_\_\_\_\_

**SECTION II: DESCRIPTION OF ROUTINE DISCHARGES**

**DESCRIPTION OF OPERATION:** with standard industrial code (SIC). Include production equipment layout on a blueprint. Stamp blueprint CONFIDENTIAL.

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**SAMPLING SITE(S):** NSSD manhole code if known, outfall number if code unknown. Include end-of-process sampling locations if firm is Class I05. Show outfall location(s) on a site map.

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**CATEGORY-40 CFR:** \_\_\_\_\_  
(I05 only)

**FLOW (gpd):** Use 5 year average unless new process has been added. In that case, use average of flow since process change effective. Please indicate source of data.

Time Frame (year)

Average (gpd)

Maximum (gpd)

Minimum (gpd)

**SURVEY INFORMATION** (please check appropriate):

Include the Survey submitted \_\_\_\_\_ (fill in date) as part of the application.

Attached is a survey.

**BASELINE MONITORING REPORT -- I05 only** (please check appropriate):

Include baseline monitoring report submitted \_\_\_\_\_ (fill in date) as part of the application.

Attached is a baseline monitoring report.

**DISTRICT USE ONLY:**

User Class	STP:	WSTP	CSTP	GSTP
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**SECTION III: DESCRIPTION OF BATCH DISCHARGES - ROUTINE**

If no batch discharge occurs, sign here:

\_\_\_\_\_

If batch discharge occurs or will occur, indicate the following:

**DESCRIPTION OF BATCH WASTE:**

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

Number of batch discharges: \_\_\_\_\_ per day.

Average discharge amount per batch: \_\_\_\_\_ (gal).

Time of batch discharge: \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hour of day)

Duration of batch discharge: \_\_\_\_\_

Flow rate: \_\_\_\_\_ gallons per minute.

**PRETREATMENT:**

Batch is pretreated: Yes \_\_\_\_\_ No \_\_\_\_\_

Pretreatment method:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of total discharge: \_\_\_\_\_ percent.

Please provide additional sheets if more than one type of batch discharge exists.

**SECTION IV: DESCRIPTION OF BATCH DISCHARGES (continued) - NON-ROUTINE**

If non-routine batch discharge does not occur, sign here: \_\_\_\_\_

If non-routine batch discharge occurs or will occur, indicate the following:

**DESCRIPTION OF BATCH WASTE:**

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

Number of batch discharges: \_\_\_\_\_ per year.

Frequency of discharge: \_\_\_\_\_

Average discharge per batch: \_\_\_\_\_ gallons.

Time of batch discharge: \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hour of day)

Duration of batch discharge: \_\_\_\_\_

Flow rate: \_\_\_\_\_ gallons per minute.

**PRETREATMENT:**

Batch is pretreated: Yes \_\_\_\_\_ No \_\_\_\_\_

Pretreatment method:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Percent of total discharge: \_\_\_\_\_ percent.

Please provide additional sheets if more than one type of non-routine batch exists.