



## CITY OF COEUR D'ALENE

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WASTEWATER UTILITY DEPARTMENT  
PRETREATMENT & LABORATORY

CITY HALL, 710 E. MULLAN  
COEUR D'ALENE, IDAHO 83814-3958  
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# WASTEWATER DISCHARGE APPLICATION

## HEALTH CARE / PHOTO INDUSTRIES

**SECTION A - GENERAL INFORMATION**

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

2. Facility Address: \_\_\_\_\_

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

3. Mailing Address: \_\_\_\_\_

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

4. Designated facility contact:

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

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

Phone #: \_\_\_\_\_

A. Is the facility contact the owner of the facility?

Yes \_\_\_\_ No \_\_\_\_

If No, provide name and address of the owner

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

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

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

5. **Designated Signatory Authority;** For a definition of the Designated Signatory Authority see **Section G**. The Designated Signatory Authority is the person who is required to sign this application.

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

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

Phone #: \_\_\_\_\_

6. Give a description of all operations at this facility:

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**SECTION B - SEWER INFORMATION**

1. **For an existing business:**

Is the building presently connected to the public sanitary sewer system?

Yes      Sanitary sewer account number: \_\_\_\_\_  
 No

**For a new business:**

(A). Type of building to be occupied?

New construction       Tenant improvement (remodel)

(B). Have you applied for a building permit for New construction or Tenant improvement?

Yes      Building Permit #: \_\_\_\_\_  
 No

2. Attach architectural plans or drawing(s) indicating location of facility's lateral connection to City's sewer system and identify facility sample site location. The sample site would be the final cleanout upstream of facility's lateral connection to City's sewer main or at a manhole if this is where the facility's lateral connects to the City's sewer system. Also include a process flow diagram for each existing treatment system identified in **Section D** below.

Attached  
 Not available

Why? \_\_\_\_\_

## SECTION C - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from rest-rooms to the City Sewer?

\_\_\_ Yes     \_\_\_ No

2. Hours of operation:

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_

FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

3. Describe each process discharge you anticipate to occur. List each process discharge, maximum daily flow and type of discharge. New facilities should provide estimates.

	<b>Process Description</b>	<b>Maximum Daily Flow (Gallons per day)</b>	<b>Type of Discharge (Batch, Continuous)</b>
A.	<u>Dental wastewater</u>	_____	_____
B.	<u>Photographic waste</u>	_____	_____
C.	<u>X-RAY developer/fixer</u>	_____	_____
D.	<u>Sterilizer solutions</u>	_____	_____
OTHERS:			
E.	_____	_____	_____
F.	_____	_____	_____
G.	_____	_____	_____
H.	_____	_____	_____

**SECTION D – TREATMENT**

1. Is any form of wastewater treatment or process recycling currently being practiced or planned at this facility?

\_\_\_ Yes, Identify below      \_\_\_ No

Check all that apply

Type of system and/or purpose

<input type="checkbox"/> Silver recovery system	_____
<input type="checkbox"/> Amalgam separators	_____
<input type="checkbox"/> Traps	_____
<input type="checkbox"/> Screens	_____
<input type="checkbox"/> Filtration	_____
<input type="checkbox"/> Neutralization	_____
<input type="checkbox"/> Precipitation	_____
<input type="checkbox"/> Drag out tanks	_____
<input type="checkbox"/> Biological treatment	_____
<input type="checkbox"/> Chemical treatment	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____

Additional comments regarding treatment systems if necessary:

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# SECTION E - SPILL PREVENTION

- List Manufacturer Brand Name, chemical name(s), quantity, and location of chemicals used or planned for use (attach additional list if needed). Include copies of Manufacturer's Safety Data Sheets for all chemicals identified:

<b>Manufacturer Brand Name</b>	<b>Chemical Name</b>	<b>Chemical Quantity</b>	<b>Facility Location</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Are any of these chemicals stored in a manner which an accidental spill could result in a discharge to the city sanitary system via floor drains or other means?

Yes     No

3. Do you have chemical storage containers, bins, floor drain plugs or other accidental spill prevention devices at your facility?

Yes  No

If Yes, please identify:

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4. Do you have a written accidental spill prevention plan (ASPP)?

Yes - (Please enclose a copy with the application)  
 No

## SECTION F - NON-DISCHARGED WASTES

1. Are any waste liquids, sludges, or solids generated and not disposed of in the sanitary sewer system (i.e. amalgam fillings, photo fixer wastes, sterilizer solutions, pharmaceuticals, medical wastes, Bio-hazard wastes, etc.)?

Yes, please identify below  
 No,

<u>Waste Generated</u>	<u>Quantity per month</u>	<u>Disposal Method and / or waste hauler</u>
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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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2. Provide disposal/handling documentation for each non-discharged waste including plans, standard operating procedures, etc. for collection/disposal.

## SECTION G - SIGNATORY AND CERTIFICATION REQUIREMENT

All wastewater discharge permit applications must be signed by a responsible officer or manager, or sole proprietor or general partner as applicable, or a duly authorized representative.

- A. For the purpose of this section, a responsible officer or manager means:
1. A president, vice-president, secretary, or treasurer 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
  2. the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. This authorization must be made in writing by the principal executive officer or ranking elected official and submitted to the Approval Authority prior to or together with the report being submitted of the user and contain the following certification 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. 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 imprisonment for knowing violations.”**



B. For the purpose of this section, a duly authorized representative is:

An individual designated by the responsible officer, manager, sole proprietor or general partner in writing. The written authorization must be submitted to the City and also specifies either an individual or a position having the responsibility of 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. If an authorization in this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

**CERTIFICATION:**

**“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. 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 imprisonment for knowing violations.”**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date