

**STATE INDIRECT DISCHARGE (SID) PERMIT APPLICATION**  
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION – INDUSTRIAL SECTION  
POST OFFICE BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

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**INSTRUCTIONS: THIS FORM SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO THE DEPARTMENT IN DUPLICATE. A COPY OF THE APPLICATION SHALL ALSO BE SUBMITTED TO THE RECEIVING POTW. IF INSUFFICIENT SPACE IS AVAILABLE TO ADDRESS ANY ITEM BELOW, PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER. PLEASE MARK N/A IN THE APPROPRIATE BOX WHEN AN ITEM IS NON-APPLICABLE TO THE APPLICANT.**

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**PURPOSE OF THIS APPLICATION**

- INITIAL PERMIT APPLICATION FOR NEW FACILITY       INITIAL PERMIT APPLICATION FOR EXISTING FACILITY  
 MODIFICATION OF EXISTING PERMIT                       REISSUANCE OF EXISTING PERMIT  
 REVOCATION & REISSUANCE OF EXISTING PERMIT
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**SECTION A – GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_  
a. Operator Name: \_\_\_\_\_  
b. Is the operator identified in 1.a., the owner of the facility?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If no, provide the name and address of the operator and submit information indicating the operator's scope of responsibility for the facility. \_\_\_\_\_  
\_\_\_\_\_
2. SID Permit Number: IU \_\_\_\_\_
3. NPDES or General NPDES Permit Numbers (if applicable) \_\_\_\_\_
4. Facility Location: (Attach a map with location marked; street, route no. or other specific identifier)  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Facility Mailing Address (Street or Post Office Box): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Responsible Official (as described on the last page of this application):  
Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

7. Designated Facility Contact:

Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

8. Type of Business Entity:

Corporation     General Partnership     Limited Partnership     Sole Proprietorship     Other (Specify)

9. Complete this section if the Applicant's business entity is a corporation:

Location of Incorporation:

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

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

Parent Corporation of Applicant:

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

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

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

Subsidiary Corporation(s) of Applicant:

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

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

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

Corporate Officers:

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

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

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

Agent designated by the corporation for purposes of service:

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

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

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

10. Please complete this section if the Applicant's business entity is a Partnership

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

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

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

11. Please complete this section if the Applicant's business entity is a Proprietorship

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

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

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

12. Permit numbers for Applicant's previously issued NPDES and SID permits; and identification of any other state environmental permits presently held by the Applicant or its parent corporation or subsidiary corporations within the State:

<u>Permit Name</u>	<u>Permit Number</u>	<u>Held By</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. Identify all Administrative Complaints, Notices of Violation, Directives, or Administrative Orders, or Litigation concerning water pollution, if any, against the Applicant, its parent corporation or subsidiary corporations within the State within the past five years:

<u>Facility Name</u>	<u>Permit Number</u>	<u>Type of Action</u>	<u>Date of Action</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Name of Publicly or Privately Owned Treatment Works (POTW) receiving the Applicant's wastewater (attach letter of acceptance):

\_\_\_\_\_

POTW NPDES Permit Number: \_\_\_\_\_

Location: \_\_\_\_\_

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

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

POTW Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_



3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes (If more than one applies, list in descending order of importance.):
- a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

4. Production: (projected for new facilities) – Provide units appropriate to the applicable subpart referenced in Section B.1.

Product(s) Manufactured (Brand name)	Last 12 Months (Highest Month)	Highest Production Year of Last 5 Years (Monthly Avg. Production)		Average Production of Last 5 Years (5 Year Avg. Production)	
		units	units	units	units
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**SECTION D – WATER SUPPLY**

Water Sources (check as many as are applicable):

- Private Well
- Municipal Water Utility (Specify City): \_\_\_\_\_
- Surface Water
- Other (Specify): \_\_\_\_\_

**IF MORE THAN ONE WELL OR SURFACE INTAKE, PROVIDE DATA FOR EACH ON AN ATTACHMENT**

City: \_\_\_\_\_ \*MGD Well: \_\_\_\_\_ \*MGD Well Depth: \_\_\_\_\_ Ft. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Surface Intake Volume\*\*: \_\_\_\_\_ \*MGD

Intake Elevation: \_\_\_\_\_ Ft. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of Surface Water Source: \_\_\_\_\_

\* - MGD = Million Gallons Per Day

\*\* - If the surface water intake amount is greater than 2.0 MGD, is 25% or more used for cooling purposes?

- Yes
- No

**SECTION D – SEWER INFORMATION**

Briefly describe the location of monitoring/sampling points and discharge points to the POTW (the point at which wastewater enters a sewer not owned by the applicant) for each outfall included in the SID permit application (include sketch showing lines, valves, etc.) [Narrative description is required]

Outfall Number: \_\_\_\_\_

Monitoring/Sampling point: \_\_\_\_\_

Discharge point: \_\_\_\_\_

Outfall Number: \_\_\_\_\_

Monitoring/Sampling point: \_\_\_\_\_

Discharge point: \_\_\_\_\_

**SECTION E – WASTEWATER DISCHARGE INFORMATION**

Facilities that checked activities in question 1 of Section B who are considered Categorical Industrial Users should skip to question 2.

1. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

**Answer questions 2, 3, and 4 only if you are subject to Categorical Pretreatment Standards.**

2. For Categorical Users: Provide the wastewater discharge flows or production rates (whichever is applicable, according to effluent guidelines) for each of your processes or proposed processes. Include the reference number from the process flow schematic (reference Figure 1) that corresponds to each process. [New facilities should provide estimates for each discharge.]

<u>Regulated Process</u>	<u>Applicable Category</u>	<u>Applicable Subpart</u>	<u>(batch, continuous, none)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Regulated Process Description*</u>	<u>Production or Flow Highest Month</u>	<u>Last 12 Months Monthly Average</u>	<u>Highest Year of Last 5 Years 5 Year Average</u>	<u>Average of Last 5 Years</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**\* - The values reported should be in the units of the applicable Federal production-based standard. For example, flow (MGD), production (pounds per day), etc.**

<u>Unregulated Process Description</u>	<u>Last 12 Months gals/day Highest Month Avg. Flow</u>	<u>Highest Flow Year of Last 5 Years gals/day Monthly Avg. Flow</u>	<u>Average Flow of Last 5 Years gals/day 5 Year Avg. Flow</u>	<u>Discharge Type (batch, cont., none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>Non-Process Discharges (e.g. non-contact cooling water)</u>	<u>Last 12 Months gals/day Highest Month Avg. Flow</u>	<u>Highest Flow Year of Last 5 Years gals/day Monthly Avg. Flow</u>	<u>Average Flow of Last 5 Years gals/day 5 Year Avg. Flow</u>	<u>Discharge Type (batch, cont., none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If batch discharge occurs or will occur, indicate: [New facilities may estimate.]

- a. Number of batch discharges: \_\_\_\_\_ per day
- b. Average discharge per batch: \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
(days of week) (hours of day)
- d. Flow rate: \_\_\_\_\_ gallons/minute
- e. Percent of total discharge: \_\_\_\_\_

3. Has a Baseline Monitoring Report (BMR) been submitted in accordance with 335-6-5-.5(3)? Yes \_\_\_\_\_ No \_\_\_\_\_

Each existing categorical industrial user is required to submit a BMR within 180 days after the effective date of the standard. New sources are required to submit with this application or at least 90 days prior to commencement of discharge, a BMR excluding certification and compliance schedules.

4. For Categorical Users subject to Total Toxic Organic (TTO) Requirements:

Provide the following TTO information:

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? Yes \_\_\_ No \_\_\_
- b. Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information? Yes \_\_\_ No \_\_\_
- c. If TTO monitoring was not included in the BMR, was alternate oil and grease monitoring included? Yes \_\_\_ No \_\_\_  
(Must be allowed by the applicable guideline)
- d. Has a Toxic Organics Management Plan (TOMP) been developed? Yes \_\_\_ No \_\_\_  
(If yes, please attach a copy if not previously submitted to the Department.)

5. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	Yes ___	No ___	N/A ___
	Sampling Equipment	Yes ___	No ___	N/A ___
Planned:	Flow Metering	Yes ___	No ___	N/A ___
	Sampling Equipment	Yes ___	No ___	N/A ___

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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6. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

\_\_\_ Yes \_\_\_ No (If no, skip Question 7)

7. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

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**SECTION F – CHARACTERISTICS OF DISCHARGE**

All current industrial users are required to submit monitoring data (collected within the last 12 months) on all pollutants that are known or suspected to be present or are regulated by applicable Federal Effluent Guidelines and/or in the facility's existing SID Permit specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For monitoring results at or below detection, the detection level should be reported. For pollutants known not to be present a (0) should be placed in the column for the maximum and average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods used conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams. In the absence of effluent data from similar facilities the facility may estimate the quantity expected. For pollutants expected not to be present a (0) should be placed in the column for maximum and average reported values.

Pollutant (Outfall Number)	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-chloroethyl)ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichlorophenol								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylphenol								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine (as Azobenzene)								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chloroisopropyl)ether								
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl)phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								
Di-n-octyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4-Benzofluoranthene								
Benzo(k)fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h)anthracene								
Ideno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachloro epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
2,3,7,8-TCDD								
Asbestos								
pH								
Biochemical Oxygen Demand (5-day)								
Chemical Oxygen Demand								
Chlorides, Total								
Chlorine, Total Residual								
Flouride								
Magnesium, Total								
Ammonia (as N)								
Oil and Grease								
Total Suspended Solids								
Total Organic Carbon								
Kjeldahl N								
Nitrate + Nitrite (as N)								
Total Organic N								
Phosphorous (as P)								
Sulfate (SO <sub>4</sub> )								
Sulfide( S)								
Sulfite (SO <sub>3</sub> )								
Temperature (Winter)								
Temperature (Summer)								
Color, ADMI								

Pollutant	Detection Level Used	Maximum Daily Value	Maximum Daily Value	Average of Analyses	Average of Analyses	Number of Analyses	Units	Units
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Antimony, Total								
Arsenic, Total								
Barium, Total								
Beryllium, Total								
Cadmium, Total								
Chromium, Total								
Copper, Total								
Cyanide, Total								
Lead, Total								
Mercury, Total								
Nickel, Total								
Selenium, Total								
Silver, Total								
Thallium, Total								
Zinc, Total								

**SECTION G – TREATMENT**

1. Is any form of wastewater treatment (see list below) practiced at this facility? Yes \_\_\_\_ No \_\_\_\_
2. Is any form of wastewater treatment (or changes to a existing wastewater treatment) planned for this facility within the next three years? Yes\_\_\_\_ No \_\_\_\_  
If yes please describe: \_\_\_\_\_
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).
 

<input type="checkbox"/> Air flotation <input type="checkbox"/> Centrifuge <input type="checkbox"/> Chemical precipitation <input type="checkbox"/> Chlorination <input type="checkbox"/> Cyclone <input type="checkbox"/> Filtration <input type="checkbox"/> Flow equalization <input type="checkbox"/> Grease or oil separation, type: _____ <input type="checkbox"/> Grease trap <input type="checkbox"/> Grinding filter <input type="checkbox"/> Grit removal <input type="checkbox"/> Ion exchange <input type="checkbox"/> Neutralization, pH correction	<input type="checkbox"/> Ozonation <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Screen <input type="checkbox"/> Sedimentation <input type="checkbox"/> Septic tank <input type="checkbox"/> Solvent separation <input type="checkbox"/> Spill protection <input type="checkbox"/> Sump <input type="checkbox"/> Biological treatment, type: _____ <input type="checkbox"/> Rainwater diversion or storage <input type="checkbox"/> Other chemical treatment, type: _____ <input type="checkbox"/> Other physical treatment, type: _____ <input type="checkbox"/> Other, type: _____
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4. Attach a process flow diagram for the proposed or existing treatment system. Include process equipment, by-products, by-product disposal method, and waste and by-product volumes. (reference Figure 1)

**SECTION H – FACILITY OPERATIONAL CHARACTERISTICS**

Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J      F      M      A      M      J      J      A      S      O      N      D

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I- NON-DISCHARGED WASTES**

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?  
 \_\_\_\_ Yes, please describe below      \_\_\_\_ No, skip the remainder of Section I.

<u>Waste Generated</u>	<u>Quantity (lbs/day)</u>	<u>Disposal Method*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site. If any wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

2. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a. \_\_\_\_\_ b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*THE INFORMATION CONTAINED IN THIS FORM MUST BE CERTIFIED BY A RESPONSIBLE OFFICIAL AS DEFINED IN THE "SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS" (SEE BELOW).*

*"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 AN DIMPRISONMENT FOR KNOWING VIOLATIONS."*

*"I FURTHER CERTIFY UNDER PENALTY OF LAW THAT ALL ANALYSES REPORTED AS LESS THAN DETECTABLE IN THIS APPLICATION OR ATTACHMENTS THERETO WERE PERFORMED USING THE EPA APPROVED TEST METHOD HAVING THE LOWEST DETECTION LIMIT FOR THE SUBSTANCE TESTED."*

SIGNATURE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

(PLEASE TYPE OR PRINT)

NAME OF RESPONSIBLE OFFICAL: \_\_\_\_\_

TITLE OF RESPONSIBLE OFFICIAL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

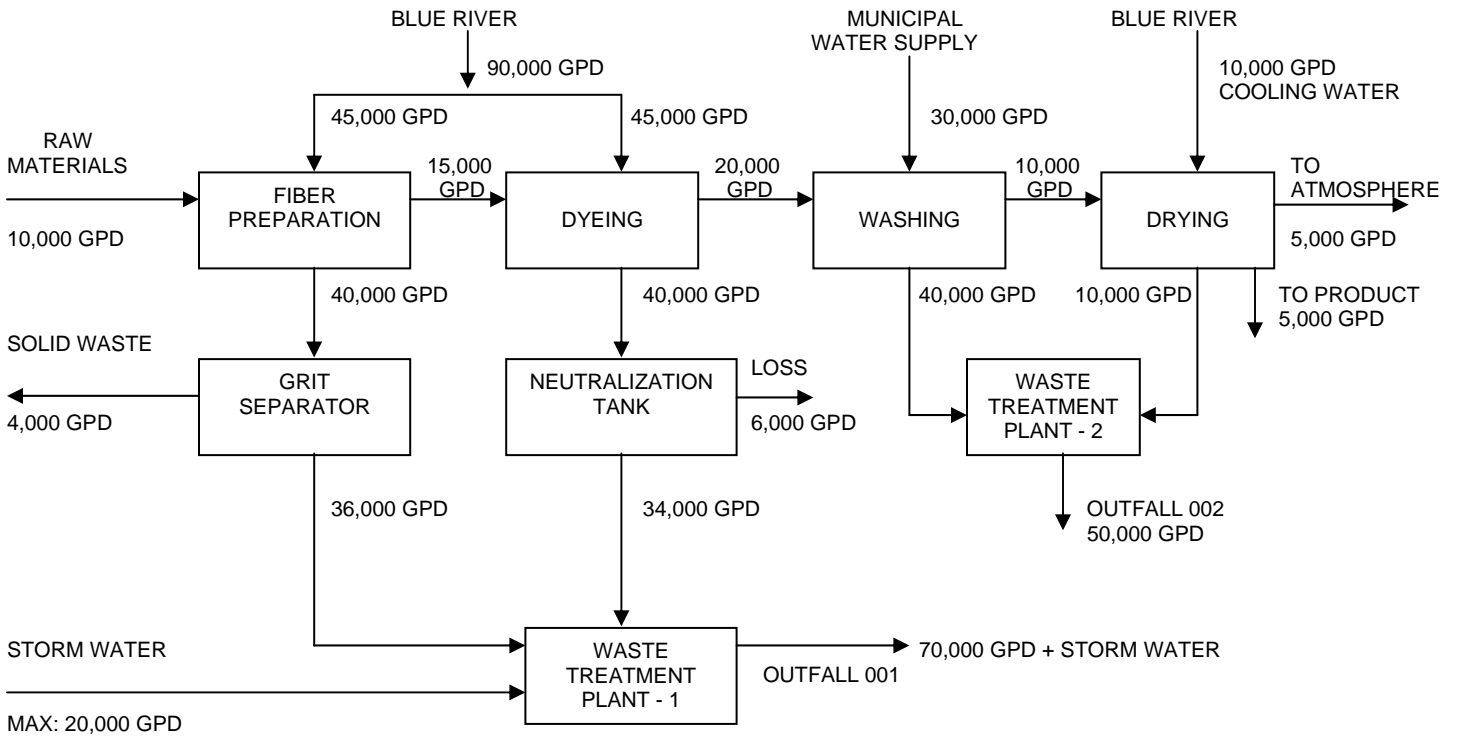
AREA CODE & PHONE NUMBER: \_\_\_\_\_

**SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS**

**RESPONSIBLE OFFICIAL** IS DEFINED AS FOLLOWS:

1. IN THE CASE OF A CORPORATION, BY A PRINCIPAL OFFICER OF AT LEAST THE LEVEL OF VICE-PRESIDENT;
2. IN THE CASE OF A PARTNERSHIP, BY A GENERAL PARTNER;
3. IN THE CASE OF A SOLE PROPRIETORSHIP, BY THE PROPRIETOR; OR
4. IN THE CASE OF A MUNICIPAL, STATE, FEDERAL, OR OTHER PUBLIC FACILITY, BY EITHER A PRINCIPAL EXECUTIVE OFFICER, OR RANKING ELECTED OFFICIAL.

**FIGURE 1**



SCHEMATIC OF WATER FLOW  
BROWN MILLS INC  
CITY, COUNTY, STATE