



City of Torrington

WPCA

## General Permit for Discharges from Miscellaneous Industrial Users ([MIU GP](#))

### ATTACHMENT A to Permit Form (Detailed Discharge Information)

Industrial Users who checked a box for question 5 in the Permit Form must complete this form. Please use the [instructions](#) while completing this form. *Complete Pages 1-3.*

**Part I. 1. Facility Name** (from page 1 of Permit Form): \_\_\_\_\_

**2. Engineer(s) or other consultant(s) employed or retained to assist in preparing the Permit or in designing or constructing the activity.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Service Provided:

**Notes:**

## Part II. Individual Discharge Information

The below information must be provided for each category or categories of discharge that will discharge to the sanitary sewer. See instructions for further guidance.

1. Discharge ID Number: \_\_\_\_\_
2. Discharge Location: \_\_\_\_\_
3. Monitoring Location: \_\_\_\_\_
4. Miscellaneous Discharge Category(ies), Flow Info, Treatment and Duration (complete for all categories):

a. Group I (Process Wastewater) Discharges	b. Max Daily Flow (gpd)	c. Check box if treatment required	d. Is discharge continuous (hrs/day), intermittent (vol/batch) or transported (vol)
<input type="checkbox"/> Commercial laundry		<input type="checkbox"/>	
<input type="checkbox"/> Contact cooling/heating		<input type="checkbox"/>	
<input type="checkbox"/> Cutting/grinding		<input type="checkbox"/>	
<input type="checkbox"/> Food processing		<input type="checkbox"/>	
<input type="checkbox"/> Brewing/distilling (This is a subgroup of Food processing.)		<input type="checkbox"/>	
<input type="checkbox"/> Non-destruct testing		<input type="checkbox"/>	
<input type="checkbox"/> Printing/photo processing		<input type="checkbox"/>	
<input type="checkbox"/> Reverse osmosis reject		<input type="checkbox"/>	
<input type="checkbox"/> Tumbling/cleaning		<input type="checkbox"/>	
<input type="checkbox"/> Water treatment		<input type="checkbox"/>	
<input type="checkbox"/> Other (specify in 8, below):		<input type="checkbox"/>	
<b>e. Cumulative Max Daily Flow of Process WW Discharges</b>			
<b>f. Group II (Non-process Wastewater) Discharges</b>			
<input type="checkbox"/> Air comp. condensate/blowdown		<input type="checkbox"/>	
<input type="checkbox"/> Boiler blowdown		<input type="checkbox"/>	
<input type="checkbox"/> Building maintenance		<input type="checkbox"/>	
<input type="checkbox"/> Fire suppression system testing		<input type="checkbox"/>	
<input type="checkbox"/> Hydrostatic pressure testing		<input type="checkbox"/>	
<input type="checkbox"/> Non-contact cooling		<input type="checkbox"/>	
<input type="checkbox"/> Potable water system maint/sampling		<input type="checkbox"/>	
<input type="checkbox"/> Swimming pool (public pool >5,000 gpd)		<input type="checkbox"/>	
<input type="checkbox"/> Vehicle maintenance		<input type="checkbox"/>	
<input type="checkbox"/> Other (specify in 7, below):		<input type="checkbox"/>	
<b>g. Cumulative Max Daily Flow of Non-process WW Discharges</b>			
<b>h Total Maximum Daily Flow (e. + g.)</b>			

5. For intermittent (batch) or seasonal discharges from the table above, indicate the duration, frequency and time of day of the discharge (both maximum and average flows) and any other characteristics of the discharge that will help describe its flow pattern.

6. Method of Flow Measurement:

7. A detailed description of the processes or activities generating each of the discharge(s) from the table above. When different processes or activities produce different discharges, please be specific about each.

8. A description of any wastewater treatment processes, including, but not limited to, neutralization, oil/water separation, silver recovery and precipitation of solids or metals, etc. which the discharger utilizes or will utilize to achieve compliance with any of the local ordinances or effluent limits or conditions specified in Section 5(a) of the MIU general permit.

9. A list of the substances used or added to the wastewater shall be provided, including but not limited to those substances for which effluent limits are specified in Section 5(a) of the MIU general permit and those substances listed in Appendix B Table II, III and V or Appendix D of section 22a-430-4 of the Regulations of Connecticut State Agencies (attached as Appendix F to the MIU GP). Any such substances shall be identified by their generic chemical names and Chemical Abstract System (CAS) number. Safety Data Sheets must be provided for any such substances as requested by the POTW Authority.