



INDEPENDENCE ★ MUNICIPAL SERVICES ★

WASTEWATER DISCHARGE PERMIT APPLICATION

The discharge of non-domestic wastewater is not permitted without prior approval from the City of Independence, Municipal Services Department. Industrial users subject to wastewater pretreatment standards per 40 CFR Part 403, 10 CSR 20-6.090, and Chapter 7 Article 6 of the Code of the City of Independence are required to obtain a wastewater discharge permit. This permit application must be submitted at least 60 days prior to the date upon which any discharge will begin.

A nonrefundable application fee of \$325 must be submitted with permit application.

Part I – General Information

A. Site Information

Facility Name: _____

Street Address: _____

Facility Contact Person & Title: _____

Telephone: _____ Email: _____ Emergency: _____

B. Owner Information *(If different from above)*

Owner's Name: _____

Address: _____

Contact Person & Title: _____

Telephone: _____ Email: _____ Emergency: _____

PART II — SIGNIFICANT INDUSTRIAL USER WASTE SURVEY

The enclosed Significant Industrial User Waste Survey must be completed. Please carefully read and respond to each question. For businesses that lease, water consumption data may have to be obtained from the building owner or manager. Where the information requested is not applicable to your business, please indicate accordingly. You are required to complete this survey under Section 7.06.010 of the Code of the City of Independence (Sewer Use Regulations).

PART III — WAIVER OF SPECIFIC POLLUTANT LIMITATIONS

The following Specific Pollutant Limitations are listed in Section 7.06.007 of the Code of the City of Independence:

- | | |
|---|--|
| <input type="checkbox"/> 0.10 mg/l of total Arsenic | <input type="checkbox"/> 0.24 mg/l of total Silver |
| <input type="checkbox"/> 7.7 mg/l of total Barium | <input type="checkbox"/> 5.0 mg/l of total Zinc |
| <input type="checkbox"/> 0.26 mg/l of total Beryllium | <input type="checkbox"/> 0.10 mg/l of total Cyanide |
| <input type="checkbox"/> 0.020 mg/l of total Cadmium | <input type="checkbox"/> 5.0 mg/l of Phenols |
| <input type="checkbox"/> 0.20 mg/l of hexavalent Chromium | <input type="checkbox"/> 50 mg/l of Ammonia |
| <input type="checkbox"/> 2.0 mg/l of total Chromium | <input type="checkbox"/> 5.0 mg/l of Sulfides |
| <input type="checkbox"/> 1.0 mg/l of total Copper | <input type="checkbox"/> 300 mg/l of total Halides |
| <input type="checkbox"/> 25 mg/l of total Iron | <input type="checkbox"/> 5.0 mg/l of free Chlorine |
| <input type="checkbox"/> 0.10 mg/l of total Lead | <input type="checkbox"/> 25 mg/l of total Recoverable Petroleum Hydrocarbons |
| <input type="checkbox"/> 0.0016 mg/l of total Mercury | <input type="checkbox"/> 100 mg/l of oil and grease |
| <input type="checkbox"/> 1.0 mg/l of total Nickel | <input type="checkbox"/> 0.0048 mg/l of total Selenium |

Please indicate below whether a waiver of Specific Pollutant Limitations is requested to be granted in your Wastewater Discharge Permit and specify the reasoning the waiver is necessary. Please mark any parameters above for which a waiver is requested.

PLEASE CHECK ONE:

- I request waiver of the above-listed Specific Pollutant Limitations.
- No waiver of Specific Pollutant Limitations is requested.

Reason for waiver request (include additional pages if necessary): _____

PART IV — 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.

Signature of Authorized Representative

Date

Name (Please print or type)

Title

RETURN THIS APPLICATION AND ALL ATTACHMENTS TO:

City of Independence
Municipal Services Department
Office of Environmental Compliance
9600 Norledge Ave.
Independence, MO 64053