

NOTICE OF INTENT TO OBTAIN COVERAGE UNDER NDPDES GENERAL PERMIT FOR INDUSTRIAL PRETREATMENT DISCHARGES ASSOCIATED WITH METAL FINISHING

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY DIVISION OF WATER QUALITY SFN 62388 (08-2023)

FOR DEPT. USE ONLY
Date Received

I. FACILITY INFORMATION					
□New – Individual Permit Number		□ Ren	☐ Renewal – Permit Coverage Number		
Name of the Facility					
Facility Contact Person F		Facility	Facility Contact Title		
Facility Contact Phone Number		Facility	Contact Email		
Facility Mailing Address					
City		State	Zip Code		
Facility Street Address					
City		State		Zip Code	
County	County		Phone Number		
Latitude (Decimal Degrees)		Longitu	ide (Decimal Degrees)	Source □ GPS □Google □Other	
Quarter(s)	Section(s)	Townsl	nip(s)	Range(s)	
Is the Facility located on Tribal Lands? □Yes □No					
Date the facility began operating					
Date the facility began metal finishing operations as defined under 40 CFR 433 (this date may be the same as the date listed above if the date the facility began operating is the same as the date metal finishing operations began).					
Facility Site Map: Provide an overview map of the facility indicated above. Indicate areas of interest (i.e. outfall locations, buildings which generate					
process wastewater, etc.). Attach the Facility Site Map to the Application.					
II. OWNER INFORMATION					
Name of the Owner					
Owner Contact Person			Owner Contact Title		
Owner Contact Phone Number			Owner Contact Email		
Owner Mailing Address					
City			State	Zip Code	
Type of Ownership □Private □Federal	□State		⊐Municipal	□Other	

III. OPERATION INFORMATION					
Is there any discharge of wastewater to surface waters? □Yes □No					
	d not continue this application and sho	-			
Standard Industrial Classification (List information below in decrea	n (SIC) and North American Industry Clas sing order of importance)	sification System (NAICS) codes which	best describe the facility operations.		
SIC Code	SIC Description	NAICS Code	NAICS Description		
Provide a description of all opera	ations at this facility, including primary pro	ducts or services (Attach additional sh	eets if necessary):		
Provide a description of all operations at this facility, including primary products or services. (Attach additional sheets, if necessary):					
	he following primary metal finishing opera				
operation is present at the fac determine which application to	ility, the facility should not continue with a section of the facility should not continue with the facility	th this application and should instea	ad contact the department to		
□ Electroplating □ Coating (Chromating, Phosphating, and Coloring)					
☐ Electroless Plating		☐ Chemical Etching and Milling			
☐ Anodizing		☐ Printed Circuit Boards Manufacturing			
Please indicate below which of the following ancillary metal finishing operations are present at your facility					
☐ Cleaning	☐ Flame Spraying	☐ Thermal Infusion	□ Machining		
☐ Sand Blasting	□ Sand Blasting □ Salt Bath Descaling		☐ Other Abrasive Jet Machining		
☐ Solvent Degreasing	☐ Polishing	☐ Electric Discharge Machining	□ Paint Stripping		
□ Tumbling	☐ Electrochemical Machining	□ Painting	□ Burnishing		
☐ Electron Beam Machining	☐ Electrostatic Painting	□ Impact Deformation	☐ Laser Beam Machining		
□ Electropainting	☐ Pressure Deformation	☐ Plasma Arc Machining	□ Vacuum Metalizing		
□ Shearing	☐ Ultrasonic Machining	□ Assembly	☐ Heat Treating		
□ Sintering	☐ Calibration	☐ Thermal Cutting	□ Laminating		
☐ Testing	□ Welding	☐ Hot Dip Coating	☐ Mechanical Plating		
☐ Brazing	□ Sputtering	□ Soldering	□ Vapor Plating		
Date Facility Operations Started		Date Metal Finishing Operations Started:			

Does and/or will this facility discharge any wastewater other than restrooms to the POTW? ☐ Yes ☐ No						
Note: If no, the facility	should not continue with the application. An I	ndustrial Pretreatment Per	mit is not required.			
Receiving POTW						
Describe outfall dischar	ge points below					
Discharge Point	Description of Wastewater Discharged (Process, Domestic, etc.)	Average Flow (gpd)	Batch or Continuous Discharge			
water, and wastewater generate wastestreams	 m: For each major activity in which wastewater is or from the start of the activity to its completion, sho Include the average daily volume and maximum ines, public sewers, and existing or proposed sam 	wing all unit processes. Indicate daily volume of each wastes	cate which processes use water and which tream. Show all water meters, storm drains,			
Describe any wastewate	er pretreatment operations					
Are any solids (sludge)	produced during wastewater treatment?					
□ Yes □ No						
If above is yes, are the □ Yes	solids (sludge) considered hazardous waste? ☐ No					
Describe any solids (slu	idge) treatment and/or disposal below, if applicable	9.				
IV. DISCHARGE CHARACTERISTICS						
□ Yes	submitting Discharge Monitoring Reports (DMRs) t ☐ No					
□ Yes	anagement Plan (TOMP) been developed and app ☐ No					
	plete Application Appendix A to indicate if the clemical constituents of products you use that are descriptions.					

	V. WATER SUPPLY					
Water Sources (select all that apply)						
	□ Private Well □ Surface Water □ Municipal Water Utility □ Other (specify)					Other (specify)
If Mu	unicipal Water is used provide Utility Name	e (as listed on	wate	r bill)		
Stre	et Address					
City		State			Zip Code	
List	Facility's Average Water Usage (new facil	ities may estin	nate)			
	Water Use Type		Average Water Usage (gpd)		Indicate Estimated (E) or Measured (M)	
a.	Contact Cooling Water					
b.	Non-Contact Cooling Water					
c.	Boiler Feeding					
d.	Process					
e.	Sanitary					
f.	Air Pollution Control					
g.	Contained In Product					
h.	Plant And Equipment Washdown					
i.	Irrigation And Lawn Watering					
j.	Other (Specify)					
k.	Total					
		VI.		OTW INFORMATION		
	e Facility connected to the municipal sanit Yes ☐ No	ary sewer sys	tem?			
Des	cribe each discharge pipe or discharge po	int which conn	nects t	to the City's POTW (enter informa	tion below)	
[Discharge Point or Discharge Pipe		Descriptive Location			Average Flow (gpd)
VII. OTHER INFORMATION						
Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided below.						
]	□ NDPDES (Stormwater, etc.)					
ł	☐ UIC (Underground Injection of Fluids)					

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or those persons directly responsible for gathering the information, the information submitted is, to the bes						
□ Other (specify) □ Isist other information which you feel should be brought to the attention of NDDEO regarding the issuance of permit coverage under the General Permit for Metal Finishing Industrial Users (attach additional information, if necessary). VIII. CHECKLIST FOR A COMPLETED APPLICATION (PLEASE CHECK) □ Application Form (5 Pages) □ Schematic Flow Diagram □ Discharge Monitoring Data □ Map of Facility IX. SIGNATURE 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 personnel properly gather and submarch, ND 85803-1324 Telephone: (701) 328-5210 Signature of Applicant(s) Date	☐ RCRA (Hazardous Wastes)					
Utili. CHECKLIST FOR A COMPLETED APPLICATION (PLEASE CHECK) Application Form (5 Pages) Schematic Flow Diagram Discharge Monitoring Data Map of Facility IX. SIGNATURE 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 supervision in accordance with a system designed to accordance with a system designed to 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 of twose persons directly responsible for gathering the information, submitted is, to the best with the proposal property accordance with a system designed to assure that qualified persons or pressons who manage the system of twose persons directly responsible for gathering the information, the information submitted is, to the best without the information submitted is. Title Bismarck, ND 585093-1324 Telephone: (701) 328-5210 Signature of Applicant(s) Date	☐ Air Quality	☐ Air Quality				
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4201 Normandy Street Bismarck, ND 58503-1324 Telephone: (701) 328-5210 Signature of Applicants(s) Date	TO: North Dakota Dept. of Env. Quality	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				
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