

**Note to Signing Official:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this permit application, which identifies the nature and frequency of discharge, shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2.

### Section A – General Information

Facility Name:

Operator Name:

Is the operator Identified above the owner of the facility? ☐ Yes ☐ No

If no, provide the name and address of the owner and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

#### Facility Address

Street	City	State	Zip
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#### Mailing Address

Street	City	State	Zip
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Designated Signatory authority of the facility. Attach additional information for each authorized representative:

Name	Title
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Address	City	State	Zip
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Phone	Fax
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Email Address

Designated facility contact:

Name	Title
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Phone	Fax	Email
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### Section B – Business Activity

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste, sludge, or hazardous wastes) place a check beside the category of business activity. (check all that apply)

#### Industrial Categories\*

<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Centralized Waste Treatment
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Concentrated Animal Feeding Operations	<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Electrical and Electronic Components
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Grain Mills
<input type="checkbox"/> Ink Formulating	<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Iron & Steel Manufacturing	<input type="checkbox"/> Leather Tanning and Finishing

**City of Wentzville**  
**Wastewater Division**  
**Individual Wastewater Discharge Permit Application**



<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Metal Molding and Casting	<input type="checkbox"/> Nonferrous Metals Forming & Metal Powders	<input type="checkbox"/> Nonferrous Metals Manufacturing
<input type="checkbox"/> Oil and Gas Extraction	<input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers	<input type="checkbox"/> Paint Formulating	<input type="checkbox"/> Paving & Roofing Materials
<input type="checkbox"/> Pesticide Chemicals	<input type="checkbox"/> Petroleum Refining	<input type="checkbox"/> Pharmaceutical Manufacturing	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Pulp, Paper & Paper Board	<input type="checkbox"/> Rubber Manufacturing	<input type="checkbox"/> Soaps and Detergent Manufacturing	<input type="checkbox"/> Steam Electric Power Generating
<input type="checkbox"/> Timber Products Processing	<input type="checkbox"/> Transportation Equipment Cleaning	<input type="checkbox"/> Waste Combustors	

**\*Environmental Protection Agency (EPA) Categorical Pretreatment standards may apply to facilities with the process listed above. These facilities are termed "Categorical Industrial Users".**

**Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):**

**Indicate applicable Standard Industrial Classification (SIC) for all processes (if more than one applies, list all):**

<b>A:</b>	<b>B:</b>	<b>C:</b>	<b>D:</b>
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**Product Volume Estimate**

Product Produced	Past Calendar Year			Estimate This Calendar Year		
	Average	Maximum	Units	Average	Maximum	Units

**Section C – Water Supply**

**Water Sources (check all that apply)**

☐ Private Well   ☐ Surface Water   ☐ Municipal Water (specify city): \_\_\_\_\_   ☐ Other: \_\_\_\_\_

**Name on water bill:**

**Street Address on bill:**

**Water Service Account Number:**

**List average water usage on premises (new facilities may estimate usage)**

Type	Average Water Usage (GPD)	Indicate Estimated or Measured
A. Contact cooling water		
B. Non-contact cooling water		
C. Boiler feed		
D. Process		
E. Sanitary		
F. Air pollution control		
G. Plant and equipment wash down		

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H. Irrigation		
I. Other:		
<b>Total of A-I</b>		

**Section D – Sewer Information**

**FOR EXISTING BUISNESSES ONLY**

Is the building presently connected to the public sanitary sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sanitary sewer account number: Have you applied for a sanitary sewer connection? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**FOR NEW BUISNESSES ONLY**

Will you be occupying an existing vacant building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied for a building permit if a new facility will be constructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be connected to the public sanitary sewer system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

List the size, descriptive location, and flow of each facility sewer line which connects to the City's Sewer system. (If needed, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

**Section E – Wastewater Discharge Information**

Does (or will) this facility discharge any wastewater other than from restrooms to the city sewer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, complete the remainder of the application. If no, skip to section I – Spill Prevention.	

Provide the following information on wastewater flow rate (new facilities may estimate)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours/Day of Discharge (e.g. 8 hours/ day)							
Hours of Discharge (e.g. 9am -5pm)							
Peak per minute (GPM):	Max. daily flow rate (GPD):			Annual daily average (GPD):			
Are there batch discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please fill in 1-5 below)							
1. Number of batch discharges per day:			2. Average discharge per batch (gallons):				
3. Time of batch discharges: (Day(s) of week)					Time of day		
4. Flow rate (GPM):			5. Percent of total facility discharge:				

**Schematic Flow Diagram:** For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and generate waste streams. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the public sewer. Use these numbers when showing the unit processes in the building layout in Section H.

Facilities that checked activities in Section B may be considered a Categorical Industrial User and should proceed to question 6 of this Section.

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

No.	Process Description	Avg Flow (GPD)	Max Flow (GPD)	Type of Discharge

Answer questions 6 and 7 only if you are subject to categorical pretreatment standards

6. For Categorical Users: Provide the totals of wastewater discharge flows for each of our processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge)

No.	Regulated Process	Avg Flow (GPD)	Max Flow (GPD)	Type of Discharge

No.	Unregulated Process	Avg Flow (GPD)	Max Flow (GPD)	Type of Discharge

7. For categorical users subject to Total Toxic Organic (TTO) requirements, please provide the following 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 the EPA? ☐ Yes ☐ No
- B. Has a baseline monitoring report (BMR) been submitted which contains TTO information? ☐ Yes ☐ No
- C. Has a toxic organics management plan (TOMP) been developed? ☐ Yes ☐ No

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

Currently: Flow Metering ☐ Yes ☐ No ☐ NA      Planned: Flow Metering ☐ Yes ☐ No ☐ NA  
 Sampling Equipment ☐ Yes ☐ No ☐ NA      Sampling Equipment ☐ Yes ☐ No ☐ NA

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

9. Are any process changes or expansions planned during the next five 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, continue to question 11)

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

11. Are any materials or water reclamation systems in use or planned? ☐ Yes ☐ No (if no, continue to Section F)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process (attach additional sheets if needed):

### Section F – Characteristics of Discharge

**Priority Pollutant Information:** Please indicate by selecting from the check boxes below for each listed chemical whether it is “Suspected to be Absent,” “Known to be Absent,” “Suspected to be Present,” or “Known to be Present” in your manufacturing or service activity or generated as a by-product. Some compounds are known by other names. Compounds with an asterisk (\*) indicate possible synonym listing – See Priority Pollutant synonym list in Appendix A.

Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
1.	Asbestos (fibrous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	66.	1,2-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Cyanide (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67.	1,1-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Antimony (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	68.	trans-1,2-dichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Arsenic (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69.	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Beryllium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	70.	1,2-dichloropropane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Cadmium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71.	(cis & trans) 1,3-dichloropropene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Chromium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72.	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Copper (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73.	Diethyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Lead (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	74.	2,4-dimethylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Mercury (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75.	Dimethyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Nickel (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76.	Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Selenium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77.	Di-n-octyl phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Silver (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	78.	4,6-dinitro-2-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Thallium (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79.	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Zinc (total)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80.	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81.	2,6-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82.	1,2-diphenylhydrazine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83.	Endosulfan 1*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	84.	Endosulfan 11*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	85.	Endosulfan sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	86.	Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87.	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present	Item No.	Chemical Compound	Suspected Absent	Known Absent	Suspected Present	Known Present
23.	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	88.	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Benzo (a) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	89.	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Benzo (a) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	90.	Fluorene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Benzo (b) fluoranthene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91.	Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Benzo (g,h,i) perylene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	92.	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Benzo (k) fluoranthene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	93.	Hexachlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	a-BHC (alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	94.	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	b-BHC (beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95.	Hexachlorocyclopentadiene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	d-BHC (delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	96.	Hexachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	G-BHC (gamma)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97.	Indeno (1,2,3-cd) pyrene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33.	Bis (2-chloroethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	98.	Isophorone*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34.	Bis (2-chloroethoxy) methane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99.	Methylene chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35.	Bis (2-chlorosopropyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100.	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36.	Bis (chloromethyl) ether*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101.	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37.	Bis (2-ethylhexyl) phthalate*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102.	2-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38.	Bromodichloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103.	4-nitrophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39.	Bromoform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	104.	N-nitrosodimethylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40.	Bromomethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105.	N-nitroso-di-n-propylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	4-bromophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	106.	N-nitrosodiphenylamine*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42.	Butylbenzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107.	PCB-1016*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43.	Carbon tetrachloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	108.	PCB-1221*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44.	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109.	PCB-1232*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45.	4-chloro-3-methylphenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	110.	PCB-1242*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46.	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111.	PCB-1248*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47.	Chloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	112.	PCB-1254*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48.	2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113.	PCB-1260*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49.	Chloroform*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	114.	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50.	Chloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115.	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51.	2-chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	116.	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52.	2-chlorophenol*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117.	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53.	4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	118.	2,3,7,8-tetrachlorodibenzop-dioxin*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54.	Chrysene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119.	1,1,2,2-tetrachloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55.	4,4 - DDD*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	120.	Tetrachloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56.	4,4 - DDE*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121.	Toluene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57.	4,4 - DDT*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	122.	Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.	Dibenzo (a,h) anthracene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123.	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59.	Dibromochloromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	124.	1,1,1-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60.	1,2-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125.	1,1,2-trichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61.	1,3-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126.	Trichloroethene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62.	1,4-dichlorobenzene*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127.	Trichlorofluoromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63.	3,3-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	128.	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64.	Dichlorodifluoromethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129.	Vinyl chloride*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65.	1,1-dichloroethane*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	130.	PFAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Wentzville** Missouri®

[illegible]

Is any form of wastewater treatment practiced at this facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next five years?	<input type="checkbox"/> Yes (describe below) <input type="checkbox"/> No

<input type="checkbox"/> Air flotation	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Grinding filter	<input type="checkbox"/> Reverse osmosis	<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Filtration	<input type="checkbox"/> Grit removal	<input type="checkbox"/> Screen	<input type="checkbox"/> Spill protection
<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Ion exchange	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Sump
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Grease trap	<input type="checkbox"/> Ozonation	<input type="checkbox"/> Septic tank	<input type="checkbox"/> Rainwater diversion or storage
<input type="checkbox"/> pH correction	<input type="checkbox"/> Grease or oil separation (list type):			
<input type="checkbox"/> Biological treatment (list type):		<input type="checkbox"/> Other (list type):		

**City of Wentzville**  
**Wastewater Division**  
**Individual Wastewater Discharge Permit Application**



Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the City of Wentzville Sanitary sewer. Please include estimated completion dates:

Do you have a wastewater treatment operator? ☐ Yes (If yes, provide their information below) ☐ No

Name of Operator: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Specify Operating Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> Full time employee							
<input type="checkbox"/> Part time employee							

Do you have a written manual on the correct operation of your treatment equipment? ☐ Yes ☐ No

Do you have a written maintenance schedule for your treatment equipment? ☐ Yes ☐ No

### Section H – Facility Operational Characteristics

Shift Information	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Workdays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifts per workday							
Employees per shift	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						
Start time and End Time	1 <sup>st</sup>						
	2 <sup>nd</sup>						
	3 <sup>rd</sup>						

Business activity is ☐ Continuous ☐ Seasonal (if seasonal, indicate months during which business activity occurs)

January	February	March	April	May	June	July	August	September	October	November	December
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Discharge is ☐ Continuous ☐ Seasonal (if seasonal, indicate months during which discharges occur)

January	February	March	April	May	June	July	August	September	October	November	December
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Does operation shut down for any other reason? ☐ Yes (if yes, indicate reasons below) ☐ No

List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):



[illegible]

## Section I – Spill Prevention

☐ An onsite disposal system      ☐ Storm Drain      ☐ NA, No possible discharge to any route  
☐ Sanitary sewer system (e.g. through a floor drain)      ☐ Ground      ☐ Other

Do you have an accidental spill prevention plan, Slug Control Plan, or SPCC plan to prevent spills of chemicals or sludge discharges from entering the wastewater or storm collection systems?

☐ Yes (please enclose a copy with application) – Slug Control Plan required within 90 days of issuance of permit

☐ No – Slug Control Plan required within 90 days of issuance of permit

Please describe below any previous spill events (within the last three years) and remedial measures taken to prevent their reoccurrence:

### Section J – Non-Discharged Wastes

Are any waste liquids or sludge materials generated and not disposed of in the sanitary sewer system?

☐ Yes (Please describe below) ☐ No (Please continue to section K)

Waste Generated	Quantity (Per Year)	Disposal Method

Indicate which wastes identified above are disposed of at an off-site facility and which are disposed of on-site:

If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility:

If an outside firm removed any of the above listed wastes, state the name(s) and address(es) of all waste haulers:

Name	Address	Permit No.

Have you been issued any Federal, State, or local environmental permits? ☐ Yes (Please list permits below) ☐ No

### Section K – Authorized Signatures

#### Authorized Representative 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.

**Owner/Authorized Representative**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_

Written Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\* The original signed copy of this document with all attachments must be mailed to:**

Attn: Jennifer Krueger  
City of Wentzville  
1001 Schroeder Creek Blvd  
Wentzville, MO 63385

**\*\* A \$300 application fee is required with the submission of applications. Please include a check with the mailed application. Checks must be made out to The City of Wentzville.**

**\*\* Please email a copy of this document with all attachments to [julia.griggs@wentzvillemo.gov](mailto:julia.griggs@wentzvillemo.gov).**

## Appendix A – Priority Pollutant Synonym Listing

Item	Chemical Compound	Synonym	Item	Compound Chemical	Synonym
1	Asbestos	Actinolite, Amosite, Antophyllite, Chrysotile, Crocidolite, Tremolite	35	bis(2-chloroisopropyl) ether	2,2'-Dichloroisopropyl ether
2	Cyanide	Hydrogen Cyanide, Potassium Cyanide, Sodium Cyanide	36	bis(chloromethyl)ether	(sym)Dichloromethyl ether
3	Antimony	Stibium	37	bis(2-ethylhexyl) phthalate	2,2'-Diethylhexyl phthalate
4	Arsenic	Arsenia	38	Bromodichloromethane	Dichlorobromomethane
5	Beryllium	Glucinium	39	Bromoform	Tribromomethane
9	Lead	Plumbum	40	Bromomethane	Methyl bromide
10	Mercury	Hydrargyrum; Liquid Silver, Quick Silver	43	carbon tetrachloride	Tetrachloromethane
13	Silver	Argentum	45	4-chloro-3-methylphenol	Para-chloro-meta-cresol
16	Acenaphthene	1,2- Dihydroacenoaphthylene; Periethylenenaphthalene; 1,8-Ethylenenaphthalene	47	chloromethane	Ethylchloride
18	Acrolein	2-Propenal; Propenal; Allyl aldehyde, Acraldehyde; Acrylaldehyde, Acrylic aldehyde, Aqualin	49	chloroform	Trichloromethane
19	Acrylonitrile	2-Propenenitrile; Propenenitrile, Vinyl cyanide, Cyanoethylene; Acritet; Fumigrain; Ventox; Acrylonitrile monomer	50	chloromethane	Methyl chloride
20	Aldrin	1,2,3,4,10, 10-Hexachloro-1,4,4a,5,8,8a-Hexahydro- 1,4:5,8-Dimethanonaphthalene; HHDN; Compound 118; Octalene	52	2-chlorophenol	Para-chlorophenol
22	Benzene	Benzol; Cyclohexatriene, Phenyl hydride	54	Chrysene	1,2-Benzphenanthrene
23	Benzidine	4,4'-Bianiline; 4,4'-Biphenyldiamine; 1,1'- Biphenyl-4,4'-diamine; 4,4'-Diaminobiphenyl; pDiaminodiphenyl	55	4,4'-DDD	Dichlorodiphenyldichlorethane, p,p'-tde, Tetrachlorodiphenylethane
24	Benzo(a)anthracene	1,2-Benzanthracene, 2,3-Benzphenanthrene	56	4,4'-DDE	Dicholodiphenyldichloroethylene
25	Benzo(a)pyrene	3,4-Benzopyrene	57	4,4'-DDT	Dichlorodiphenyltrichloroethane
26	Benzo(b)fluoranthene	2,3-Benzfluoranthene 2,3-Benzofluoranthene 3,4-Benz(e)acephenathrylene 3,4-Benzfluoranthene 3,4-Benzofluoranthene Benz(e)fluoranthene	58	Dibenzo(a,h)anthracene	1,2,5,6-dibenzanthracene
27	Benzo(g,h,i)perylene	1,12-Benzoperylene	59	Dibromochloromethane	Chlorodibromomethane
28	Benzo(k)fluoranthene	11,12-Benzofluoranthene	60	1,2-dichlorobenzene	Ortho-dichlorobenzene
32	g-BHC (gamma)	Lindane	61	1,2-dichlorobenzene	Meta-dichlorobenzene
33	bis(2-chlorethoxl) methane	2,2'-Dichlorethyl ether	62	1,4-dichlorobenzene	Para-dichlorobenzene

## Appendix A – Priority Pollutant Synonym Listing

Item	Chemical Compound	Synonym	Item	Compound Chemical	Synonym
64	Dichlorodifluoromethane	Difluorodichloromethane, Fluorocarbon-12	102	2-nitrophenyl	Para-nitrophenyl
65	1,1'dichloroethane	Ethylidene chloride	103	4-nitrophenyl	Ortho-nitrophenyl
66	1,2-dichloroethane	Ethylene chloride, Ethylene dichloride	104	N-nitrosodimethylamine	Dimethylnitrosoamine
67	1,1-dichloroethane	1,1-Dichloroethylene	105	N-nitrosodi-n-propylamine	n-Nitro-di-n-propylamine
68	trans-1,2-dichloroethene	Acetylene dichloride	106	Nnitrosodipheynylamine	Diphenyl-nitrosoamine
70	1,2-dichloropropane	Propylene dichloride	107	PCP-1018	Arochlor-1018
71	(cis & trans) 1,3-dichloropropane	(cis & trans) 1,3 Dichloropropylene	108	PCB-1221	Arochlor-1221
73	Diethylphthalate	Ethyl phthalate	109	PCB-1232	Arochlor-1232
74	2,4-dimethylphenol	2,4-zylenol	110	PCB-1242	Arochlor-1242
77	di-n-octyl phthalate	Di(2-ethylhexyl)phthalate	111	PCB-1248	Arochlor-1248
78	4,6-dinitro-2-methylphenol	4,6-Dinitro-octyl-cresol	112	PCB-1254	Arochlor-1254
82	1,2-diphenylhydrazine	Hydrazobenzene	113	PCB-1260	Arochlor-1260
83	Endosulfan I	a-Endosulfan-alpha	118	2,3,7,8-tetrachlorodibenzo-pdioxin	TCDD
84	Endosulfan II	b-Endosulfan-beta	119	1,1,2,2- tetrachloroethene	Acetylene tetrachloride
90	Fluorene	(alpha)-Dipylene methane	120	Tetrachloroethene	Perchloroethylene, Tetrachloroethylene
93	Hexachorbenzene	Perchlorobenzene	121	Toluene	Methylbenzene toluol
95	Hexachlorocyclopentadiene	Perchlorocyclopentadiene	124	1,1,1-trichloroethane	Methyl chloroform
96	Hexachloroethane	Perchloroethane	125	1,1,2-trichloroethane	Vinyl trichloride
97	indeno-(1,3,3-cd) pyrene	2,3-ortho-Phenylene pyrene	126	Trichloroethane	Trichloroethylene
98	Isophorone	3,5,5-Trimethyl-2- Cyclohexene-1-one	127	Trichlorofluoromethane	Fluorocarbon Fluorotrichloromethane -11;
99	Methylene chloride	Dichloromethane	129	Vinyl chloride	Chloroethene; Chloroethylene