

CITY OF COLUMBUS WASTEWATER FACILITY
APPLICATION PACKET

SPECIAL WASTEWATER DISCHARGE FOR
INDUSTRIAL AND COMMERCIAL HAULERS

City of Columbus ordinances allow for discharge of special wastewater not covered under a pretreatment permit as long as such wastewater is not detrimental to the treatment facility and its operations. This application allows for the discharge of approved compatible liquid wastes on a short term basis from approved industrial and commercial waste haulers.

All dischargers must provide evidence that assures that constituents within the wastewater to be discharged will not interfere with operations, create a pass-through condition, create a dangerous condition, or otherwise create a violation (Ordinance Sec 102-264 and 102-265). All industrial and commercial customers must meet all City of Columbus criteria before discharging private waste into the Treatment Facility. As a part of that criterion, all industrial/commercial property owners must submit "Owner Preapplication for Authorization to Discharge Private Wastewater" to the City of Columbus for review. This application will allow the City to determine the waste being produced at this property can be accepted without major disruption to the plant operations. If approved, this property will be added to the "Approved for Discharge Wastewater Provider" file. Once on file, private industrial/commercial haulers are allowed to transport special wastewater from this site to a certified lab for testing. This lab testing is the responsibility of the private hauler and is required for all industrial/commercial loads. The certified lab must provide test results for the attached inorganic/metal compounds, BOD, Suspended Solids, and Phosphorus (List of Inorganic/Metal Compounds required for testing at a Certified Lab is attached on page four). This testing will ensure there is no inorganic or toxic material being discharged into the system that may jeopardize the integrity of the system.

With a copy of the certified lab results obtained, private haulers can complete and submit the "Application for Private Wastewater Discharge Authorization" form (Blank Copies can be obtained at Columbus Wastewater Treatment Facility) including a copy of the lab results. Once complete this application will be submitted to the City Staff for review. Using the certified lab results and the information provided in the application City Staff will determine if the private load is safe to discharge into the facility. If the City feels this waste may jeopardize the operation of the treatment plant they reserve the right to deny any load for any reason at any time. At that time, the private hauler is responsible for all lab testing charges at no cost to City and must discharge of waste at another location. If the City feels this waste is safe for the plant approval will be granted and the private hauler will be allowed to begin discharging into the facility. The City will invoice the private hauler for the load being discharged into the system.

Every industrial/commercial load approved to be discharged into the Columbus Wastewater Treatment Facility will be invoiced. Each private hauler must pay a gate or entry fee for every load discharged at the Wastewater Treatment Facility. This gate or entry fee is \$10.00 per load. In addition, a volume charge of 7.17\$/1000 gallons is charged to every industrial/commercial load as well. Lastly, based on the certified lab results, private haulers will be charged for any amount of BOD, Suspended Solids, and Phosphorus found to be above the accepted thresholds for the City (BOD: 220 mg/l, SS: 200 mg/l, and Phosphorus: 13 mg/l). This charge will be calculated using the formulas provided on the invoice. On the following page is a diagram showing the required process for approval to discharge industrial/commercial wastewater into the Columbus Wastewater Treatment Facility.

If you have any questions or comments please contact the City of Columbus at (920)-623-5900.

Sincerely,

City of Columbus Staff

This form is authorized under Sec 102-268 of the City Ordinances.

Sec. 102-268. Submission of basic data.

(a) Establishments discharging industrial wastes to a public sewer shall prepare and file with the approving authority a report that shall include pertinent data relating to the quantity and characteristics of the wastes discharged to the wastewater works. Such information shall be provided as per Wis. Admin. Code Ch. NR 101.

(b) Similarly, each establishment desiring to make a new connection to public sewer for the purpose of discharging industrial wastes shall prepare and file with the approving authority a report that shall include actual or predicted data relating to the quantity and characteristics of the waste to be discharged.

(Code 1978, §19.04(1) Reference: 40CFR 403.5)

Applications will not be processed unless all required information is submitted and applicable fees are paid. No partial applications will be accepted and final acceptance will be determined by City Staff.

Industrial/Commercial Hauler Waste Discharge Process

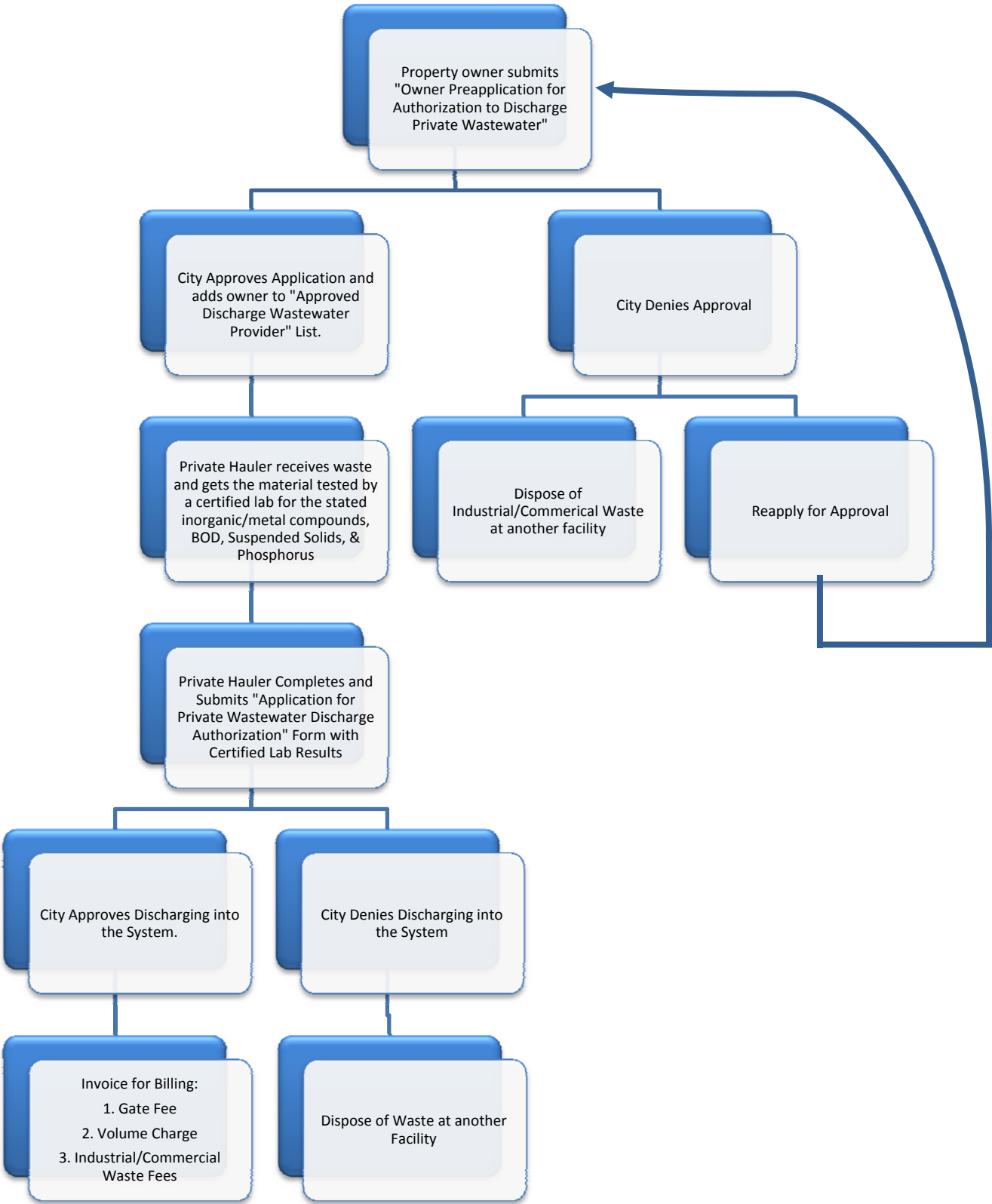


TABLE 2-1
METAL, CYANIDE AND INORGANIC COMPOUND CONCENTRATIONS
INHIBITING BIOLOGICAL PROCESSES
IN (mg/l)

Pollutant	Biological Process			
	Activated Sludge	Nitrification	Aerobic Fixed Film	Anaerobic Digestion
Ammonia	<=480	N/A	N/A	1,500-3,000
Arsenic	0.04 - 0.4	N/A	290	0.1 - 1
Boron	0.05 - 10	N/A	N/A	2
Cadmium	0.5 - 10	5-9	5-20	0.02 - 1
Calcium	2,500	N/A	N/A	N/A
Chloride	N/A	180	N/A	20,000
Chromium (Tot.)	0.1 - 20	0.25 - 1	50	1.5 - 50
Copper	0.1 - 1	0.05 - 0.5	25 - 50	0.5 - 100
Cyanide	0.05 - 20	0.3 - 20	N/A	0.10 - 4
Iodine	10	N/A	N/A	N/A
Iron	5 - 500	N/A	N/A	5
Lead	0.1 - 10	0.5 - 1.7	N/A	50 - 250
Manganese	10	N/A	N/A	N/A
Magnesium	N/A	50	N/A	1,000
Mercury	0.1 - 5.0	2 - 12.5	N/A	1,400
Nickel	1-5	0.25 - 5	N/A	2 - 200
Silver	0.03 - 5	0.25	N/A	N/A
Sodium	N/A	N/A	N/A	3,500
Sulfide	>50	N/A	N/A	50 - 100
Tin	N/A	N/A	N/A	9
Vanadium	20	N/A	N/A	N/A
Zinc	0.30 - 20	0.01 - 1	N/A	1 - 10

N/A - Not Available

Sources: U.S. EPA (1981a), Russell, et al. (1983), Geating (1981) and U.S. EPA (1986a).

<p>APPLICATION FOR AUTHORIZATION TO DISCHARGE SPECIAL WASTEWATER</p>

COMPLETE and SUBMIT TO:
 Division of Industrial Waste
 Metropolitan Sewer District
 1600 Gest Street
 Cincinnati, Ohio 45204
 Telephone: (513) 557-7000

Note to Property Owner/Signing Official/Applicant: Submission of this application form does not constitute permission to discharge wastewater. Separate discharge authorization documentation will be issued.

General Information

1. Organization Requesting Discharge Authorization [eg. Consulting Firm]:

- A. Requestor's Name: _____
- B. Organization: _____ Telephone _____
- C. Mailing Address: _____
 _____ Zip Code _____

2. Wastewater Location:

- A. Current Property Occupant: _____
- B. Address: _____
 _____ Zip Code _____

3. Current Property Owner:

- A. Contact Name: _____ Title _____
- B. Company Name: _____ Telephone _____
- C. Mailing Addresses: _____
 _____ Zip Code _____

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 is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

 Signature of Property Owner/Signing Official/Applicant

 Date

Basic Facility Information

Purpose of Application: (Check all that apply)

- Request by MSD Permit Renewal One -Time - Discharge Permit
- Other Regulatory Agency List: _____

1. Human Occupancy: (Check all that apply)

The occupants of the facility are predominantly? Employees Customers

- a). Retail ___ # of occupants ___ # of toilets
- b). Office ___ # of occupants ___ # of toilets
- c). Warehouse ___ # of occupants ___ # of toilets ___ # of floor drains ___ # of docks
- Type of Warehouse: Refrigerator or Freezer Dry Goods Other _____

2. Facility Operations: (Check all that apply)

- a). Heating, Cooling, and/or Water Conditioning
- Cooling Tower for air conditioning
- Cooling Tower for other cooling. Describe: _____
- Boiler for building heating, etc.
- Boiler for other heating. Describe: _____
- Water Softeners Reverse Osmosis
- Air Compressors
- b). Food service operations (If checked, complete and attach the Food Service Operations Form)
- Lunchroom/break room – Food prepared on site by facility occupants for self-consumption
- Cafeteria – A dependent food service prepared on site primarily for employees/occupants
- Restaurant – An independent operation for occupants, visitors, and customers
- Commissary / Catering
- c). Vehicle management (If checked, complete and attach the Vehicle Maintenance Operations Form)
- Own or lease a fleet of one or more vehicles
- Vehicle Exterior washing
- Vehicle Interior washing (e.g., tanks, box trailers)
- Garage (vehicles driven or parked indoors)
- Outdoor Parking Lot
- Vehicle Maintenance / Body Shop
- Vehicle sales, service or rental
- d). Medical Facility (If checked, complete and attach the Medical Facility Operations Form)
- Hospital Medical office
- Laboratory Dental office
- e). Storm water management - Where does your storm water go? (Check all that apply)
- Detention basin Sanitary sewer
- Combined sewer Storm sewer / ditch / creek
- Not sure
- f). Manufacturing, Research, Metal working, Food processing, Printing, Laundry, Packaging
(If checked, complete and attach the Manufacturing Form)

3. Please enclose a copy of your most recent water bill.

Proposed Wastewater Discharge Characterization

1. Source Description: _____

2. Discharge Sewer Location: (Check all that apply)

On-site Off-site

3. Discharge Location Type:

Combined Storm Sanitary Other _____

4. Description of location: _____

5. Volume of Discharge: _____ gallons

6. Flow Rate of Discharge: _____ gallons/minute

7. Type of Discharge: One Time On-going If ongoing: Expected Duration: _____

8. Type of Pretreatment: (if applicable) _____

Wastewater Analyses

Contact MSD for required laboratory analyses. All analyses shall be performed in accordance with Title 40 Code of Federal Regulations Part 136.

Billing

1. Billing Rates:

A. One Time Discharge Fee to be invoiced per Sewerage Service Charge Rate Schedule.

B. On-Going Discharge: See Sewerage Service Charge Rate Schedule at MSDGC.org.

Notes: "On-going discharges" will require the following:

- (1) Installation of an approved flow totalizing meter;
- (2) An MSD Wastewater Discharge Permit defining specific discharge limitations and monitoring requirements;
- (3) Annual pretreatment fee payment;
- (4) Cost reimbursement of certain monitoring conducted by MSD.

2. Invoicing: A billing invoice will be transmitted with the discharge authorization documentation.

3. All industrial wastewater discharges shall be in compliance with Article XV of the Metropolitan Sewer District Rules and Regulations (effective March 1, 2001).





CITY OF COLUMBUS

105 N. DICKASON BOULEVARD * COLUMBUS, WISCONSIN 53925-1565
920.623.5900 * FAX 920.623.5901* www.cityofcolumbuswi.com

APPLICATION FOR PRIVATE WASTEWATER DISCHARGE AUTHORIZATION

Applications will not be processed unless all required information for the specific application type is submitted and applicable fees are paid. **No partial applications will be accepted and final acceptance will be determined by City Staff.**

Sec. 102-301 through 102-360 of the Columbus municipal code provides that no person shall dispose or discharge any private wastewater into the City of Columbus Wastewater Treatment system without prior approval and consent from plant operator or designee.

Applicant Information:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (H) _____ (C) _____

Fax: _____ Email: _____

Property Owner information (if different from Applicant):

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: (H) _____ (C) _____

Fax: _____ Email: _____

Load Information:

Source of Discharge: _____

Discharge Type: Storm Sanitary Combined Other: _____

Description of Location: _____

Type of Pretreatment (if applicable): _____

Volume of Discharge (gallons): _____



CITY OF COLUMBUS

105 N. DICKASON BOULEVARD * COLUMBUS, WISCONSIN 53925-1565
920.623.5900 * FAX 920.623.5901* www.cityofcolumbuswi.com

Celebrate!
COLUMBUS

Attach lab results from a certified lab for all industrial/commercial hauler loads. Results must clearly show all results for the list of required tested for inorganic/metal compounds in addition to the test results for BOD, Suspended Solids, and Phosphorus.

Conditions of permit issuance. Conditions may be required by the common council if it finds them necessary to fulfill the purpose and intent of this chapter.

Exceptions. Exceptions from ordinance or standards for construction may be authorized by the Common Council. Notification will be provided to applicant when present on agenda for consideration by Common Council.

See Ch. 102-301 through 102-360 for information on the requirements for wastewater private disposal sites.

I certify that all the above statements and lab results submitted with this application are true and accurate. I consent to the entry in or upon the premises described in this application by any authorized official of the City of Columbus for the purposes of inspection as may be required by law.

Date	Signature of Applicant
Date	Signature of Owner (if different from Applicant)

CITY STAFF USE ONLY

Waste Classification:

Domestic-Regular Waste Domestic-High Strength Waste

Industrial/Commercial Strength Waste (Note: Check if Property Owner completed Owner Preapplication to Discharge Private Wastewater Form.)

Approved: Signed: _____ Title: _____ Date: _____

Approval Conditions: _____

Denied: Signed: _____ Title: _____ Date: _____

Reason: _____

*INDUSTRIAL AND COMMERCIAL
HAULER DISCHARGE FORM*

INVOICE

City of Columbus
105 N. Dickason Blvd. Columbus, WI 53925
Phone 902.623.5900 Fax 920.623.5901
[e-mail]

DATE: OCTOBER 7, 2011
INVOICE # [100]

TO [Name]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone]
Customer ID [ABC12345]

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
		Due on receipt	

QTY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Submission of Approved Inorganic/Metal Compounds Testing Results to WWTF prior to discharge	\$0.00	
	Number of Loads	\$10.00	
	Gallons of high strength waste discharge into Wastewater Treatment Facility	\$7.17/1000 gal	
	Testing Results-(Fees based on High Strength Formulas)	Formulas Attached	

SUBTOTAL	
SALES TAX	
TOTAL	

Make all checks payable to CITY OF COLUMBUS

Thank you for your business!

Formulas used by the City of Columbus High Strength Waste Fees for Industrial/Commercial Haulers Discharging into the Treatment Facility

INDUSTRIAL/COMMERICAL WASTE FEES:

BOD \$ = mg/L BOD-220 * 8.34 * .864 * volume/1000000

.864 is cost per pound of BOD

= _____ mg/L BOD-220 * 8.34 * .864 * _____/1000000 = \$ _____

Suspended Solids \$ = mg/L SS-220 * 8.34 * .717 * volume/1,000,000

.717 is cost per pound of suspended solids

= _____ mg/L SS-220 * 8.34 * .717 * _____/1,000,000 = \$ _____

Phosphorus \$ = mg/L P-13 * 8.34 * 3.979 * Volume/1,000,000

3.979 is cost per pound of phosphorus

= _____ mg/L P-13 * 8.34 * 3.979 * _____/1,000,000 = \$ _____

TOTAL WASTE FEES = BOD \$ + Suspended Solid \$ + Phosphorus \$

TOTAL WASTE FEES = _____ + _____ + _____ = \$ _____