

BSL Permit Application

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Company Name:					
Name of responsible person on site at the facility authorized to represent the company in official dealings with the Sewer Authority and/or the County.			Name of alternative on site person familiar with the day to day operations, environmental permitting requirements, monitoring, record keeping, and data management.		
Title		Years with firm	Title		Years with firm
Phone #		Fax #	Phone #		Fax #
Physical street address of facility			Official mailing address, if different. Note if same.		
City		State	Zip	City	
Email			Email		

The information provided by you on this questionnaire serves two functions:

1. The information is used to determine if your facility needs an Industrial User Pretreatment Permit (IUP) for the discharge of wastewater to the local sewer.
2. If an Industrial User Pretreatment Permit (IUP) is required, this survey serves as the application for an Industrial User Pretreatment Permit (IUP).

Requests for confidential treatment of information provided on this form shall be governed by procedures specified in 40 CFR Part 2. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.14 and the Local Sewer Use Ordinance (SUO), information and data provided in this questionnaire which identifies the content, volume and frequency of discharge shall be available to the public without restriction.

This is to be signed by an authorized official of your firm, as defined in the Local Sewer Use Ordinance, Section 26-82, after completion of this form.

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 upon 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/or imprisonment for knowing violations.

Signature of Authorized Representative
listed above (seal if applicable)

Date

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1. This application is for biosafety containment level (circle all that apply):

<u>Microbiological</u>	<u>Plant</u>	<u>Animal</u>
BSL-1	BL-1P	ABSL-1
BSL-2	BL-2P	ABSL-2
BSL-3	BL-3P	ABSL-3
BSL-4	BL-4P	BSL-3Ag
		ABSL-4

2. How many of each biosafety level laboratories are at this facility?

Biosafety Level	Total Number at this facility

3. What is the general nature of the work conducted in the BSL laboratories at this facility?

4. What types of microbes and/or viruses are being used? Please provide Safety Data Sheets for all microbes and/or viruses used at this facility.

5. How are cultures, stocks, and other potentially infectious material disposed of at this facility?

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13. Does this facility conduct human, human cell, and/or human waste testing?

14. List all current waste haulers, with volume and materials hauled off.

15. Attach a labeled floor plan of the facility including BSL areas and an estimate of the lab and waste storage area (sq. ft.).

16. Attach sketch or schematic showing all connections to the sewer, if one is available.

17. Submit a copy of the BSL Decontamination Plan.

BSL Permit Application Water Supply, Use, & Disposal Worksheet:

Water Used for:	Water Source(s) <small>(see Source List below)</small>	Avg. gal/day	Max. gal/day	Measured	Estimated	Disposal Method(s) <small>(see Disposal List below)</small>	Avg. gal/day	Max. gal/day	Measured	Estimated
1. Process water										
2. Washdown water										
3. Water into product										
4. Air Quality Permitted units										
5. Domestic - toilets, drinking, cafe										
6. Cooling water, Process NON-Contact										
7. Boiler / Cooling tower blowdown										
8. Cooling water, HVAC										
9. Other:										
Totals =>						Totals =>				

Typical Water Sources:

1. City / Public supply
2. Private wells, drinking
3. Groundwater remediation wells
4. Private ponds
5. Surface waters of NC, please identify
6. Include others if applicable

Possible Water Disposal Methods

1. Sanitary sewer, with pretreatment
2. Sanitary sewer, without pretreatment
3. Storm sewer
4. Surface waters of NC
5. Evaporation
6. Land applied
7. To groundwater
8. Septic Tank
9. Waste Haulers (identify)
10. Water into Product
11. Include others, if applicable

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The completed application shall be submitted with an application fee of \$300.00. Submit the completed application and fee to:

Triangle Wastewater Treatment Plant
Attention: Compliance Manager
5926 NC Highway 55 East
Durham, NC 27713

Make checks payable to Durham County. If there are any questions or concerns, feel free to contact the Durham County Compliance Manager at 919-560-9034.