



BSL Permit Application COVER PAGE

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 #:
Email:			Email:		
Physical street address of facility:			Official mailing address, if different. (P.O. Box required for RTP Addresses):		
City:		State:	Zip:	City:	

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

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

Microbiological

- BSL-1
- BSL-2
- BSL-3
- BSL-4

Plant

- BL-1P
- BL-2P
- BL-3P
- BL-4P

Animal

- ABSL-1
- ABSL-2
- ABSL-3
- 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 are the types of microbes and/or viruses being used? Please provide Safety Data Sheets for all microbes and/or viruses used at this facility.

5. How do you decontaminate/disinfect cultures, stocks, and/or other potentially infectious material before disposal?

6. Are decontaminated/disinfected cultures, stocks, and/or other potentially infectious material disposed of to the sanitary sewer at this facility?

7. Do you verify your decontamination/disinfection processes of cultures, stocks and other potentially infectious material before disposal? If so, how?

8. Are your laboratories large volume BSLs (≥ 10 Liters of BSL material present at any one time) or small volume BSLs (< 10 Liters)?

9. Are there animals at this facility used for research? If so, what kind of animals?

10. How is animal waste decontaminated and disposed of?

11. How are animal cages decontaminated and the cleaning waste disposed of?

12. How is plant waste decontaminated and disposed of?

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 areas (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) (see table A below)	Avg. gal/day	Max gal/day			Disposal Method(s) (see table B below)	Avg. gal/day	Max gal/day		
				M	E				M	E
1. Process Water:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
2. Washdown Water:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
3. Water into Product:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
4. Air Quality Permitted Units:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
5. Domestic (toilets, drinking, café):				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
6. Cooling Water, Process NON-Contact:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
7. Boiler / Cooling Tower Blowdown:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
8. Cooling Water / HVAC:				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
9. Other (describe):				<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
Totals =						Totals =				

* M = Measured
* E = Estimated

A. Typical Water Sources (enter corresponding number(s) in chart above)
<ol style="list-style-type: none"> 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

B. Water Disposal Methods (enter corresponding number(s) in chart above)
<ol style="list-style-type: none"> 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

Please contact the Compliance Manager to request an invoice prior to or at the time of submittal. The application fee is invoiced at a rate of \$500.00/each discharge monitoring point and will include all other applicable fees per the current fee schedule. The completed application and fee shall be submitted to:

Durham County Triangle WWTP
Attn: Compliance Manager
5926 NC Highway 55 East
Durham, NC 27713

If there are any questions or concerns, feel free to contact the Durham County Compliance Manager at 919-560-9035.