

UTILITIES DEPARTMENT  
WASTEWATER USER APPLICATION

		UTILITIES DEPT. USE ONLY			
		Major	Minor	Commercial	MS4

1.
  - a) NAME OF BUSINESS \_\_\_\_\_
  - b) ADDRESS OF PREMISES \_\_\_\_\_
  - c) TYPE OF BUSINESS (Check)  
Industrial ( )    Commercial ( )    Professional ( )    Other ( )
  - d) DESCRIPTION OF BUSINESS \_\_\_\_\_  
\_\_\_\_\_
  - e) PRIMARY CONTACT \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
MAILING ADDRESS (Billing) \_\_\_\_\_
  
2.
  - a) METHOD OF WASTE DISPOSAL (Check)  
City Sewer ( )    Septic Tank and Leaching ( )    Haul ( )
  - b) TYPE OF WASTE DISCHARGE: Domestic only ( ) Industrial & Domestic ( )
  
3.
  - a) DAYS OF OPERATION PER WEEK    M T W TH F SA SU (Circle)
  - b) NUMBER OF EMPLOYEES    Full-time \_\_\_\_\_    Part-time \_\_\_\_\_
  - c) RAW MATERIALS USED (including average rate of usage) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d) PRODUCTS PRODUCED (type and rate of production) \_\_\_\_\_  
\_\_\_\_\_
  - e) PROCESS DESCRIPTION \_\_\_\_\_  
\_\_\_\_\_
  - f) GALLONS OF WATER USED PER MONTH \_\_\_\_\_
  - g) GALLONS OF WATER USED IN PRODUCT \_\_\_\_\_
  - h) GALLONS OF WATER DISCHARGED IN SEWER SYSTEM \_\_\_\_\_
  - i) N.P.D.E.S. PERMIT NUMBER    Yes ( )    No ( )  
If Yes, NUMBER \_\_\_\_\_
  - j) NAME OF SERVICING WATER COMPANY \_\_\_\_\_
  - k) WATER COMPANY ACCOUNT NUMBER(s) \_\_\_\_\_
  
4.
  - a) WASTEWATER PRODUCING OPERATIONS (full description) \_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_
- b) DURATION OF DISCHARGE (HRS/DAY) \_\_\_\_\_
- c) HOURLY PEAK \_\_\_\_\_ (gpm)
- d) ESTIMATED FLOW RATES (AVERAGE)
- (1) Sanitary sewer \_\_\_\_\_ (gpm)
- (2) Boiler \_\_\_\_\_ (gpm)
- (3) Cooling water \_\_\_\_\_ (gpm)
- (4) Total discharge flow \_\_\_\_\_ (gpm)
5. a) ATTACH SITE AND/OR FLOOR PLAN OF FACILITY SHOWING DETAILS OF PROCESS PLUMBING, SEWER LINES, CONNECTIONS AND APURTENANCES. ALL SAMPLING POINTS MUST BE INDICATED ON THE DIAGRAMS.
- b) IF BATCH PROCESS USED, DESCRIBE PROCEDURES USED TO DISPOSE OF WASTE MATERIAL:
- c) DESCRIBE ANY PRETREATMENT, WASTE STORAGE, SPILL CONTROL, OR HOUSEKEEPING PRACTICES USED OR PLANNED:
6. POLLUTANT CHARACTERISTICS
- a) IS YOUR INDUSTRY/BUSINESS COVERED BY FEDERAL CATEGORICAL STANDARDS?
- Yes ( ) No ( )
- IF **YES** IS ANSWERED, PLEASE COORDINATE WITH UTILITIES DEPARTMENT FOR FURTHER INFORMATION ON POLLUTANT CHARACTERISTICS.
7. THE INFORMATION CONTAINED IN THIS APPLICATION IS FAMILIAR TO ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE.

\_\_\_\_\_  
 (Signature of Business Representative)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Position)

MAIL TO:

St. John the Baptist Parish  
 1801 W. AIRLINE HWY.  
 LAPLACE, LA 70068  
 Attn: Non-Domestic Program