



Mike Tregre
Sheriff & Ex Officio
Tax Collector

St. John the Baptist Parish Sheriff's Office Occupational License Division

Operated by ACI St John, LLC
1704 Chantilly Drive, LaPlace, LA 70068
P. O. Bpx 2066, LaPlace, LA 70069
Ph: (985) 359-6600 Fax: (985) 359-6602

St. John the Baptist Parish Business Waste Water Use Permitting Procedure.

For commercial, industrial or renewal applicants contact Planning and Zoning for Permit Application Package.

Package contains application for Potential Non-Domestic (ND) Service. Contact CES, Inc. if assistance is required at 985-653-0000.

Complete Non-Domestic (ND) application and other Planning and Zoning required forms.

Submit Non-Domestic (ND) application to Utility Department at 434 Elm Street, LaPlace, LA 70068 with \$100 check or money order, nonrefundable application fee. Contact (985) 651-6800 if assistance is required.

Utility Department will stamp ND application "Paid" and provide a copy for the potential customer to return to Planning and Zoning. Planning and Zoning will continue their process. The Environmental Committee** will meet to review and classify the potential waste water use customer on "Date".

Final classification should be rendered within two (2) weeks and the application stamped and sent to the Billing Department. Commercial customers will follow normal approval steps while ND customers will be provided special details and rates by the Utility Department.

The Utility Department will issue a Non-Domestic Permit to all ND customers. Permits are not considered valid or final until the completed is signed by both the customers and the Utility Director. Also, the non-Domestic Permit classification (annual-Major and bi-annual-Minor) must be assigned to each Permit. Billing will be issued a copy of the final Permit with "Completed" stamped at the top of the document.

The Billing Department will add a monthly non-domestic Permit fee and non-domestic usage fee to the monthly utility bill.

Note: ** The Environmental Committee is composed of the following positions; Utility Director, Plant Manager, Collection Manager, Building Code Administrator, Executive Secretary and CES, Inc.

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) _____

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- 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