



## 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