

Business Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Notes:

# Wastewater Discharge Authorization Application

King County Wastewater Treatment Division  
*Industrial Waste Program*

\_\_\_\_\_  
*Date Submitted*



**King County**

**INDUSTRIAL WASTE PROGRAM**

*Partnering with Industries  
to Prevent Pollution*

A King County Wastewater Discharge Authorization allows your business to discharge industrial/commercial wastewater to the King County sanitary sewer system in accordance with Revised Code of Washington (RCW) 90.48.165, RCW 35.58.180, RCW 35.58.200, RCW 35.50.360, and King County Code 28.84.060.

For construction dewatering or groundwater remediation projects, please complete the construction dewatering application found on the King County Industrial Waste (KCIW) Program website.

To obtain a permit, you must fully complete a Wastewater Discharge Authorization Application. If you are subject to federal categorical pretreatment standards, your completed application fulfills the requirement for submittal of a Baseline Monitoring Report (BMR) for dischargers. Reference the checklist within the Table of Contents to ensure a complete application is submitted.

The application asks for detailed information on your business and its wastewater generation and disposal activities. To guide you in completing the application, we have prepared instructions and examples next to the appropriate sections. The packet is divided into two parts: Part 1, which focuses on the application, and Part 2, which focuses on the exhibits that accompany the application.

The following general instructions apply to the application:

- KCIW does not require an application fee. If KCIW determines that you require an authorization, KCIW will bill you after its issuance. Please note that authorization issuance fees are nonrefundable.
- Answer all questions and include the required exhibits. Incomplete applications will be returned to you.
- If you do not have an answer for the requested information, indicate so and explain why.
- Indicate "N/A" if a section does not apply to your operations.
- Use additional pages, if needed.
- You must retain the original copy of your submitted application for 5 years.
- Send your completed application to [info.kciw@kingcounty.gov](mailto:info.kciw@kingcounty.gov)

King County Industrial Waste Program

206 – 477 – 5300

[www.kingcounty.gov/industrialwaste](http://www.kingcounty.gov/industrialwaste)

**This information is available in alternative formats for people with disabilities on request at 206-477-5300 (voice) or 711 (TTY).**

# **Table of Contents**

*Before submitting your application, use this Table of Contents as a checklist to make sure you have included all the necessary information and documentation.*

**Completed:**


- Section A:** Business Names and Addresses
- Section B:** General Business Information
- Section C:** Product and Process Description
- Section D:** Water Balance
- Section E:** Supporting Exhibits
- Section F:** Certification

**Exhibits: (please see enclosed exhibit instructions)**


- Exhibit A:** Schematic Flow Diagram
- Exhibit B:** Site Layout
- Exhibit C:** Analytical or Historical Data
- Exhibit D:** Slug Control Plan
- Exhibit E:** Tank Capacities and Concentrations
- Exhibit F:** Wastewater Treatment System Description
- Exhibit G:** Engineering Report or Evaluation
- Exhibit H:** Documentation of Water Balance Calculations
- Exhibit I:** Sample Site Information
- Exhibit J:** Delegation of Signature Authority  
(form enclosed)


## INSTRUCTIONS - SECTION A - BUSINESS NAMES AND ADDRESSES

APPLICANT BUSINESS AND/OR FACILITY NAME. Enter the name of your business **AND** the facility name that will be discharging wastewater.

ADDRESS OF FACILITY DISCHARGING WASTEWATER. Enter the full street address and the latitude/longitude of the applicant building or site. If you do not know how to find the latitude and longitude of the site discharging wastewater, please visit [this link](#). Latitude and Longitude must be in decimal degrees, with the Longitude expressed with a negative sign. If the site does not have an address, describe its location (add another sheet if necessary). Also, please fill out the 24-hour phone number that KCIW can reach the business or facility at any time.

BUSINESS MAILING ADDRESS. Enter the full mailing address for the business and/or facility.

### CONTACTS:

Enter the name, title, mailing address, office phone number, cell phone number, and email address for the following contacts who can be contacted by King County Industrial Waste staff. If a contact is not applicable, please indicate with "N/A".

- PRIMARY CONTACT FOR THIS APPLICATION: Primary person to be contacted about this application.
- CORPORATE CONTACT: This person is responsible for the company/facility compliance. This person is typically a President, Vice President, or Plant Manager. See Delegation of Signature Authority (DOSA) form.
- DELEGATED CORPORATE CONTACT: Must be formally delegated. See DOSA.
- ENVIRONMENTAL CONTACT: Person who manages sampling and inspections.
- 24-HOUR EMERGENCY CONTACT: Person who is available in case of an emergency.
- PRETREATMENT OPERATOR: Person who manages the pretreatment and discharge systems (if applicable).

**Existing Permittees:** Please contact KCIW if these contacts/associated information have changed in the past 5 years to ensure that KCIW is up to date and can contact the appropriate person.

<b>FACILITY NAME:</b>		<b>BUSINESS NAME:</b>	
<b>ADDRESS OF FACILITY DISCHARGING WASTEWATER:</b> (If no address, indicate cross streets)		<b>BUSINESS MAILING ADDRESS:</b>	
Site Address		Mailing Address	
City, State	Zip Code	City, State	Zip Code
Latitude (of Discharge Location)	Longitude (of Discharge Location)	24-Hour Phone No. (for emergency purposes)	

PRIMARY PERSON TO BE CONTACTED ABOUT THIS APPLICATION:		
Name		Title (e.g., President, Consultant, On-Site Manager)
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.
CORPORATE CONTACT:		
Name		Title
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.

Please list the following contact person(s) below.

DELEGATED CORPORATE CONTACT:		
Name		Title
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.
24-HOUR EMERGENCY CONTACT:		
Name		Title
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.
ENVIRONMENTAL (SAMPLING/INSPECTION) CONTACT:		
Name		Title
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.
PRETREATMENT OPERATOR:		
Name		Title
Mailing Address		Company/Agency Name
City, State	Zip Code	Office Phone No.
Email Address		Cell Phone No.

## INSTRUCTIONS - SECTION B - GENERAL BUSINESS INFORMATION

### 1. NATURE OF BUSINESS

Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

- State the main activities or processes at the applicant building or site that produces wastewater. Example activities include metal finishing, battery manufacturing, brewing, and food processing.
- Indicate the reason for the application. For example, you could be applying because regulations require that this activity be permitted (categorical discharger or significant industrial user) and/or because the activity generates industrial wastewater greater than 25,000 GPD, and/or because you are proposing to substantially increase your discharges (by over 20 percent).

## 2. BUSINESS ACTIVITY

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a checkmark beside the category of business activity). If other, please specify in the "other" checkbox. For each box checked, please provide the North American Industry Classification System (NAICS/SIC) Code, if applicable (in the following section). For more information on each business activity and the corresponding CFR, please see the Code of Federal Regulations, Title 40 [here](#).

### Industrial Categories

Aluminum Forming – 40 CFR 467		Metal Products and Machinery
Battery Manufacturing – 40 CFR 461		Mineral Mining and Processing
Can Making– 40 CFR 465		Nonferrous Metals Forming – 40 CFR 471
Carbon Black Manufacturing – 40 CFR 458		Nonferrous Metals Manufacturing – 40 CFR 421
Cement Manufacturing		Oil and Gas Extraction – 40 CFR 435
Centralized Waste Treatment – 40 CFR 437		Ore Mining
Coal Mining – 40 CFR 434		Organic Chemicals Manufacturing – 40 CFR 414
Coil Coating – 40 CFR 465		Paving and Roofing Manufacturing – 40 CFR 443
Copper Forming – 40 CFR 468		Pesticides Chemical Manufacturing, Formulating, and/or Packaging – 40 CFR 455
Dairy Product Processing or Manufacturing		Petroleum Refining – 40 CFR 419
Electric and Electronic Components Manufacturing – 40 CFR 469		Pharmaceutical Manufacturing – 40 CFR 439
Electroplating – 40 CFR 413		Phosphate Manufacturing
Explosives Manufacturing		Photographic Processing
Fermentation/Brewery/Distillery/Winery		Plastic and Synthetic Materials Manufacturing
Fertilizer Manufacturing – 40 CFR 418		Porcelain Enameling – 40 CFR 466
Ferroalloy Manufacturing		Printed Circuit Board Manufacturing – 40 CFR 433/413
Foundries (Metal Molding and Casting) – 40 CFR 464		Pulp, Paper, and Fiberboard Manufacturing – 40 CFR 430
Glass Manufacturing – 40 CFR 426		Rubber Manufacturing – 40 CFR 428
Grain Mills – 40 CFR 405		Soap and Detergent Manufacturing – 40 CFR 417
Gum and Wood Chemicals Manufacturing		Steam Electric Power Generating – 40 CFR 423
Hospital		Sugar Processing
Ink Formulation – 40 CFR 447		Textile Mills
Inorganic Chemicals – 40 CFR 415		Timber Products – 40 CFR 429
Iron and Steel – 40 CFR 420		Transportation Equipment Cleaning – 40 CFR 442
Leather Tanning and Finishing – 40 CFR 425		Waste Combustors – 40 CFR 444
Meat and Poultry Products		Other (Describe)
Metal Finishing – 40 CFR 433		



3. INDUSTRY CLASSIFICATION SYSTEM – NAICS/SIC

This is the code number that appears on your business license and tax documents and will be associated with the business activity checked in the previous section. Indicate applicable NAICS/SIC for all processes:

A.	
B.	
C.	

4. ENVIRONMENTAL CONTROL PERMITS

Enter the type of permit and the permit number of any environmental permits that have been issued for your applicant building or site. Examples include National Pollutant Discharge Elimination System (NPDES) and Puget Sound Clean Air Agency (PSCAA) permits.

EPA WAD NUMBER: According to Chapter 173-303 WAC, your business must have a state/EPA waste identification number (WAD) if it routinely, or even occasionally, generates over 220 pounds of hazardous waste each month or if it accumulates over 220 pounds at any one time. If you qualify, contact the Washington State Department of Ecology.

CURRENT KING COUNTY PERMIT NUMBER: Enter your permit or discharge authorization number if you currently hold a King County wastewater discharge permit or authorization and are either renewing your permit or applying for a new permit because of changes in wastewater discharge processes and/or increases in daily discharge volumes.

Permit Type	Permit Number	Expiration Date
Other Environmental Permits		
Other Environmental Permits		
Other Environmental Permits		
Current King County Permit No.		
EPA WAD No. (If applicable)		
Date Business Started at this Site:		

5. CHANGES IN PRETREATMENT OR WASTE DISPOSAL PRACTICES

If this application is for a new facility, please skip to Section C. Please note you may also need an engineering report/evaluation. Contact KCIW and reference exhibit G instructions.

Please document any changes within the past 5 years or any anticipated changes within the next 5 years, if applicable.

Is this application for a new facility? (If yes is checked, please skip to Section C.)    Yes ☐    No ☐

Have Pretreatment and/or Waste Disposal Practices changed in the past 5 years?    Yes ☐    No ☐

Please describe changes (if applicable):

Do you have any planned changes in Pretreatment and/or Waste Disposal Practices in the next 5 years? If yes is checked, you may need to submit an engineering report. For more information, please see exhibit G and contact KCIW.    Yes ☐    No ☐

Please describe changes (if applicable):

## SECTION C - PRODUCT AND PROCESS DESCRIPTION

### 1. DAILY AND SEASONAL VARIATIONS

- o **NUMBER OF OPERATING DAYS PER YEAR.** Review your business records and enter the average and maximum number of days that your business operates each year. For example, if your plant has been operating for 3 years and the number of operating days for each year were 220, 250, and 300, then the average is 257 and the maximum is 300.
- o **NUMBER OF EMPLOYEES PER SHIFT.** Calculate the average and maximum number of employees on each shift. Base your answer on the yearly average and maximum, not on anyone season.

	Number of Operating Days/Year	Circle Days You Generally Discharge and Provide Number of Hours Discharging on Those Days								Number of Employees/Shift			
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday	Day	Night	Swing	Total
Average													
Maximum													

### 2. BUSINESS ACTIVITIES AND PRODUCTS

List all the business activities at your site. Activities include manufacturing, processing, remediation activities, and treatment of any off-site wastes.

- o **TYPE OF PRODUCT OR BRAND NAME.** For each activity, indicate the types of products or services resulting from the activity, giving the common or brand name and the proper scientific name of each product. (Some activities may share the same product or may not have any product associated with them.)
- o **DAILY QUANTITIES.** Enter the average and maximum quantities produced or handled each day. If you are estimating quantities, indicate the basis for your estimates.

EXAMPLE Business Activity	Type of Product	Daily Quantities	
		Average	Maximum
Surface finishing/coating	Coated metal parts	3200 parts/day	6500 parts/day
Manufacturing & distribution dry mix	Bread mix, pancake mix, & muffin mix	600,000 lb/day	900,000 lb/day

Business Activity	Type of Product	Daily Quantities	
		Average	Maximum

### 3. RAW MATERIALS AND CHEMICALS USED IN THE PROCESS

Identify the materials and chemicals that you use in your business. When completing this item, make sure to include all chemicals used in your business process(es).

- o **PURPOSE.** Indicate the purpose for each material or chemical.
- o **DAILY QUANTITIES USED.** Enter the average and maximum quantities used each day. If you are estimating quantities, indicate the basis for your estimates.
- o **TANK VOLUME.** Indicate maximum capacity of all process tanks.
- o **WORKING CONCENTRATION.** Indicate the manufacturer's recommended concentration for normal operation.

EXAMPLE Brand Name	Chemical or Actual Name	Purpose	Daily Quantities Used		Tank Volume	Working Concentration
			Average	Maximum		
A Chemical Co.	Sodium hydroxide	Stripping	1 gallon	3 gallon	1000 gallon	20 oz./gal
B Chemical Co.	Sulfuric acid, Cu	Copper plating	1 oz.	4 oz.	5000 gallon	30 oz./gal

[illegible]

- o **POTENTIAL SUBSTANCES DISCHARGED TO THE SEWER.** List all substances that have the potential to be in these wastewaters (before treatment). On a separate sheet, identify specific chemical and physical hazards associated with each process waste stream. You may find part of this information in Material Safety Data Sheets or by contacting your chemical supplier.
- o **TYPE OF PRETREATMENT.** Identify the type of pretreatment, if any, for each waste stream (e.g., settling, chemical precipitation, pH neutralization, dissolved air floatation [DAF], granular activated carbon [GAC]).
- o **TYPE OF DISCHARGE.** Indicate the frequency of discharge (either continuously discharged when generated or stored and discharged in batches).

**Please show each process number in Exhibits A and B.**

[illegible]

5. LIQUID WASTES AND SLUDGES DISPOSED OF BY HAULING OFF-SITE OR OTHER MEANS TYPE OF WASTE SUBSTANCE.

Enter the type of waste or other spent materials removed from the site by means other than King County sewers. Examples include alkaline cleaners, organic solvents, treatment sludge, caustics, distillation residues, reactive materials, pesticides, plating solutions, evaporation, and heavy metals hauled off-site for disposal or reclamation.

- o **MEANS OF REMOVAL.** Enter the name of the company or facility that removes or accepts these materials from your site.
- o **FREQUENCY AND PROCESS.** Enter how often each substance is removed.
- o **VOLUME.** Enter the volume of substances removed, showing the volume for each removal or for a specific time period (tons/each removal; gallons/day).
- o **DANGEROUS WASTE.** List all wastes that are subject to WA Dangerous Waste Regulations: <https://app.leg.wa.gov/WAC/default.aspx?cite=173-303> (WAC 173-303)

Type of Waste/Substance	EXAMPLE Means of Removal	Frequency	Volume
Treatment sludges	Treatment, storage, landfill, and disposal facility	Monthly	500 lb/month
Waste solvents	Treatment, storage, landfill, and disposal facility	Monthly	4 gal/month
Wipe rags	Industrial laundry service	Weekly	200 lb/week

Type of Waste/Substance	Means of Removal	Frequency	Volume

Do any of the above processes produce dangerous waste? (see definition in instructions)

Yes ☐ No ☐

If yes, please indicate:

## SECTION D - WATER BALANCE

For new applicants, you must accurately estimate and/or report discharge volumes in the permit application. For existing permittees, you can base most of your answers on the 1-year period prior to the application date and add any allowances for estimated growth over the next 5 years. You may call KCIW for help at 206-477-5300.

### 1. INCOMING WATER SOURCES

Please provide the previous 12 months (or yearly equivalent) of water bills from your water service provider. Depending on your facility, King County may require you to provide additional bills to account for seasonal variations or production schedules. This table should equal volumes listed in Table 2 and 3 of this section. The purpose of this section is to describe the volume and sources of wastewater discharged to the sewer. Tables 1, 2, and 3 account for the amount of water entering a facility, the amounts used in each process, and the auxiliary process and the final disposition of the water. Indicate Source of Water Supply and Amount Consumed per Day and indicate as Estimated (E) or Measured (M).

Sources	Average Daily Use (GPD)	Maximum Daily Use (GPD)	Water Meter Number(s)	E/M
<input type="checkbox"/> Local Water Service Provider Name: _____ Account number(s): _____				
<input type="checkbox"/> Water from Other Means (i.e., private well, reclaimed water, stormwater, groundwater) Explain: _____				
<b>TOTAL</b>				

**2. PROCESS WASTEWATER FLOWS PROCESS DESCRIPTION.** Name each process that generates industrial wastewater that you are discharging or are planning to discharge to the King County sanitary sewer system. Also, identify each process with a number that corresponds to numbered processes on your schematic flow diagram (Exhibit A) and your site layout (Exhibit B). Examples: plant wash water, rinse water, process water, etc.

- o **AVERAGE DAILY FLOW:** Total process water volume (by month or by year) discharged to the sewer divided by operating/discharging days.
- o **MAXIMUM DAILY FLOW:** Highest daily discharge volume within the last 5 years. If new facility, indicate maximum projected daily discharge volume.
- o **E/M AND I/EF:** Indicate Estimated volume (E) or Measured volume(M), if measured indicate Influent flow meter (I) or Effluent flow meter (EF).
- o **TYPE OF DISCHARGE.** Indicate the type of discharge. Circle "continuous" if you discharge wastewaters continuously to the sewer as the wastewaters are generated, or "batch" if you store wastewater and discharge it to the sewer in batches. (Batch discharges are intentional, controlled discharges that occur as a result of non-continuous operations.) For metal finishers, frequency of discharge of drag-out or dead rinses must be indicated. None equals evaporated and/or hauled off-site.

**Table 2**

Process Description (List all wastewater-generating operations)		Average Daily Flow (GPD)	Maximum Daily Flow (GPD)	E/M	I/EF	Type of Discharge (circle one) *Cont. = Continuous*	
1.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
2.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
3.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
4.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
5.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
6.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
7.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
8.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
9.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
10.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
11.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
12.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
13.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
14.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
15.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
16.						Batch <input type="checkbox"/>	Cont. <input type="checkbox"/>
TOTAL FLOW							

### 3. OTHER WASTEWATER FLOWS, DEDUCTIONS, OR LOSSES

These are **NON-PROCESS** wastewater flows. These are flows that are **not included** in your industrial process water (See directions below for header definitions).

**COOLING WATER.** Do not include volumes that are recirculated within the plant or within a closed-loop system.

**BOILER BLOWDOWN.** Water intentionally wasted from a boiler to avoid concentration of impurities during continuing evaporation of steam. The water is blown out of the boiler with some force by steam pressure within the boiler.

**SANITARY WATER/WASTEWATER.** This refers to the volume of water supplied for non-industry purposes and the volume of wastewater discharged from restrooms, showers, and meal preparation facilities.

- o Field service employees – 5 gallons per employee per day
- o Office employees – 20 gallons per employee per day
- o Production employees – 25 gallons per employee per day
- o Production employees with showers – 35 gallons per employee per day

**Table 3**

Non-Process/Other Wastewater Flows	Average Daily Flow (GPD)	Maximum Daily Flow (GPD)	E/M	I/EF	Type of Discharge (Batch, Continuous, None)
Cooling Water (Non-Contact)					
Cooling Tower Bleed-Off (Non-Contact)					
Boiler Blowdown					
Sanitary					
Deduct/Exempt – Incorporated in production					
Deduct/Exempt – Irrigation					
Deduct/Exempt – Evaporation					
Deduct/Exempt – Haul Off					
Other (describe):					
<b>TOTAL FLOW</b>					

### 4. WATER BALANCE CALCULATIONS

- o Process Wastewater Flows = Table 2
- o Other Wastewater Flows = Table 3
- o AVERAGE DAILY FLOW: The "Average Daily Flow (GPD)" from Tables 2 and 3 should be equal to the "Incoming Water Sources" for Average Daily Flow.
- o MAXIMUM DAILY FLOW: The "Maximum Daily Flow (GPD)" from Tables 2 and 3 should be equal to the "Incoming Water Sources" for Maximum Daily Flow.

Average Daily Flow (GPD)		
_____	+	_____
Process Wastewater Flows		Other Wastewater Flows, Deductions, or Losses
	=	Incoming Water Sources
Maximum Daily Flow (GPD)		
<p><b>*The Process Wastewater Flow volume listed in this box should be the maximum daily volume of wastewater you are requesting and will be the maximum allowable daily discharge volume written into your permit/discharge authorization.</b></p>		
_____	+	_____
*Process Wastewater Flows		Other Wastewater Flows, Deductions, or Losses
	=	Incoming Water Sources



## 5. SAMPLE SITE INFORMATION (EXHIBIT I)

- o PROCESS DESCRIPTION. Name each process that generates wastewater that you are discharging or are planning to discharge to the King County sanitary sewer system.
- o DISCHARGE POINT LOCATION. Describe the point of compliance (after treatment, before discharge to the sewer). This is/will be your sampling location – for example: sump, pipe, spigot, maintenance hole, etc. King County's ideal sample site is shown in the instructions for Exhibit I. below.

Process Description List all wastewater-generating operations (example: plant wash water, rinse water, process water, etc.)		Discharge Point Location (point of compliance)	Sample Type		
			Time Based	Flow Based	Batch
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do any of the above "other wastewater flows" run through the sample site?

Yes ☐ No ☐

If yes, please indicate:

## SECTION E - SUPPORTING EXHIBITS

Please see *instructions in appendices* for information on how to complete the following exhibits:

**Exhibit A:** Schematic Flow Diagram

**Exhibit B:** Site Layout

**Exhibit C:** Analytical or Historical Data

**Exhibit D:** Slug Control Plan

**Exhibit E:** Tank Capacities and Concentrations

**Exhibit F:** Wastewater Treatment System Description

**Exhibit G:** Engineering Report or Evaluation

**Exhibit H:** Documentation of Water Balance Calculations

**Exhibit I:** Sample Site Information

**Exhibit J:** Delegation of Signature Authority

## SECTION F - CERTIFICATION

Enter the name and title of the person signing the application, along with their mailing address, phone number, and email address. The person signing the application must meet the signatory criteria of King County Code 28.82.050 (see enclosed King County delegation of signature form for more instructions).

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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on 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 imprisonment for knowing violations.

<b>Printed Name:</b>	
<b>Title:</b>	
<b>Company Name:</b>	
<b>Mailing Address:</b>	
<b>Email Address:</b>	
<b>Phone:</b>	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This information is available in alternative formats for people with disabilities on request at 206-477-5300 (voice) or 711 (TTY).**

## QUICK REFERENCE NUMBERS FOR INDUSTRIAL WASTE

CONTACT	PHONE
Industrial Waste Program:	206-477-5300
Mark Henley - Industrial Waste Program Manager:	206-263-6994
South Treatment Plant:	206-263-1760
West Point Treatment Plant:	206-263-3801
Brightwater Treatment Plant:	206-263-9500
WA State Department of Ecology Emergency Spill Hotline:	206-594-0000