

**INDUSTRIAL USER INITIAL BASELINE MONITORING REPORT (BMR)  
INSTRUCTIONS**

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The Information requested in the enclosed form is mandated under the City of Post Falls sewer use ordinance.

**General Instructions:**

Please complete the enclosed form and return it within 30 days to the following address:

**City of Post Falls  
Utilities Division  
Pretreatment Program  
408 N. Spokane Street  
Post Falls, ID 83854**

*If you have any Questions, please contact the following Person(s):*

Mark Barkley, Pretreatment Coordinator, 208-773-1438

**Specific Instructions:**

Item 1

A.-N. Provide all requested information about the facility.

Item 2

A.-B. Provide a listing of all raw materials and chemicals used in the facility's operations. Avoid use of trade names of chemicals. If trade names are used, provide information regarding the active ingredients including the MSDS.

C. Please describe each process in sufficient detail: Use additional sheets if necessary.

D. List each component process, the production rate (i.e., (product name) #/year), as well as the SIC code for each process.

Item 3

A. Provide the total plant flow rate (average and maximum) to the sanitary sewer in gallons per day (GPD). If accurate flow measurements are unavailable, provide the best estimate. Mark "estimated" if this method is used.

B. Provide a breakdown of the sources of the total plant flow to the sanitary sewer including process flows, sanitary wastewater, cooling water, etc. Also indicate the flow rate (GPD) and the type of discharge (batch, continuous or none).

C. In order to provide City with a complete understanding of the facility's processes, location of pretreatment facilities and sampling points, the discharger is required to submit a schematic of each process and a schematic of wastewater flows. Flow rates may be estimated. Be sure to indicate sample locations on the flow or process schematic.

Item 4

A. The facility must provide information on or sample, analyze and report the concentration of all pollutants. Include results from any sampling performed by the Water Department. All samples must be representative of normal operations and be of sufficient number to allow process evaluation. Samples should be collected immediately after the named process (after treatment, if applicable. Or "end of pipe") before being combined with other waste streams. Type of sample (i.e., grab, composite), sample location, number of samples and methods of analysis should be adequately described. See 40 CFR 136 for applicable methods. If analytical data is provided for more than one sampling point, identify the location of all sampling points in the schematic diagram required in Question 3D above.

B. If the facility is unable to sample the wastewater before being mixed with other wastewater flows, the facility may sample the total plant flow and calculate an equivalent concentration limit using the combined waste stream formula. The combined wastestream formula will be applied by the Water Department in instances where the samples taken include wastewater from diluting streams (i.e. sanitary flow).

Item 5&6

Self-explanatory. If pretreatment of wastewater is performed, provide full details. If no pretreatment is used, this should also be clearly indicated.

Item 7

This report must be signed by an authorized representative, which may include a principal executive officer of at least the level of vice president; a general partner or proprietor; or a duly authorized representative that is responsible for the overall operation of the facility.

**INDUSTRIAL USER PERMIT APPLICATION AND  
INITIAL BASELINE MONITORING REPORT (BMR)**

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Please complete this Form in as much detail as possible. Use additional sheets as necessary. Refer to Specific Instructions. Return the Form to the address shown in the General Instructions.

**1. COMPANY INFORMATION**

A. Legal Name: \_\_\_\_\_

B. Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

C. Name or Owner(s): \_\_\_\_\_

D. Name of Operators: \_\_\_\_\_

E. Phone Number: \_\_\_\_\_ F. Fax Number: \_\_\_\_\_

G. Facility Contact: (provide the name, title, phone number, and e-mail address of a designated person to contact if additional information is necessary.)

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

H. Number of Employees: \_\_\_\_\_

I. Number of Shifts: \_\_\_\_\_

J. Number of Days of Operation Per Week: \_\_\_\_\_

K. Hours of operation of plant: \_\_\_\_\_

L. Hours of operation of pretreatment: \_\_\_\_\_

M. Operating at This Location Since: \_\_\_\_\_ (mm/dd/yy)

N. Provide the name of the publicly owned treatment works (sewage authority, municipality, etc.) that receives the wastewater discharge from this facility. (If this facility is not connected to a sewage system, describe where wastewater is discharged.)

2. NATURE OF OPERATION

A. List Raw Materials Used. Include Average & Maximum Used per Day: (Include MSDS):

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B. List of Chemicals Used: (Include MSDS):

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C. Fully Describe Manufacturing or Service Activities and Processes Conducted and the Final products. Use additional sheets to elaborate, if necessary.

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D. Summarize Each Component Process:

<i>Process Description</i>	<i>Production Rates</i>	<i>Sic Code &amp; Sub Part if Applicable</i>

E. List all environmental permits held:

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3. WASTEWATER FLOW (Estimated? Yes \_\_\_\_\_ No \_\_\_\_\_)

A. Total Plant Flow in Gallons Per day (GPD): Average: \_\_\_\_\_ Maximum \_\_\_\_\_

B. Individual Process Flows in Gallons Per day (GPD)

Component Process	Average Flow Rate (GPD)	Maximum Flow Rate (GPD)	Type of Discharge (Batch, Continuous, None) Time & Duration	Peak Flow Rate (30 Minute Duration)
Cooling Water				
Sanitary Wastewater				

List any daily, monthly and/or seasonal variations in flow if any.

\_\_\_\_\_

C. List All Water and/or Sewer Account numbers. (Provide a copy of a recent water/sewer bill.)

\_\_\_\_\_  
 \_\_\_\_\_

D. Provide on a separate sheet(s):

- 1) a schematic drawing or flow chart of each regulated process.
- 2) a schematic drawing showing all wastewater flows (regulated and unregulated), location of any treatment system and sampling locations.
- 3) a water balance indicating amount of intake water, discharges to sewer, losses, and water retained in products.
- 4) site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location and elevation.

4. NATURE AND CONCENTRATION OF POLLUTANTS

The industrial user must perform sampling and analysis of the effluent (after treatment if applicable). Provide the analytical data in the space provided below. Units should be indicated in mg/l \*. Attach additional sheets.

Component Process:

\_\_\_\_\_

Sample Location(s):

\_\_\_\_\_

Sample Type (composite samples are required except where not feasible or appropriate):

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Number of Samples and Frequency Collected:

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Analytical Methods Used:

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Does sample include wastewater from other non-process streams (such as sanitary wastewater, non-contact cooling water), if so, what streams from those listed in Item #3 are included?

Provide a list of all materials which are or could be discharged:

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## 5. WASTEWATER TREATMENT

Fully describe any and all pretreatment utilized (show treatment system location in relation to process flows on schematic drawing required by Question 3.D)

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## 6. COMPLIANCE CERTIFICATION

A. Is the facility meeting applicable categorical pretreatment standards on a consistent basis?

YES \_\_\_\_\_ NO \_\_\_\_\_

B. If No, do you require:

1) additional operation and maintenance (O&M) to achieve compliance?

YES \_\_\_\_\_ NO \_\_\_\_\_

2) new or additional pretreatment equipment facilities to achieve compliance?

YES \_\_\_\_\_ NO \_\_\_\_\_

Where additional pretreatment and/or O&M will be required to meet the Pretreatment Standards, on a consistent basis, attach a schedule on a separate sheet. The completion date in this schedule shall not be later than the compliance date established for the applicable Pretreatment Standard.

The following conditions shall apply to this schedule:

(1) The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the User to meet the applicable Pretreatment Standards (e.g., completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).

(2) No increment referred to in paragraph (1) shall exceed 9 months.

(3) Not later than 14 days following each date in the schedule and the final date for compliance, the User shall submit a progress report to the Department including, at a minimum, whether or not it complied with the increment of progress to be met on such date and, if not, the date on which it expects to comply with this increment of progress, the reason for delay, and the steps being taken by the User to return the construction to the schedule established. In no event shall more than nine (9) months elapse between such progress reports to the Department.

## 7. SIGNATORY REQUIREMENT

All applications, reports or information submitted to the city as required by this Permit shall be signed and certified by an authorized representative as specified in Post Falls, Idaho: City Code 13.20.

Any person signing a document shall make the following certification:

"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 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."

**CITY OF POST FALLS**  
**INDUSTRIAL PRETREATMENT PROGRAM**

**AUTHORIZATION OF APPROVED REPRESENTATIVE**

Industrial Username: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Discharge Permit #: \_\_\_\_\_

Date: \_\_\_\_\_

To: Industrial Pretreatment Coordinator, City of Post Falls:

I, \_\_\_\_\_, hereby certify that I am a responsible corporate officer, manager, general partner or proprietor of the above named company and that I am in charge of principal business function and am able to perform policy and decision making functions for the company.

I hereby duly authorize \_\_\_\_\_, whose signature also appears below to be my representative. I authorize my representative to sign all industrial pretreatment certification statements on my behalf.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Title of Representative: \_\_\_\_\_