

**SOUTH & CENTER CHAUTAUQUA LAKE SEWER DISTRICTS**

P.O. BOX 458 CELORON, NEW YORK 14720-0458

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**WASTEWATER DISCHARGE PERMIT RENEWAL APPLICATION**

**SECTION I  
APPLICANT INFORMATION**

Company Name: \_\_\_\_\_

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

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

Signing Official:  
Name: \_\_\_\_\_

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

Authorized individual to contact in case of emergency or  
for information in this application

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

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

Facility Phone number \_\_\_\_\_

Home Phone number \_\_\_\_\_

**Certification:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

END OF SECTION

**WASTEWATER DISCHARGE RENEWAL PERMIT APPLICATION**

1. Have there been any changes to the manufacturing processes, facilities or service activities on the premises since the latest application? Yes\_\_\_\_\_ No \_\_\_\_\_
2. Have these changes been reported to the Districts? Yes\_\_\_\_\_ No \_\_\_\_\_  
If not, provide a detailed description of these changes.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are there any new raw materials or solvents being used? Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List any new products manufactured or new services provided by your facility since the latest application along with the corresponding SIC or NAICS number. Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has there been a change in this facility's Federal Categorical User Classification as per 40CFR 403? Please list. Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Has there been a change in production or schedules? Please list. Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Has there been a change in the water usage? Please explain. Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are there any changes to the pretreatment facility being proposed? Yes\_\_\_\_\_ No \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_