

Sewered Waste Notification – Instructions and Form

Waste/Hazardous Waste #7.11, August 2002

Note: Some chemicals which are diluted during use, may be discharged to a sanitary sewer in accordance with EPA Rule 40 CFR Pt. 403 and the Clean Water Act (CWA) provided that:

1. The waste is discharged to a permitted Wastewater Treatment Plant (WWTP), i.e. not discharged to a septic system (*discharging industrial waste to a septic system or storm sewer is prohibited under Minnesota Law*); and
2. The waste discharge complies with all pretreatment standards contained in 40 CFR Chapter I, Subchapter N (general and categorical pretreatment standards) or developed pursuant to CFR 403. (*Questions regarding this point should be addressed to the local WWTP*).

Generator: Complete this form as completely and as accurately as possible. Refer to the enclosed example as needed.

A. General Information: Please type or print.

B. Sewered Waste Inventory: Every business which discharges waste must complete this part; refer to example.

- EPA Waste Code - 4 digit code describing the waste. If waste is non-hazardous, this does not apply; write N/A.
- Waste Name - Give a descriptive name for each waste you intend to discharge.
- Volume per Month - Give volume per month discharged in gallons.
- Dilution Ratio - If waste is diluted, give ratio of waste to water.
- Type of Treatment - If waste is treated before discharge, give type of treatment. (E.g. neutralization, reclamation, ion exchange.)

- Type of Discharge - Enter "C" for Continuous Discharge, "B" for Batch Discharges, or "O" for other, if you discharge waste in any other way.

C. Waste Stream Constituents: Complete Part C only if you sewer more than 22 gallons per month of hazardous waste. Use existing test data; refer to example.

- Waste Stream Number - identify the waste stream (1,2,3...) from Part B to which each constituent belongs.
- Hazardous Constituents(s) in Waste - name of the constituent(s) in the waste which make it hazardous. (Note: One stream may have more than one hazardous constituent.)
- Concentration of Hazardous Constituent - From existing test data, write the concentration of each constituent discharged in the most recent month.
- Mass per Month of Hazardous Constituent - Calculate, in pounds, the mass of each constituent that was discharged in the most recent month.
- Estimated Mass per Year of Hazardous Constituent - Estimate the mass of each constituent you expect to discharge in the next 12 months.
- Type of Test Data - Indicate the name of the test performed on waste. (TCLP = toxicity characteristic leaching procedure)

D. Generator Certification: Read, sign and date the form. Make a copy for your files. Send the original form along with the instructions to the local Wastewater Treatment Plant.

E. Wastewater Treatment Plant Notification: Complete the shaded area of the notification form. Make a copy for your files. Send the original to the Minnesota Pollution Control Agency as indicated on the form.



For More Information

Generators – contact Julianne Rantala at (651) 297-8332 *OR* the local Wastewater Treatment Plant (WWTP).

WWTPs – contact Randy Dunnette at (651) 296-8006.

Hazardous Constituents in a Waste Stream – *Example*

Problem: A business discharges three of their waste streams as follows:

1. A quenching bath containing heavy metals is discharged in **weekly batches of 25 gallons** each. The waste is diluted 100-fold at the point of discharge;
2. An alcohol solution is discharged when it is produced. The density of the solution is 8.1 lb/gal. Approximately **1/2 gal/mo** is discharged after 10-fold dilution; and
3. A spent aqueous solvent that has a flashpoint of 210°F is discharged continuously. 100 gal is discharged each month without dilution.

From test results, it is known that the quenching bath contains:
(ppm = mg/L)

	Total Metals	TCLP	HW Threshold
Cadmium (Cd)	34.9 ppm	1.7 ppm	1.0 ppm
Lead (Pb)	170.2 ppm	8.3 ppm	5.0 ppm
Mercury (Hg)	0.0062 ppm	<0.0004 ppm	0.2 ppm

The concentration of cyanide in the tested solution is 1050 ppm; the density of the solution that was tested is 9 lb/gal.

Solution:

The business should complete the form as shown below. Calculations of mass/mo. and mass/yr. for one constituent in waste stream #1 as well as for waste stream #2 are shown below. Perform calculations for other constituents in the same way. Use total metals data if available; use TCLP data only if total metals data is NOT available.

$$\begin{array}{ccccccc}
 \text{1. Using} & \frac{34.9 \text{ mg}}{\text{L}} & \times & \frac{1 \text{ kg}}{1,000,000 \text{ mg}} & \times & \frac{2.2046 \text{ lb}}{1 \text{ kg}} & \times & \frac{3.7854 \text{ L}}{1 \text{ gal}} & = & 0.000291 \text{ lb/gal} \\
 \text{concentration} & & & & & & & & & \\
 \text{for Cd} & & & & & & & & & \\
 & \downarrow & & \downarrow & & \downarrow & & \downarrow & & \\
 & \text{Concentration of} & & \text{Conversion factor:} & & \text{Conversion factor} & & \text{Conversion factor:} & & \\
 & \text{constituent from} & & 1 \text{ kg} = 1,000,000 \text{ mg} & & 1 \text{ kg} = 2.2046 \text{ lb} & & 1 \text{ gal} = 3.7854 \text{ L} & & \\
 & \text{TCLP test} & & & & & & & &
 \end{array}$$

$$\frac{0.000291 \text{ lb}}{\text{gal}} \times \frac{25 \text{ gal}}{\text{week}} \times 4 \text{ weeks} = 0.0291 \text{ lb Cd/month}$$

$$\frac{0.000291 \text{ lb}}{\text{gal}} \times \frac{25 \text{ gal}}{\text{week}} \times 52 \text{ weeks} = 0.379 \text{ lb Cd/year}$$

$$\begin{array}{ccccccc}
 \text{2. Using density for} & \frac{8.1 \text{ lb}}{\text{gal}} & \times & \frac{0.5 \text{ gal}}{\text{month}} & \times & \frac{12 \text{ months}}{\text{year}} & = & \frac{48.6 \text{ lb}}{\text{year}} \\
 \text{alcohol solution} & & & & & & & \\
 & \downarrow & & \downarrow & & & & \\
 & \text{Density from} & & \text{Volume discharged} & & & & \\
 & \text{testing} & & \text{per time} & & & &
 \end{array}$$



Sewered Waste Notification Form

(One-time notification; portions may be completed electronically.)

A. General Information

Company Name _____

Location Address _____

City, State, ZIP _____

Contact Name _____

EPA ID #: **M N** _ _ _ _ _

OR Date Applied For _____

County _____

Telephone (_____) _____

B. Sewered Waste Inventory

List all wastes sewered on site. (Attach additional sheets if needed.)

Waste Stream Number	EPA Waste Code unless N/A	Waste Name or Description	Volume per Month	Dilution Ratio of Waste::Water (if diluted)	Type of Treatment (if treated)	Type of Discharge (B, C or O)
1						
2						
3						
4						
5						

C. Waste Stream Constituents

A business that sewers more than 22 gallons per month of hazardous waste must also provide the following information about the waste **before it is diluted**. For each waste stream identified in Part B, list the hazardous constituent(s) contained in the waste. NOTE: There may be more than one constituent per waste stream. Use existing test data. (Attach additional sheets if needed.)

Waste Stream Number	Hazardous Constituent(s) in the Waste Stream	Concentration of Hazardous Constituent (most recent month)	Mass/Month of Hazardous Constituent (most recent month)	Estimated Mass/Year of Hazardous Constituent	Type of Test Data (Total Metals, TCLP, etc.)



D. Generator Certification

I certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this and all attached documents 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. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable.

Name(*print*) _____ Title _____

Signature _____ Date _____

Generator: *Make one copy for your files and forward the original to your wastewater treatment plant (WWTP).*

E. Wastewater Treatment Plant Notification

I have been notified of the management plan for the waste identified on this form being discharged to this facility.

Name of WWTP _____ NPDES Permit Number _____

Location Address _____

Name (*print*) _____ Title _____

Signature _____ Date _____

Make one copy for your files and forward the original to:

ATTN: Julianne Rantala
Minnesota Pollution Control Agency/REM
520 Lafayette Road North
St. Paul, Minnesota 55155-4194