

**GRANT PARISH POLICE JURY
200 MAIN STREET
COLFAX, LA 71417**

SOUTH GRANT PARISH SEWERAGE SYSTEM

**COMMERCIAL WASTE PERMIT APPLICATION
(SIGNIFICANT COMMERCIAL USER PERMIT APPLICATION)**

NOTE: Mark N/A if the item does not apply. If additional space is required, use the available space provided on page 6.

SECTION A - APPLICANT INFORMATION

1. Name of Applicant: _____

2. Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Municipal Address of Proposed Discharge(s):

Street: _____

City: _____ State: _____ Zip: _____

4. Applicant Phone #:(_____) Email: _____

5. Designated Signatory Authority(ies) of the Applicant:

Name: _____ Title: _____

6. Designated Point of Contact for Permit Application Purposes:

Name: _____ Title: _____

Phone #: (_____) Email: _____

7. Designated Point of Contact for Facility Operation Purposes:

Name: _____ Title: _____

Phone #: (_____) Email: _____

8. Anticipated Date of Connection: _____

SECTION B - BUSINESS ACTIVITY and OPERATIONAL CHARACTERISTICS

1. Provide a description of wastewater generating operations at this facility (use page 6 if additional space is required):

2. Provide the Estimated Concentration or Value for each Parameter listed below:

Parameter	Estimated Concentration or Value
Biochemical Oxygen Demand (BOD)	mg/L
Fats, Oils & Grease	mg/L
Nitrogen, Total (As N)	mg/L
pH (Maximum)	
pH (Minimum)	
Suspended Solids, Totals (TSS)	mg/L
Temperature (Maximum)	°F

SECTION C - SEWER INFORMATION

1. List size, descriptive location, and anticipated flow of each facility to connect to the Parish’s sewer system. (Use page 6 if additional space is required).

Applicant’s Sewer Main Diameter	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gpd) to be delivered to Parish’s Collection System	Maximum Flow to be delivered to Parish’s Collection System

2. Provide the hours of discharge (e.g., 9 a.m. to 5 p.m.) for any process related wastewater discharges. (New facilities may estimate).

Day of Operation	Hours of Discharge
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

SECTION D – PRETREATMENT

1. Check any pretreatment devices or processes used or proposed for treating wastewater prior to discharging to the Parish’s Sewer System (mark as many as appropriate).

- Air Flotation
- Biological Treatment
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Filtration
- Flow Equalization
- Grease or Oil Separation
- Grease Trap
- Grinding Filter
- Grit Removal
- Ion Exchange

- Neutralization, pH Correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Solvent Separation
- Other Chemical Treatment type:

Other Physical Treatment type:

Other Treatment type:

SECTION E - WATER SERVICE

1. Public Water System Servicing Property to Receive Sewer Service:

Name of Water System: _____

Street: _____

City: _____ State: _____ Zip: _____

Designated Point of Contact Of Water System:

Name: _____ Title: _____

Phone #: (_____) _____ Email: _____

2. Water Customer Account Information:

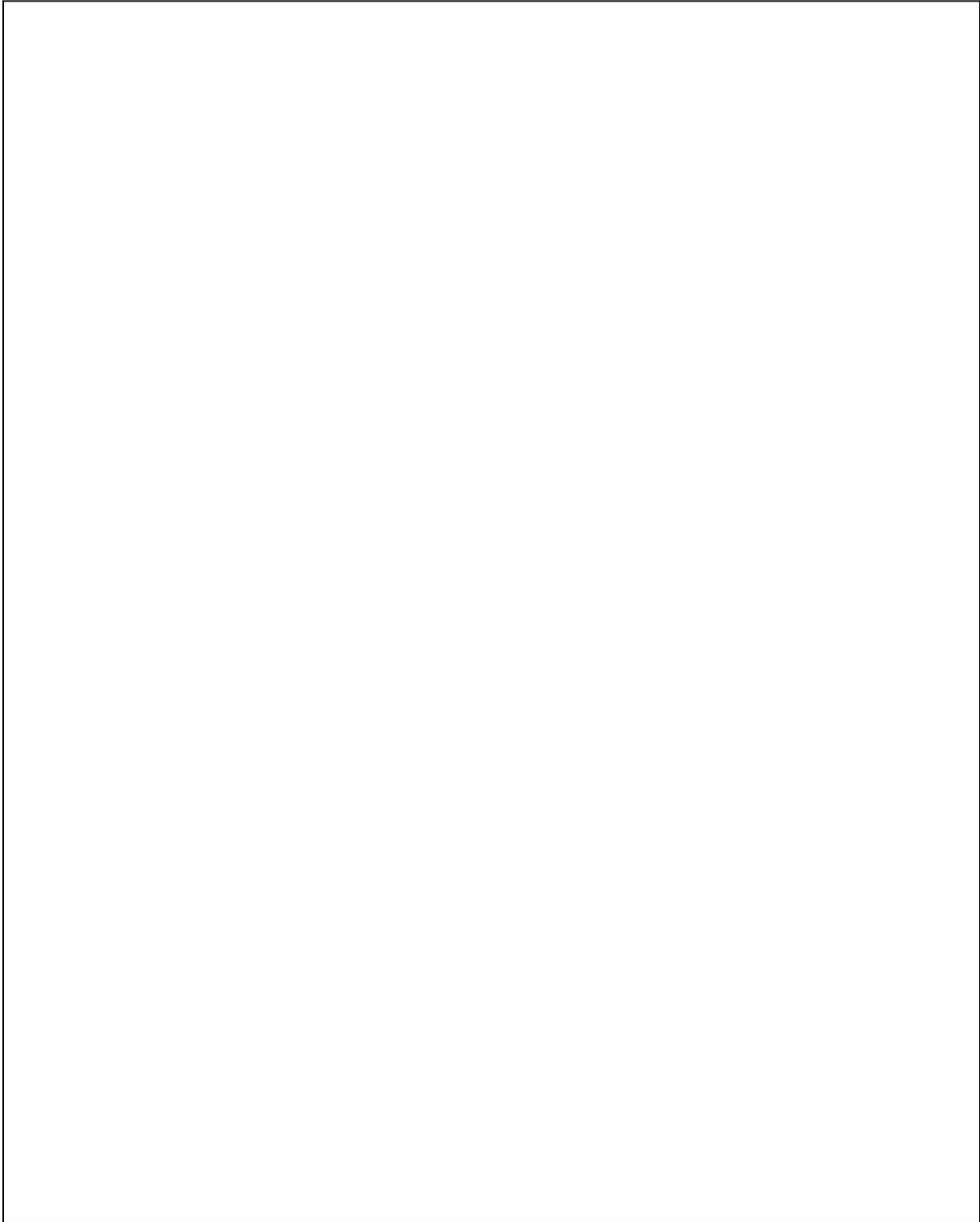
Name: _____

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

Water Service Account Number: _____

SECTION F - Additional Space if Required: Indicate the corresponding section and numerical identifier for each item of additional information.

A large, empty rectangular box with a thin black border, intended for providing additional information as requested in the section header above.

SECTION G - AUTHORIZED SIGNATURE OF APPLICANT

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____