

FOR BUFFALO SEWER AUTHORITY USE ONLY

Date Application Received: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Industrial Waste Investigator: \_\_\_\_\_

**BUFFALO SEWER AUTHORITY  
TEMPORARY DISCHARGE PERMIT APPLICATION**

**GENERAL INFORMATION**

A 1. Applicant Business Name: \_\_\_\_\_

A. 2a. Business address:

\_\_\_\_\_  
Street City State Zip

A 2b. Mailing Address (*if different than above*):

\_\_\_\_\_  
Street City State Zip

A 3. Chief Business Official:

\_\_\_\_\_  
Name Title

A 4. Person to be contacted about this application:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Phone Fax E-Mail

A 5. Person to be contacted in case of emergency:

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Day phone After hours phone

\_\_\_\_\_  
Cell phone

A 6. Insurance Agent(s) of responsible party: \_\_\_\_\_

**Certificate of Insurance for responsible party must be attached.**

**WASTESTREAM**

B 1. Location of Wastestream:

\_\_\_\_\_

Name

\_\_\_\_\_

Street City State Zip

B 2. Source of Wastestream: \_\_\_\_\_

\_\_\_\_\_

B 3. Volume of Wastestream: \_\_\_\_\_ average flow (gals/day); \_\_\_\_\_ peak flow (gals/sec)

B 4. Duration of Discharge: \_\_\_\_\_

B 5. Variability of Wastestream Volume: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

B 6. Attach analytical data (if available)

C 1. Map must be attached detailing source of wastestream, proposed pretreatment equipment and discharge location.

I have personally examined, and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

\_\_\_\_\_

Date Signature of Official