

**CITY OF TOLEDO**  
**DIVISION OF ENVIRONMENTAL SERVICES**  
**2021 APPLICATION FOR PERMIT FOR UNUSUAL DISCHARGE**

1. Applicant Information:
  - a. Applicant Name: \_\_\_\_\_
  - b. Facility / Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City / Village: \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - c. Facility Phone Number: (      ) \_\_\_\_\_
2. Discharge Information:
  - a. Location of Discharge Site:  
Street: \_\_\_\_\_  
City / Village: \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - b. Please state the anticipated date, time, and duration of the proposed discharge:  
\_\_\_\_\_

Toledo Division of Environmental Services (TDOES) will inspect the above site and require that analysis be performed for Toledo Local Limit Parameters, using an independent lab and test methods set in 40 CFR 136.

Toledo's Local Limits are as follows:

**SUBSTANCE NOT TO EXCEED (mg/l)**

Cadmium, total	0.3
Copper, total	1.0
Lead, total	1.5
Nickel, total	2.9
Zinc, total	6.3
Silver, total	0.2
Mercury, total	0.0002 (BMPs)*
Chromium, hexavalent	0.8
Arsenic, total	0.6
Cyanide, total	1.1
Oil and Grease, Hydrocarbon (TPH)	100 mg/1 (avg.) 250 mg/1 (grab)
TTO (Total Toxic Organics)	2.10
Benzene**	0.14
Toluene**	1.36
Ethyl Benzene**	1.59
Xylene**	0.41
LEL%	10%
pH	5-12 s.u.

\*Best Management Practice: Parameter shall be managed by BMPs.

\*\*For not to exceed threshold limit values refer to U.S. EPA's "Guidance to Protect POTW Workers from Toxic and Reactive Gases and Vapors".

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TDOES will review this data to verify that the test results are in compliance with the local limit parameters. A discharge point will be needed on-site. The City of Toledo will assist in locating a sanitary manhole onsite if a sanitary connection is not available. A flow meter must also be used to give an accurate account of the amount of water discharged. In accordance with TMC Chapters 930.08, 925.04 and 929.03: **An "Unusual Discharge Rate" of \$58.59 (\$0.07833 per gallon) per 100 cubic feet will be charged in addition to the regular "Industrial Sewer Rate" of \$58.59 per 1000 cubic feet (\$0.007833 per gallon).**

If this discharge is ongoing, TDOES will expect to receive analytical data at least once every month for Local Limits. TDOES will also read the meter once a month, usually the first week of the month. Therefore, access to the meter is required. A key must be provided or a representative must be available to give TDOES access to the meter.

**You must contact Ohio EPA Northwest District Office at 419-352-8461 for any questions concerning Building Permits or Building Additions.**

Applicants for permits involving the discharge of wastewater into the sanitary sewer system are required to comply with all regulations set forth in federal, state, and local laws. Applicants seeking to release an unusual discharge to the sanitary sewer system shall submit to TDOES a **\$50.00 "application fee"** along with this application, (Please make checks payable to the City of Toledo) and mail both to 348 S. Erie St., Toledo, Ohio 43604. A **"permit fee"**, based upon volume, is also required at the time the discharger is issued the discharge permit. **The permit fees are as follows:**

<b>VOLUME</b>	<b>PERMIT FEE</b>
Less than 5,000 gallons	\$75.00
5,000 to 25,000 gallons	\$100.00
25,001 to 100,000 gallons	\$200.00
Greater than 100,000 gallons	\$300.00

*\*Applicants are required to take full responsibility for any damages resulting from their discharges. Applicants must also show proof of risk insurance before a permit to discharge will be issued.*

*\*If the volume of discharge is unknown at the time the permit is issued, the permit fee will be collected when the unusual discharge is complete.*

**Mandatory Authorized Representative Signature:**

I, under TMC 930, do affirm that all statements or assertions of fact made by application are true and complete, and comply with applicable local, state, and federal laws. I, also agree to pay any and all costs associated with this discharge.

I understand that this permit will have a time limit. Please see TMC 930.08(e).  
Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative Name and Title (please print)

\_\_\_\_\_  
Authorized Representative Signature and Title

\_\_\_\_\_  
Date Signed