

# APPLICATION FOR SEWER USE PERMIT AND BASELINE MONITORING REPORT

## SECTION A - GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_  
a. Operator name: \_\_\_\_\_  
b. Is the operator identified in 1.a., the owner of the facility? [ ] Yes [ ] No

If No, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Facility address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Business mailing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Designated signatory authority of the facility:  
(Attach similar information for each authorized representative.)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone no.: \_\_\_\_\_  
Fax no.: \_\_\_\_\_

5. Designated facility contacts:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone no. at facility: \_\_\_\_\_  
Phone no. after hours: \_\_\_\_\_  
E-mail address \_\_\_\_\_

Alternate: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone no. at facility \_\_\_\_\_  
Phone no. after hours \_\_\_\_\_  
E-mail address : \_\_\_\_\_

## SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

- Aluminum forming
- Asbestos manufacturing
- Battery manufacturing
- Can making
- Carbon black
- Coal mining
- Coil coating
- Copper forming
- Electric and electronic components manufacturing
- Electroplating
- Feedlots
- Fertilizer manufacturing
- Foundries (metal molding and casting)
- Glass manufacturing
- Grain mills
- Inorganic chemicals
- Iron and steel
- Leather tanning and finishing
- Metal finishing
- Nonferrous metals forming
- Nonferrous metals manufacturing
- Organic chemicals manufacturing
- Paint and ink formulating
- Paving and roofing manufacturing
- Pesticides manufacturing
- Petroleum refining
- Pharmaceutical
- Plastic and synthetic materials manufacturing
- Plastics processing manufacturing
- Porcelain enamel
- Pulp, paper, and fiberboard manufacturing
- Rubber
- Soap and detergent manufacturing
- Steam electric
- Sugar processing
- Textile mills
- Timber products

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".



2. Complete name and address on water bill. Verify with Water Office (254) 299-2489.

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3. List ALL water service account numbers, and the address they serve both on and off site:

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4. List average water usage on premises. New facilities may estimate.

<u>TYPE</u>	<u>AVERAGE WATER USAGE (GPD)</u>	<u>INDICATE</u>	
		<u>MEASURED (M) or ESTIMATED (E)</u>	<u>DISCHARGE TO SEWER?</u>
Air pollution control			
Boiler feed			
Cooling tower blowdown			
Contact cooling water			
Contained in product			
Evaporation			
Irrigation and lawn watering			
Non-contact cooling water			
Process			
Sanitary			
Washdown plant and equipment			
Other			
<b>TOTAL</b>			

**SECTION D - SEWER INFORMATION**

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?  
 Yes  No. Have you applied for a sanitary sewer hookup?  Yes  No

b. For a new business:

Will you be occupying an existing vacant building?  Yes  No  
 Have you applied for a building permit if a new facility will be constructed?  
 Yes  No  
 Will you be connected to the public sanitary sewer system?  Yes  No







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7. For CATEGORICAL USERS subject to Total Toxic Organic (TTO) requirements, provide the following TTO information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes. Please attach a copy if not previously submitted, or attach copies of revised pages.
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current: Flow metering                     Yes    No    N/A  
                   Sampling equipment         Yes    No    N/A

Planned: Flow metering                     Yes    No    N/A  
                   Sampling equipment                     Yes    No    N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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## SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. THE POLLUTANTS YOU ARE REQUIRED TO MONITOR ARE LISTED IN PART 2, SECTION A OF YOUR PERMIT. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other non-regulated pollutants (NOT LISTED FOR MONITORING IN YOUR PERMIT), indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for Average of Analyses. Indicate the sample location and type of analysis used in the adjacent column, on the top of each table, or on a separate sheet, if necessary. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing EP (expected to be present), MP (may be present), ENP (expected not present), or O (will not be present) under the average reported values.

<u>POLLUTANT</u>	<u>DETECTION</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF</u>	<u>UNITS</u>	
	<u>LEVEL</u>	<u>Conc.</u>	<u>Mass</u>	<u>Conc.</u>	<u>Mass</u>	<u>ANALYSES</u>	<u>Conc.</u>	<u>Mass</u>
	<u>USED</u>							
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1,2,4 -Trichlorobenzene								
Hexachlorobenzene								
1,2-Dichloroethane								
1,1,1-Trichloroethane								
Hexachloroethane								
1,1-Dichloroethane								
1,1,2-Trichloroethane								
1,1,2,2 -Tetrachloroethane								
Chloroethane								
Bis(2 -chloroethyl) ether								
17 Bis (chloro methyl) ether								
2 -Chloroethyl vinyl ether								
2 -Chloronaphthalene								
2,4,6 Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2 -Chlorophenol								
1,2- Dichlorobenzene								
1,3 -Dichlorobenzene								
1,4 -Dichlorobenzene								
3,3 -Dichlorobenzidine								
1,1 -Dichloroethylene								
1,2 -Trans-dichloroethylene								
2,4 -Dichlorophenol								
1,2 -Dichloropropane								
1,2 -Dichloropropylene								
1,3 -Dichloropropylene								

<u>POLLUTANT</u>	<u>DETECTION LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF ANALYSES</u>	<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4 -Dimethylphenol								
2,4 -Dinitrotoluene								
2,6 -Dinitrotoluene								
1,2 -Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 -Chlorophenyl phenyl ether								
4 -Bromophenyl phenyl ether								
Bis(2-chlorisopropyl) ether								
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2 -Nitrophenol								
4 -Nitrophenol								
2,4 -Dinitrophenol								
4,6 -Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl) phthalate								
Butyl benzyl phthalate								

<u>POLLUTANT</u>	<u>LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>ANALYSES</u>	<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Di-n-butyl phthalate								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4 -benzofluoranthene								
Benzo(k) fluoranthane								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h)anthracene								
Indeno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4' -DDT								
4,4' -DDE								
4,4' -DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								

<u>POLLUTANT</u>	<u>DETECTION</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF</u>	<u>UNITS</u>	
	<u>LEVEL</u>	<u>Conc.</u>	<u>Mass</u>	<u>Conc.</u>	<u>Mass</u>	<u>ANALYSES</u>	<u>Conc.</u>	<u>Mass</u>
	<u>USED</u>							
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil and grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								

<u>POLLUTANT</u>	<u>DETECTION LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF ANALYSES</u>	<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Molybdenum								
Nickel								
Selenium								
Silver								
Temperature								
Thallium								
Zinc								

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?  Yes  No
2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?  No  Yes, describe:

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3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate):

- Air flotation
- Biological treatment: type: \_\_\_\_\_
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Evaporation
- Filtration (activated carbon, etc.)
- Flow equalization
- Grease or oil separation: type: \_\_\_\_\_
- Grease trap
- Grinding filter
- Grit removal
- Heat exchangers/heat recovery
- Ion exchange (including silver recovery)
- Neutralization, pH correction
- Off-site disposal
- Ozonation
- Rainwater diversion or storage
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Sludge cake (press, disintegrator, chopper, feeder, pugmill, extruder)
- Spill protection (including pollution prevention)
- Sump
- UV disinfection
- Other chemical treatment: type: \_\_\_\_\_
- Other physical treatment: type: \_\_\_\_\_
- Other: type: \_\_\_\_\_

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment checked above.

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5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

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7. Do you have a treatment operator?  Yes  No

(If Yes) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Full time: specify hours \_\_\_\_\_  
Part time: specify hours \_\_\_\_\_

8. Do you have a manual on the correct operation of your treatment equipment?

Yes  No

9. Do you have a written maintenance schedule for your treatment equipment?

Yes  No

**SECTION H - FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift Information

Work Days		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Shifts per work day:		_____	_____	_____	_____	_____	_____	_____
Empl's per shift:	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____
Shift start and end times:	1 <sup>st</sup>	_____	_____	_____	_____	_____	_____	_____
	2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____	_____
	3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

- Continuous through the year
- Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: \_\_\_\_\_

3. Indicate whether the facility discharge is:

- Continuous through the year
- Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: \_\_\_\_\_

4. Does operation shut down for vacation, maintenance, or other reasons?

- No
- Yes, indicate reasons and period when shutdown occurs:



SPACE FOR ITEM 7 DRAWING:

SECTION I - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?  Yes  No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing area?

No  Yes. What do they discharge to? \_\_\_\_\_

Floor drains in chemical storage area(s)?

No  Yes. What do they discharge to? \_\_\_\_\_

3. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

an onsite disposal system

public sanitary sewer system (e.g. through a floor drain)

storm drain

to ground

other, specify: \_\_\_\_\_

not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

Yes - Please enclose a copy with the application.

No

N/A. Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any spill events not cited previously, and remedial measures taken to prevent their reoccurrence.

\_\_\_\_\_  
\_\_\_\_\_

#### SECTION J - NON DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

No, skip the remainder of Section J.

Yes, please describe below. **CIRCLE HAZARDOUS WASTES.**

FACILITY WASTE GENERATED ADDRESS	QUANTITY PER YEAR NO.	DISPOSAL METHOD	TRANSPORTER/ TRANSPORTER NO.	TO WHAT FACILITY?
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Authorized Representative Statement:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

\_\_\_\_\_  
Printed or Typed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date