



# SAN ANTONIO WATER SYSTEM INDUSTRIAL USER PERMIT APPLICATION

After supplying all required information, the completed permit application should be returned to our office at the following address:

**Resource Protection and Compliance Department  
Resource Compliance Division  
P.O. Box 2449  
San Antonio, Texas 78298-2449  
Physical Address: 2800 U.S. Highway 281 N, Customer Service Bldg 4<sup>th</sup> floor  
Telephone (210) 233.3557 Fax (210) 233.4630**

**Note to Signing Official:** Information and data provided in this application (which identify the discharge) are in accordance with Title 40 of the Code of Federal Regulation Part 403 and San Antonio City Code, Chapter 34. Requests for confidential treatment of other information (Birth Date is confidential) shall be governed by procedures specified in 40 CFR Part 2 and in Chapter 34, Section 34-479 of the City Code. Should a wastewater discharge permit be required for your facility, the information in this application will be used to issue the permit.

## SECTION A. GENERAL INFORMATION

1. Company Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

2. Name(s) and Official Title(s) of Owner and/or Operator(s): \_\_\_\_\_

Address: \_\_\_\_\_

Is the person identified in 2, the owner of the facility? If not provide the name and address of the landlord and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility (specifically utility infrastructure such as water/sewer).

3. Persons signing reports, applications, and certification statements pursuant to an Industrial Wastewater Discharge Permit must satisfy the signatory authority requirements set forth in 40 CFR 403.12(l). Anyone satisfying the requirements under §403.12(l)(1)(i), (1)(ii), or (2) is considered a primary authority.

Authorized Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**SECTION A. GENERAL INFORMATION (Cont'd)**

4. Check one:  Existing Discharge. Date of original discharge: \_\_\_\_\_

Proposed or anticipated start date of discharge: \_\_\_\_\_

5. Treatment Plant receiving discharge (check one)

Steven M. Clouse (formally Dos Rios)     Leon Creek     Medio Creek

6. "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."

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Official (Seal if Applicable)

**SECTION B. PRODUCT OR SERVICE INFORMATION**

1. Provide a narrative description of the primary manufacturing or service authority conducted at the facility and any other manufacturing service activities associated with it and the applicable Standard Industrial Classification / North American Industry Classification System Code(s) (SIC / NAICS No.):

\_\_\_\_\_

\_\_\_\_\_

2. Principle Raw Materials Used: \_\_\_\_\_

3. Principal Products Produced: \_\_\_\_\_

4. Check all activities below and indicate SIC / NAICS Number above, if known, at your facility:

A. Categorical Industries

- |  |  |
|--|--|
| <input type="checkbox"/> Aluminum Forming          | <input type="checkbox"/> Anodizing                           |
| <input type="checkbox"/> Battery Manufacturing     | <input type="checkbox"/> Coating                             |
| <input type="checkbox"/> Coil Coating              | <input type="checkbox"/> Milling                             |
| <input type="checkbox"/> Electroplating            | <input type="checkbox"/> Pharmaceutical                      |
| <input type="checkbox"/> Electrical/Electronic     | <input type="checkbox"/> Transportation & Equipment Cleaning |
| <input type="checkbox"/> Leather Tanning/Finishing | <input type="checkbox"/> Centralized Waste Treatment         |
| <input type="checkbox"/> Metal Finishing           | <input type="checkbox"/> Electrolysis                        |
| <input type="checkbox"/> Printed Circuit Board     |  |

**B. Other Industrial Activities**

- |  |   |
|--|---|
| <input type="checkbox"/> Bottlers                  | <input type="checkbox"/> Paint or Ink Formulation |
| <input type="checkbox"/> Flammables/Explosives     | <input type="checkbox"/> Photographic Processing  |
| <input type="checkbox"/> Food Manufacturing        | <input type="checkbox"/> Plastics Processing      |
| <input type="checkbox"/> Food Preparation Services | <input type="checkbox"/> Printing                 |
| <input type="checkbox"/> Laboratory                | <input type="checkbox"/> Repair Shop/Garage       |
| <input type="checkbox"/> Laundry, Cleaning         | <input type="checkbox"/> Research                 |
| <input type="checkbox"/> Machine Shop              | <input type="checkbox"/> Rubber Processing        |
| <input type="checkbox"/> Medical Care              | <input type="checkbox"/> Steam/Power Generation   |
| <input type="checkbox"/> Military Base             | <input type="checkbox"/> Warehousing              |
| <input type="checkbox"/> Painting Finishing        |   |

**SECTION C. PLANT OPERATION CHARACTERISTICS**

1. Do major processes result in wastewater discharge in a batch or continuous flow?

- Batch     Continuous     Both - Describe: \_\_\_\_\_

Describe the average number of batches per 24-hour day: \_\_\_\_\_ week \_\_\_\_\_ month \_\_\_\_\_

Size (gallons) & duration of batch discharge: \_\_\_\_\_

2. Are your processes subject to seasonal variation?  Yes     No

If yes, explain variation and indicate the month(s) of peak operations: \_\_\_\_\_

- Jan    Feb    March    April    May    June    July    Aug    Sept    Oct    Nov    Dec

3. Shift Information:

a. Number of shifts per workday:  1    2    3    b. Avg. number of workdays per month: \_\_\_\_\_

c. Avg. no. Employee(s) per Shift

| Start / End Time | MON | TUE | WED | THUR | FRI | SAT | SUN |
|------------------|-----|-----|-----|------|-----|-----|-----|
| 1st              |     |     |     |      |     |     |     |
| 2nd              |     |     |     |      |     |     |     |
| 3rd              |     |     |     |      |     |     |     |

Additional Information: \_\_\_\_\_

4. Describe any water recycling, and/or water treatment or conditioning conducted at your facility:

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Describe any materials recycling conducted at your facility: \_\_\_\_\_

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5. Does the facility have a current Slug Control Plan?  Yes  No

If yes, submit the plan with the completed permit application.

**SECTION D. WATER CONSUMPTION AND WATER LOSS**

1. Incoming water source(s):

San Antonio Water System       Private Well       Other \_\_\_\_\_  
Please Specify

If a private well, is it metered?       Yes  No  
 Is it equipped with a Backflow Device?       Yes  No

2. Water bill addressee: \_\_\_\_\_

3. Water service account number(s) and service address: \_\_\_\_\_

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4. Average monthly water consumption:

a. Previous 12 months \_\_\_\_\_ gal/mo. (from Water Company bills)  
 b. Volume from well \_\_\_\_\_ gal/mo.

5. List water consumption within the plant, add additional lines as needed.

|  | Description                   | Estimated Avg. Volume (gallons per day) |
|--|-------------------------------|---|
|  | Cooling water                 |   |
|  | Boiler feed                   |   |
|  | Sanitary (domestic) wastes    |   |
|  | Production process 1          |   |
|  | Production process 2          |   |
|  | Production process 3          |   |
|  | Plant and equipment wash-down |   |
|  | Irrigation and lawn watering  |   |
|  | Air pollution control unit    |   |
|  | Other (specify)               |   |

6. List average volume of discharge or water losses, add lines as needed.

|                                   | Description | Estimated Avg. Volume (gallons per day) |
|-----------------------------------|-------------|---|
| SAWS regional sewer               |             |   |
| Direct discharge to a watercourse |             |   |
| Municipal Separate Storm Sewer    |             |   |
| Ground                            |             |   |
| On-site septic sewer facility     |             |   |
| Wastehauler                       |             |   |
| Evaporation                       |             |   |
| Contained in product              |             |   |
| Other (specify)                   |             |   |
|                                   |             | Total                                   |

**SECTION E. SEWER INFORMATION**

1. Attach scale drawings of site plans, floor plans and internal plumbing plans showing the location of all internal sewers including size, connection and locations. The site plan must also indicate locations of various processes, cooling towers, administrative facilities, storage areas, alleys, and other pertinent physical structures. Also show the location of all possible sampling points for these sewers.
2. List plant sewers shown in Item 1, with outlet or connection to public sewer, size and flow; assign sequential reference number to each sewer (if more than 3, attach additional information on another sheet).

| Reference No. | Location of Sewer connection or discharge point   | Size (in inches) | Flow in gallons per day |
|---------------|---|------------------|-------------------------|
| 1.            |   |                  |                         |
| 2.            |   |                  |                         |
| 3.            |   |                  |                         |
| Total volume  | should equal discharge to "SAWS sewer" in Table 6 | —————>           |                         |

**SECTION F. WASTEWATER INFORMATION**

1. Please indicate the quantities discharged from the processes below in gallons per day. (Refer to processes 1 – 3 in Chart 5, Section D). The quantities are to be given for each sewer receiving the discharge.

**DISCHARGE QUANTITY BY SEWER REFERENCED IN TABLE E-2**

| TYPE Process                | Ref. #1 | Ref. #2 | Ref. #3 |  |  |  | Total |
|-----------------------------|---------|---------|---------|--|--|--|-------|
| Process A                   |         |         |         |  |  |  |       |
| Process B                   |         |         |         |  |  |  |       |
| Process C                   |         |         |         |  |  |  |       |
| Sanitary                    |         |         |         |  |  |  |       |
| Boiler                      |         |         |         |  |  |  |       |
| Cooling                     |         |         |         |  |  |  |       |
| Plant & Equipment Wash-down |         |         |         |  |  |  |       |
| Other (Specify)             |         |         |         |  |  |  |       |
| <b>TOTAL</b>                |         |         |         |  |  |  |       |

Total should equal discharge to SAWS sewer in Table 6.

- If this is a first-time application and if any wastewater analyses have been performed on the wastewater discharges from your facilities attach a copy of the most recent data to this questionnaire. Be sure to include the dates and methods of collection and analysis, the laboratory performing analysis, and the specific location(s) from which wastewater samples were collected. (E.g. -Chain of Custody)
- Priority Pollutant Information: Please check the appropriate box by chemical listed below, whether it is “Known to be Absent,” or “Known to be Present” in the facilities manufacturing or service activity or generated as a by-product. Attach copies of Safety Data Sheets (SDS) for all raw chemicals or chemical products purchased, stored or used in your facility (at or above 5 gallons). If organics are being used, submit all SDS regardless of quantity.

Please check parameters known to be present in discharge, either Yes or No.

**I. METALS**

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| 1. Antimony  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Arsenic   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Asbestos  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Beryllium | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Cadmium   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Chromium  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Copper    | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Cyanide   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lead      | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Mercury  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Nickel   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Selenium | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Silver   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Thallium | <input type="checkbox"/> | <input type="checkbox"/> |

**II. PHENOLS AND CRESOLS**

- |                               | Yes                      | No                       |
|-------------------------------|--------------------------|--------------------------|
| 15. Zinc                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Phenol(s)                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Phenol, 2-chloro          | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Phenol, 2, 4-dichloro     | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Phenol, 2, 4, 6-trichloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Phenol, pentachloro       | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Phenol, 2-nitro           | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Phenol, 4-nitro           | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Phenol, 2, 4-dinitro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Phenol, 2, 4-dimethyl     | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. m-Cresol, p-chloro        | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. o-Cresol, 4, 6-dinitro    | <input type="checkbox"/> | <input type="checkbox"/> |

### III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS & PHTHALATES)

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| 27. Benzene                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Benzene, chloro            | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Benzene, 1,2-dichloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Benzene, 1,3-dichloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Benzene, 1, 4-dichloro     | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Benzene, 1, 2, 4-trichloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Benzene, hexachloro        | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Benzene, ethyl             | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Benzene, nitro             | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Toluene                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Toluene, 2, 4-dinitro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Toluene, 2, 6-dinitro      | <input type="checkbox"/> | <input type="checkbox"/> |

### IV. PCB & RELATED COMPOUNDS

- |                         |                          |                          |
|-------------------------|--------------------------|--------------------------|
| 39. PCB-1016            | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. PCB-1221            | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. PCB-1232            | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. PCB-1242            | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. PCB-1248            | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. PCB-1254            | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. PCB-1260            | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. 2-Chloronaphthalene | <input type="checkbox"/> | <input type="checkbox"/> |

### V. ETHERS

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| 47. Ether, bis (chloromethyl)      | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. Ether, bis (2-chloroethyl)     | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. Ether, bis (2-chloroisopropyl) | <input type="checkbox"/> | <input type="checkbox"/> |
| 50. Ether, 2-chloroethyl vinyl     | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Ether, 4-bromophenyl phenyl    | <input type="checkbox"/> | <input type="checkbox"/> |
| 52. Ether, 4-chlorophenyl phenyl   | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Bis (2-chloroethoxy) methane   | <input type="checkbox"/> | <input type="checkbox"/> |

### VI. NITROSAMINES & OTHER NITROGEN -CONTAINING COMPOUNDS

- |                              |                          |                          |
|------------------------------|--------------------------|--------------------------|
| 54. Nitrosamine, dimethyl    | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Nitrosamine, diphenyl    | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Nitrosamine, di-n-propyl | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Benzidine                | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Benzidine, 3, 3-dichloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Hydrazine, 1, 2-diphenyl | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Acrylonitrile            | <input type="checkbox"/> | <input type="checkbox"/> |

### VII. ORGANICS

- |                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| 61. Methane, bromo         | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Methane, chloro-       | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Methane, dichloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Methane, chlorodibromo | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Methane, dichlorobromo | <input type="checkbox"/> | <input type="checkbox"/> |

- |                               |                          |                          |
|-------------------------------|--------------------------|--------------------------|
| 66. Methane, tribromo         | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Methane, trichloro        | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Methane, tetrachloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Methane, trichlorofluoro  | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Methane, dichlorodifluoro | <input type="checkbox"/> | <input type="checkbox"/> |
| 71. Chloroethane              | <input type="checkbox"/> | <input type="checkbox"/> |

### VIII. POLYCYCLIC AROMATIC HYDROCARBONS

- |                                    |                          |                          |
|------------------------------------|--------------------------|--------------------------|
| 72. Ethane, 1, 1-dichloro          | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Ethane, 1, 2-dichloro          | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Ethane, 1, 1, 1-trichloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Ethane, 1, 1, 2-trichloro      | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Ethane, 1, 1, 2, 2-tetrachloro | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Ethane, hexachloro             | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Ethane, chloro                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 79. Ethene, 1, 1-dichloro          | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Ethene, 1, 2(trans)-dichloro   | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Ethene, trichloro              | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Ethene, tetrachloro            | <input type="checkbox"/> | <input type="checkbox"/> |
| 83. Propane, 1, 2-dichloro         | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Propane, 2, 4-dichloro         | <input type="checkbox"/> | <input type="checkbox"/> |
| 85. Butadiene, hexachloro          | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Cyclopentadiene, hexachloro    | <input type="checkbox"/> | <input type="checkbox"/> |
| 87. Acrolein                       | <input type="checkbox"/> | <input type="checkbox"/> |

### IX. PHTHALATE ESTERS

- |                                   |                          |                          |
|-----------------------------------|--------------------------|--------------------------|
| 87. Phthalate, dimethyl           | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Phthalate, diethyl            | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. Phthalate, di-n-butyl         | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. Phthalate, di-n-octyl         | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. Phthalate, bis (2-ethylhexyl) | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. Phthalate, butyl benzyl       | <input type="checkbox"/> | <input type="checkbox"/> |

### X. POLYCYCLIC AROMATIC HYDROCARBONS

- |                                 |                          |                          |
|---------------------------------|--------------------------|--------------------------|
| 93. Acenaphthene                | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Acenaphthylene              | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Anthracene                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Benzo (a) anthracene        | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Benzo (b) fluoranthene      | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Benzo (k) fluoranthene      | <input type="checkbox"/> | <input type="checkbox"/> |
| 99. Benzo (g,h,i) perylene      | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. Benzo (a) pyrene           | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. Chrysene                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Dibenzo (a,h) anthracene   | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. Fluoranthene               | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. Fluorene                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. Indeno (1, 2, 3-cd) pyrene | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. Napthalene                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. Phenanthrene               | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. Pyrene                     | <input type="checkbox"/> | <input type="checkbox"/> |

**XI. PESTICIDES**

- 109. Acrolein
- 110. Aldrin
- 111. BHC (Alpha)
- 112. BHC (Beta)
- 113. BHC (Gamma) or Lindane
- 114. BHC (Delta)
- 115. Chlordane
- 116. DDD
- 117. DDE
- 118. DDT
- 119. Idrin
- 120. Endosulfan (Alpha)
- 121. Endosulfan (Beta)
- 122. Endosulfan Sulfate
- 123. Endrin
- 124. Heptachlor
- 125. Heptachlor epoxide
- 126. Isophorone
- 127. TCDD (or Dioxin)
- 128. Toxaphene

**XII. CONVENTIONAL AND  
NON-CONVENTIONAL POLLUTANTS**

- 129. Bromide
- 130. Chlorine, Total Residual
- 131. Color
- 132. Fecal Coliform
- 133. Fluoride
- 134. Nitrate-Nitrite
- 135. Nitrogen, Total Organic
- 136. Oil and Grease
- 137. Phosphorus, Total
- 138. Radioactivity
- 139. Sulfate
- 140. Sulfide
- 141. Sulfite
- 142. Surfactants
- 143. Aluminum, Total
- 144. Barium, Total
- 145. Boron, Total
- 146. Cobalt, Total
- 147. Iron, Total
- 148. Magnesium, Total
- 149. Molybdenum, Total
- 150. Manganese, Total
- 151. Tin, Total
- 152. Titanium, Total



**SECTION F. WASTEWATER INFORMATION (Cont'd)**

4. For all chemical products used at your facility and/or identified as "Known Present," please list and provide the following data for each: (attach additional sheets if needed).

| Trade/Product Name | Monthly Usage<br>(lbs. or gal) | Estimated Loss to<br>sanitary sewer (lbs. or<br>gal. / month) |
|--------------------|--------------------------------|---|
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |
|                    |                                |   |

5. Is any form of wastewater pretreatment utilized at your facility ? Yes  No

If "yes", check as many as appropriate.

- |  |  |
|--|--|
| <input type="checkbox"/> Air flotation                 | <input type="checkbox"/> Ozonation                           |
| <input type="checkbox"/> Centrifuge                    | <input type="checkbox"/> Silver recovery                     |
| <input type="checkbox"/> Chemical precipitation        | <input type="checkbox"/> Reverse Osmosis                     |
| <input type="checkbox"/> Chlorination                  | <input type="checkbox"/> Screens (Hydro-sieve, etc.)         |
| <input type="checkbox"/> Cyclone                       | <input type="checkbox"/> Sedimentation                       |
| <input type="checkbox"/> Filtration                    | <input type="checkbox"/> Solvent separation                  |
| <input type="checkbox"/> Flow equalization tank        | <input type="checkbox"/> Spill protection                    |
| <input type="checkbox"/> Grease or oil separation      | <input type="checkbox"/> Sump                                |
| <input type="checkbox"/> Grease trap                   | <input type="checkbox"/> Biological treatment, type _____    |
| <input type="checkbox"/> Grit removal                  | <input type="checkbox"/> Rainwater diversion or storage      |
| <input type="checkbox"/> Ion Exchange                  | <input type="checkbox"/> Other chemical treatment type _____ |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Other, give description below.      |

Brief Description: \_\_\_\_\_

\_\_\_\_\_

**SECTION G. OTHER WASTES**

1. Are any liquid wastes or sludges being generated that are not disposed of in the sewer system?

Yes  No

2. Indicate wastes generated by your facility and check the appropriate box to classify:

| Waste(s)            | Hazardous                |                          | Disposal Method          |                          | (Estimated Gal. or Pounds/Year) |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
|                     | Y                        | N                        | On Site                  | Off Site                 |                                 |
| Acid and Alkalies   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Heavy Metal Sludge  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Inks/Dyes           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Organic Compounds   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Paints              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Pesticides          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Plating Wastes      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Pretreatment Sludge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Solvents/Thinners   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Oil and/or Grease   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |
| Other (specify)     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____                           |

Please submit the most recent receipts and/or waste manifests with this application.

3. On-Site Storage: Yes  No  Method: Drum  Roll-off Container  Tank

Other (specify): \_\_\_\_\_

b. Typical duration of storage: \_\_\_\_\_ Days

c. Typical volume of waste stored: \_\_\_\_\_ Pounds \_\_\_\_\_ Gallons

- d. Is storage site
- Self-contained
  - Waste segregated
  - protected from a reaction

Explain: \_\_\_\_\_

4. On-Site Disposal:  Yes  No

Disposal Method: Reclamation  Land Disposal  Incineration  Other

**SECTION G. OTHER WASTES (Cont'd)**

5. Off-Site Disposal:  Yes  No

Off-Site facility receiving waste \_\_\_\_\_

Name of Facility \_\_\_\_\_

Facility Operator \_\_\_\_\_

Facility Location \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

6. Waste hauled off-site by:  Industry  Waste-hauler  Other

*\*Wastehauler information*

Company name / Contact person \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_

Environmental Protection Agency  
Registration No.: \_\_\_\_\_

TCEQ Registration No.: \_\_\_\_\_

SAWS Industrial Waste Transportation  
Permit No.: \_\_\_\_\_

*\*List as many as necessary*

**SECTION H. LIST OTHER ENVIRONMENTAL CONTROL PERMITS**

Including any NPDES/TPDES permits held for any discharge to storm drain or surface course:

| Permit no. | Facility Name<br>(if different from<br>applicant name) | Outfall description / no. | Discharge permit type<br>(e.g. storm water, air,<br>hazardous waste, etc.) |
|------------|--|---------------------------|--|
|            |  |                           |  |
|            |  |                           |  |
|            |  |                           |  |
|            |  |                           |  |
|            |  |                           |  |
|            |  |                           |  |

**SECTION I. PRETREATMENT AND POLLUTION PREVENTION (P2)**

1. Describe any wastewater treatment equipment or processes in use:

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2. Describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion:

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3. Pollution Prevention (P2)

Describe any pollution prevention activities that have taken place during the past five (5) to ten (10) years such as:

a) Closed Loop system \_\_\_\_\_

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b) Chemical Substitutions \_\_\_\_\_

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c) Water Conservation \_\_\_\_\_  
\_\_\_\_\_

d) Process Changes \_\_\_\_\_  
\_\_\_\_\_

e) Recycling \_\_\_\_\_  
\_\_\_\_\_

f) Better Industrial Housekeeping \_\_\_\_\_

g) Secure Chemical Storage Areas \_\_\_\_\_  
\_\_\_\_\_

h) Floor Drains Closed Off \_\_\_\_\_  
\_\_\_\_\_

i) Retaining Walls Built to Catch Spills, etc. \_\_\_\_\_  
\_\_\_\_\_

j) Other Pollution Prevention P2 Activities \_\_\_\_\_  
\_\_\_\_\_

4. Do you dispose of any chemicals, solvents, sludges, or hazardous materials as a result of your processes?

Yes       No

If so, provide a description of each material, giving the composition, annual quantity, and means of disposal. \_\_\_\_\_

\_\_\_\_\_

5. If a private hauler is used to haul sludges/residuals, provide name and EPA Identification Number.

\_\_\_\_\_

\_\_\_\_\_

6. Where is the ultimate disposal site for sludges/residuals?

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7. Do you have copies of manifests for waste hauled off site?  Yes  No

8. Do you have a spill prevention, containment and control plan (SPCC) for your facility?  Yes  No

9. Do you have a solvent management plan for your facility?  Yes  No

10. Do you have a certified operator for your pretreatment facility?  Yes  No

If yes: Name \_\_\_\_\_

Address \_\_\_\_\_

Certification Number \_\_\_\_\_

**SECTION J. PRETREATMENT - Best Management Practices (BMPs)**

1. Does your facility implement any BMPs?  Yes  No

2. Describe: \_\_\_\_\_

3. Does your facility perform any employee training in operation of the pretreatment equipment, of what is a “prohibited discharges”, in the expectation of general housekeeping, or in waste management?

Yes  No

**SECTION K. ADDITIONAL INFORMATION:**

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