**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 4th 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

Aluminum Forming  Anodizing

Battery Manufacturing  Coating

# Coil Coating Milling

Electroplating  Pharmaceutical

Electrical/Electronic  Transportation & Equipment Cleaning

Leather Tanning/Finishing  Centralized Waste Treatment

Metal Finishing  Electrolysis

Printed Circuit Board

B. Other Industrial Activities

Bottlers  Paint or Ink Formulation

Flammables/Explosives  Photographic Processing

Food Manufacturing  Plastics Processing

Food Preparation Services  Printing

Laboratory  Repair Shop/Garage

Laundry, Cleaning  Research

Machine Shop  Rubber Processing

Medical Care  Steam/Power Generation

Military Base  Warehousing

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:

Describe any materials recycling conducted at your facility:

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:

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) |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

Total should equal discharge to SAWS sewer in Table 6.

2. 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)

3. 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.

Yes No

# **I. METALS** Yes No

1. Antimony

2. Arsenic

3. Asbestos

4. Beryllium

5. Cadmium

6. Chromium

7. Copper

8. Cyanide

9. Lead

10. Mercury

11. Nickel

12. Selenium

13. Silver

14. Thallium

15. Zinc

**II**. **PHENOLS AND CRESOLS**

16. Phenol(s)

17. Phenol, 2-chloro

18. Phenol, 2, 4-dichloro

19. Phenol, 2, 4, 6-trichloro

20. Phenol, pentachloro

21. Phenol, 2-nitro

22. Phenol, 4-nitro

23. Phenol, 2, 4-dinitro

24. Phenol, 2, 4-dimethyl

25. m-Cresol, p-chloro

26. o-Cresol, 4, 6-dinitro

##### III. MONOCYCLIC AROMATICS

**(EXCLUDING PHENOLS, CRESOLS & PHTHALATES)**

27. Benzene

28. Benzene, chloro

29. Benzene, 1,2-dichloro

30. Benzene, 1,3-dichloro

31. Benzene, 1, 4-dichloro

32. Benzene, 1, 2, 4-trichloro

33. Benzene, hexachloro

34. Benzene, ethyl

35. Benzene, nitro

36. Toluene

37. Toluene, 2, 4-dinitro

38. Toluene, 2, 6-dinitro

**IV. PCB & RELATED COMPOUNDS**

39. PCB-1016

40. PCB-1221

41. PCB-1232

42. PCB-1242

43. PCB-1248

44. PCB-1254

45. PCB-1260

46. 2-Chloronaphthalene

##### V. ETHERS

47. Ether, bis (chloromethyl)

48. Ether, bis (2-chloroethyl)

49. Ether, bis (2-chloroisopropyl)

50. Ether, 2-chloroethyl vinyl

51. Ether, 4-bromophenyl phenyl

52. Ether, 4-chlorophenyl phenyl

53. Bis (2-chloroethoxy) methane

**VI. NITROSAMINES & OTHER** **NITROGEN**

**-CONTAINING COMPOUNDS**

54. Nitrosamine, dimethyl

55. Nitrosamine, diphenyl

56. Nitrosamine, di-n-prophyl

57. Benzidine

58. Benzidine, 3, 3-dichloro

59. Hydrazine, 1, 2-diphenyl

60. Acrylonitrile

##### VII. ORGANICS

61. Methane, bromo

62. Methane, chloro-

63. Methane, dichloro

64. Methane, chlorodibromo

65. Methane, dichlorobromo

66. Methane, tribomo

67. Methane, trichloro

68. Methane, tetrachloro

69. Methane, trichlorofluoro

70. Methane, dichlorodifluoro

71. Chloroethane

**VIII. POLYCYCLIC AROMATIC** **HYDROCARBONS**

72. Ethane, 1, 1-dichloro

73. Ethane, 1, 2-dichloro

74. Ethane, 1, 1, 1-trichloro

75. Ethane, 1, 1, 2-trichloro

76. Ethane, 1, 1, 2, 2-tetrachloro

77. Ethane, hexachloro

78. Ethane, chloro

79. Ethene, 1, 1-dichloro

80. Ethene, 1, 2(trans)-dichloro

81. Ethene, trichloro

82. Ethene, tetrachloro

83. Propane, 1, 2-dichloro

84. Propane, 2, 4-dichloro

85. Butadiene, hexachloro

86. Cyclopentadiene, hexachloro

87. Acrolein

##### IX. PHTHALATE ESTERS

87. Phthalate, dimethyl

88. Phthalate, diethyl

89. Phthalate, di-n-butyl

90. Phthalate, di-n-octyl

91. Phthalate, bis (2-ethylhexyl)

92. Phthalate, butyl benzyl

##### X. POLYCYCLIC AROMATIC HYDROCARBONS

93. Acenaphthene

94. Acenaphthylene

95. Anthracene

96. Benzo (a) anthracene

97. Benzo (b) fluoranthene

98. Benzo (k) fluoranthene

99. Benzo (g,h,i) perylene

100. Benzo (a) pyrene

101. Chrysene

102. Dibenzo (a,h) anthracene

103. Fluoranthene

104. Fluorene

105. Indeno (1, 2, 3-cd) pyrene

106. Napthalene

107. Phenanthrene

108. Pyrene

##### 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 expoxide

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  (lbs. or gal) | Estimated Loss to sanitary sewer (lbs. or gal. / month) |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

If “yes”, check as many as appropriate.

Air flotation  Ozonation

Centrifuge  Silver recovery

Chemical precipitation  Reverse Osmosis

Chlorination  Screens (Hydro-sieve, etc.)

Cyclone  Sedimentation

Filtration  Solvent separation

Flow equalization tank  Spill protection

Grease or oil separation  Sump

Grease trap  Biological treatment, type

Grit removal  Rainwater diversion or storage

Ion Exchange  Other chemical treatment type

Neutralization, pH correction  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

# Heavy Metal Sludge

Inks/Dyes

# Organic Compounds

Paints

Pesticides

Plating Wastes

Pretreatment Sludge

Solvents/Thinners

Oil and/or Grease

Other (specify)

*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

1. 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  (if different from applicant name) | Outfall description / no. | Discharge permit type (e.g. storm water, air, hazardous waste, etc.) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

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

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

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

b) Chemical Substitutions

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?

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**: