

## Wastewater Discharge Permit Application For General Industrial Users

This application is required in conjunction with any proposed discharge of industrial wastewater to the City of Austin's (City) sanitary sewer system from general industrial users. All sections of this application must be completed before it will be accepted by the City. Unauthorized revisions to or modifications of this form may invalidate the application.

Automotive repair shops, analytical laboratories, bakeries, carwashes, daycare facilities, doctor & dentist offices, grocery stores, laundry facilities, restaurants (& similar food service establishments), schools, photo processors, print shops and silk screen operations shall complete this abbreviated application for general industrial users

Those applicants that are not sure if they qualify as general industrial users should contact our office at (512) 972-1060 to determine if the use of this application form is appropriate. Our normal business hours are Monday-Friday between 7:30 AM and 4:00 PM. Each different type of wastewater discharge permit application is available on the Austin Water Utility web site at: <a href="https://www.austintexas.gov/department/industrial-waste-control-pretreatment">www.austintexas.gov/department/industrial-waste-control-pretreatment</a>.

## **Table of Contents**

Se	ection	Page
Α.	Identifying Information	2
	Business Activity	
C.	Authorized Representative Signature & Certification	5

Mail completed application to: City of Austin / Austin Water Utility

Special Services Division / Office of Industrial Waste

3907 S. Industrial Drive, Suite 100

Austin, TX 78744-1070

## A. Identifying Information

Wastewater Service Account Holder In	formation						
(pays the wastewater service account s	serving the fa	acility de	scribed i	n the ap	plication)		
Name (legal name of person, company or entity)		Wastew	ater Servic	e Account	Number (from u	tility bill)	
Matter a Address	<del></del>	( Telepho	)	-	ext.		
Mailing Address		releprio	ne no.				
		(	)	-			
City, State	Zip Code	Fax Nur	nber				
Constant left and the fooi	''''	1 !:- 4b a .				_	_
Operator Information (operates the faci	lity describe	d in the a	applicatio	n)			
Name (legal name of person, company or entity)		Title (if a	applicable)				
Address of Site Discharging Wastewate	er		Bu	siness M	/lailing Addres	SS	
Site Address	<del> </del>	Mailing	Address				
0.00							
,			,				
City, State	Zip Code	City, Sta	ate			Zip	Code
Contact Information							
Contactc							
Name (person)		Title					
		(	)	-	ext.		
E-mail Address		Telephone No.					
		_			_		
Mailing Address	T	24-Hour	) r Emergend	- N Dhone N	ext.		
Mailing Address		245 1001	Lillergeno	y FIIOHE I	vuilibei		
,		(	)	-			
City, State	Zip Code	Fax Nur	nber				
If the operator is not the wastewater serv	vice account	holder f	or the fac	oility brid	ofly describe t	the one	rator'e
scope of responsibility below.	Alce account	. Holder i	OI LITE TO	Jiity, Din	City describe	liie opei	alui 3

В.	Business Activity			
1.	Water Consumption (gallons/month):	☐ Estimate	☐ Actual	
2.	Wastewater Average (gallons/month):	☐ Estimate	☐ Actual	
3.	Standard Industrial Classification (SIC):			
1.	Identify the type of business, activity or service conducted at this f service station, garage, office, bakery, photo lab, manufacturing, e		aurant, laundry,	
5.	Identify the waste processes conducted at this facility (e.g., equipment/floor washing, cooling, metal finishing, x-ray/photo waste, utility blowdown, etc.):			
5.	Identify the major chemicals used in the processes (e.g., soaps, d metal salts, cyanides, etc.):	etergents, caust	ics, solvents, acids,	

		☐ Yes	☐ No	
yes, provide the inform ncludes rendering oil, g	mation requested in the grease trap contents, ph	table below (examples otographic waste, grit, ı	of type of waste used antifreeze,	/substance etc.):
Type of Waste/Substance	Transporter Name	Disposal Facility Name	Frequency	Quantit (per yea

## C. Authorized Representative Signature & Certification

The following certification statement must be signed by an authorized representative as the designated signatory authority for the facility. The authorized representative may be:

- a. A general partner or proprietor, if the industrial user submitting reports required by this permit is a partnership or sole proprietorship, respectively.
- b. A responsible corporate officer, if the industrial user submitting the reports required by this permit is a corporation. For the purposes of this section, a responsible corporate officer means:
  - 1.) A president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
  - 2.) The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned to the manager in accordance with corporate procedures.
- c. By the director or highest official appointed or designated to oversee the operations of the facility, if the industrial user submitting reports required by this permit is a federal, state or local government entity or other institutional organization (i.e. churches, schools, non-profit agencies...etc.).

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 Name		
Title		
Signature	Date	