



WASTEWATER DISCHARGE PERMIT APPLICATION for SIGNIFICANT INDUSTRIAL USERS

This permit application is required for any proposed discharge of industrial wastewater to the City of Austin’s (City) sanitary sewer system from Significant 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. Completing this application will meet the Baseline Monitoring Report (BMR) requirements for Significant Industrial Users subject to Federal categorical pretreatment standards.

Significant Industrial Users are defined per the following criteria:

- An industrial user that discharges an average of 25,000 gallons per day or more of process water to the sanitary sewer system;
- An industrial user that contributes a process wastestream making 5% or more of the average dry weather hydraulic or organic capacity of the receiving wastewater treatment plant;
- An industrial user defined by the City as such because of its reasonable potential to adversely affect the sanitary sewer system, wastewater treatment plant operations, or violate any pretreatment standard or requirement; or
- An industrial user subject to Federal categorical pretreatment standards

Those applicants that are not sure if they meet the definition of a significant industrial user should contact the Office of Industrial Waste at (512) 972-1060 for assistance with determining if the use of this wastewater discharge permit application 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 website at:

<http://www.austintexas.gov/department/pretreatment-forms-applications-and-reports>

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Submit completed application to:

City of Austin / Austin Water
Special Services Division / Office of Industrial Waste
3907 S. Industrial Drive, Suite 100
Austin, TX 78744-1070



AustinWater.org

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A. Identifying Information

Operator Information (operates the facility described in the application)			
Name (legal name of person, company or entity)		Title (if applicable)	
Address of Site Discharging Wastewater		Business Mailing Address	
Site Address		Mailing Address	Zip Code
City, State	Zip Code	City, State	Zip Code

Owner Information (owns the facility described in the application)		
Name (legal name of person, company or entity)		Title (if applicable)
Email Address		Office Phone Number
Mailing Address		Cell Phone Number
City, State	Zip Code	24-Hour Emergency Phone Number

Contact Information		
Name (person)		Title
Email Address		Office Phone Number
Mailing Address		Cell Phone Number
City, State	Zip Code	24-Hour Emergency Phone Number

Identify an authorized representative and, if applicable, a duly authorized representative as the designated signatory authority of the facility.

The authorized representative must be:

1. If the industrial user submitting the reports required by the permit is a corporation, the authorized representative must be:
 - a. 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

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- b. The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or action taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. A general partner or proprietor, if the industrial user submitting reports required by the permit is a partnership or sole proprietorship, respectively.
 3. The director or highest official appointed or designated to oversee the operation and performance of activities of the facility, if the industrial user submitting reports required by the permit is a federal, state or local government entity or other institutional organization (i.e., churches, schools, non-profit agencies, and etc.).

The duly authorized representative may be a person specified by the authorized representative identified below if the specified person holds a position with responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

Authorized Representative		
Printed Name	Signature	
Title	Office Phone Number	
Mailing Address	24-Hour Emergency Phone Number	
City, State	Zip Code	Email Address

Duly Authorized Representative		
Printed Name	Signature	
Title	Office Phone Number	
Mailing Address	24-Hour Emergency Phone Number	
City, State	Zip Code	Email Address

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B. General Information

1. Indicate pertinent identification numbers and permits (attach additional sheets if necessary):

Standard Industrial Classification (SIC):	(1°)
Standard Industrial Classification (SIC):	(2°)
Water Source (i.e. private well, municipal water utility, etc.):	
Water Service Provider:	
City of Austin Water Meter Number(s):	
City of Austin Wastewater Service Account Number	
City of Austin Wastewater Discharge Permit:	Permit No.
Other Environmental Control Permits Issued for the Applicant Site	
TCEQ Notice of Registration:	Permit No.
TCEQ Stormwater Permit:	Permit No.
TCEQ Air Emissions Permit:	Permit No.
City of Austin Stormwater Permit:	Permit No.
City of Austin Hazardous Materials Permit:	Permit No.
Permit Type:	Permit No.
Permit Type:	Permit No.

C. Business Activity

1. Identify the type of business activity or service conducted at this facility. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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2. If the 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).

Industrial Categories With Categorical Pretreatment Standards

- | | |
|---|---|
| <input type="checkbox"/> Dairy Products Processing (Part 405) | <input type="checkbox"/> Oil & Gas Extraction (Part 435) |
| <input type="checkbox"/> Grain Mills (Part 406) | <input type="checkbox"/> Mineral Mining & Processing (Part 436) |
| <input type="checkbox"/> Canned & Preserved Fruits and Vegetables Processing (Part 407) | <input type="checkbox"/> Centralized Waste Treatment (Part 437) |
| <input type="checkbox"/> Canned & Preserved Seafood Processing (Part 408) | <input type="checkbox"/> Metal Products & Machinery (Part 438) |
| <input type="checkbox"/> Sugar Processing (Part 409) | <input type="checkbox"/> Pharmaceutical Manufacturing (Part 439) |
| <input type="checkbox"/> Textile Mills (Part 410) | <input type="checkbox"/> Ore Mining & Dressing (Part 440) |
| <input type="checkbox"/> Cement Manufacturing (Part 411) | <input type="checkbox"/> Transportation Equipment Cleaning (Part 442) |
| <input type="checkbox"/> Concentrated Animal Feeding Operations (CAFO) (Part 412) | <input type="checkbox"/> Paving & Roofing Materials (Tars and Asphalt) (Part 443) |
| <input type="checkbox"/> Electroplating (Part 413) | <input type="checkbox"/> Waste Combustors (Part 444) |
| <input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers (Part 414) | <input type="checkbox"/> Landfills (Part 445) |
| <input type="checkbox"/> Inorganic Chemicals Manufacturing (Part 415) | <input type="checkbox"/> Paint Formulating (Part 446) |
| <input type="checkbox"/> Soap & Detergent Manufacturing (Part 417) | <input type="checkbox"/> Ink Formulating (Part 447) |
| <input type="checkbox"/> Fertilizer Manufacturing (Part 418) | <input type="checkbox"/> Airport Deicing (Part 449) |
| <input type="checkbox"/> Petroleum Refining (Part 419) | <input type="checkbox"/> Concentrated Aquatic Animal Production (Part 451) |
| <input type="checkbox"/> Iron & Steel Manufacturing (Part 420) | <input type="checkbox"/> Gum & Wood Chemicals Manufacturing (Part 454) |
| <input type="checkbox"/> Nonferrous Metals Manufacturing (Part 421) | <input type="checkbox"/> Pesticide Chemicals (Part 455) |
| <input type="checkbox"/> Phosphate Manufacturing (Part 422) | <input type="checkbox"/> Explosives Manufacturing (Part 457) |
| <input type="checkbox"/> Steam Electric Power Generating (Part 423) | <input type="checkbox"/> Carbon Black Manufacturing (Part 458) |
| <input type="checkbox"/> Ferroalloy Manufacturing (Part 424) | <input type="checkbox"/> Photographic (Part 459) |
| <input type="checkbox"/> Leather Tanning & Finishing (Part 425) | <input type="checkbox"/> Hospitals (Part 460) |
| <input type="checkbox"/> Glass Manufacturing (Part 426) | <input type="checkbox"/> Battery Manufacturing (Part 461) |
| <input type="checkbox"/> Asbestos Manufacturing (Part 427) | <input type="checkbox"/> Plastics Molding & Forming (Part 463) |
| <input type="checkbox"/> Rubber Manufacturing (Part 428) | <input type="checkbox"/> Metal Molding & Casting (Part 464) |
| <input type="checkbox"/> Timber Products Processing (Part 429) | <input type="checkbox"/> Coil Coating (Part 465) |
| <input type="checkbox"/> Pulp, Paper, & Paperboard (Part 430) | <input type="checkbox"/> Porcelain Enameling (Part 466) |
| <input type="checkbox"/> Builders' Paper & Paperboard Mills (Part 431) | <input type="checkbox"/> Aluminum Forming (Part 467) |
| <input type="checkbox"/> Meat Products (Part 432) | <input type="checkbox"/> Copper Forming (Part 468) |
| <input type="checkbox"/> Metal Finishing (Part 433) | <input type="checkbox"/> Electrical & Electronic Components (Part 469) |
| <input type="checkbox"/> Coal Mining (Part 434) | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders (Part 471) |
| | <input type="checkbox"/> Other: _____ |

A facility with processes inclusive in these business areas may be covered by the United States Environmental Protection Agency's (EPA) categorical pretreatment standards. Refer to the above referenced parts of Chapter 40 of the Code of Federal Regulations to determine if such regulations apply to your facility (links to the Code of Federal Regulations are available on the Austin Water website at: <http://www.austintexas.gov/department/significant-industrial-users>). Such facilities are termed "Categorical Industrial Users."

3. For each industrial category checked above, specify the categorical subpart(s) that apply per Chapter 40 of the Code of Federal Regulations:
- Categorical Subpart _____
 - Categorical Subpart _____
 - Categorical Subpart _____

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4. Indicate production levels for the past calendar year and estimates for the current calendar year:

Type of Product or Brand Name	Past Calendar Year Daily Quantities (with units)		Estimate This Calendar Year Daily Quantities (with units)	
	Average	Maximum	Average	Maximum

5. Provide the following information regarding the number of employees working at the facility:

	1 st Shift	2 nd Shift	3 rd Shift	Other
	start time:	start time:	start time:	start time:
	end time:	end time:	end time:	end time:
	Approximate Number of Employees per Shift			
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

6. Does the operation shut down for holidays, maintenance, or other reasons?

Yes

No

If yes, indicate the reasons and periods when shutdown occurs:

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D. Water Use Information

1. List average water usage on the premises in gallons per day (new facilities may use estimates):

Water Use	Average Water Usage (GPD)	Estimated or Measured? (E or M)
Process		
Non-contact Cooling Water (chill water loops, cooling towers, and etc.)		
Boiler Feed		
Water Contained in Product		
Sanitary Wastes (restrooms, employee showers, and etc.)		
Air Pollution Control		
Plant and Equipment Washdown		
Irrigation		
Other:		
Other:		
Grand Total		

2. Does the facility have any auxillary water supply (a water supply from a source other than the City's potable water supply including but not limited to water wells, rainwater, reclaimed water, etc.)?

Yes

No

If yes, specify the type of auxillary water supply and usage:

3. Does the facility reclaim any process wastewater, reverse osmosis concentrate, or other wastestream for reuse?

Yes

No

If yes, specify the type of wastestream reclaimed and reuse:

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E. Wastewater Disposal Information

1. Indicate all wastewater disposal methods employed (check all that apply):

Type of Discharge	Average Discharge Flow (GPD)	Estimated or Measured? (E or M?)
<input type="checkbox"/> Sanitary Sewer		
<input type="checkbox"/> Surface Water		
<input type="checkbox"/> Septic Tank		
<input type="checkbox"/> Waste Haulers		
Grand Total		

2. List size, location of connection, and estimated flow of each building sewer that connects to the City of Austin sanitary sewer system (If more than five, attach additional information on another sheet).

Sewer Size (inches)	Descriptive Location of Sewer Connection or Discharge Point	Average Discharge Flow (GPD)

F. Wastewater Discharge Information

1. Does (or will) this facility discharge any wastewater other than from restrooms to the sanitary sewer?

Yes No

If yes, complete the remainder of this application. If no, skip to **Section I, Non-Discharged Wastes**.

2. Provide the following information on wastewater discharges (new facilities may estimate).

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday
Average Discharge Duration (Number of Hours per Day)								
Maximum Discharge Duration (Number of Hours per Day)								
Wastewater Discharge Start Time								
Wastewater Discharge End-Time								

Peak Hourly Flow Rate (GPM): _____

Maximum Daily Flow Rate (GPD): _____

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3. Provide the wastewater discharge flows for each of your processes or proposed processes. Include the Identification (ID) Number from a schematic block flow process diagram that corresponds to each process (New facilities should provide estimates for each discharge). The ID numbers must correspond to the ID numbers used in **Exhibits A, B & C**.

Categorical Users must enter the appropriate letter for the *Stream Type* as follows:

R = Categorically Regulated Process Stream (defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard).

U = Unregulated process stream (defined as a wastestream from an industrial process that is not regulated by a categorical pretreatment standard and is not defined as a dilution wastestream).

D = Dilution wastestream [includes sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams and process wastestreams from certain industrial categories exempted by the US Environmental Protection Agency from categorical pretreatment standards—for further details see 40 CFR 403.6 (e)].

ID No.	Process Description	Stream Type	Average Flow (GPD)	Maximum Flow (GPD)	Estimated or Measured (E or M)?	Discharge Type (none, batch, intermittent, or continuous)

4. Provide the following information specific to batch discharges of wastewater **to the sanitary sewer** (batch discharges are intentional, controlled discharges that occur as the result of non-continuous discharge operations). New facilities may use estimates:

a. Wastestream Identity: _____
 Number of batch discharges per day: _____
 Average discharge volume per batch (gallons): _____
 Discharge times (day(s) of the week & hours of the day): _____
 Flow rate (gpm): _____

b. Wastestream Identity: _____
 Number of batch discharges per day: _____
 Average discharge volume per batch (gallons): _____
 Discharge times (day(s) of the week & hours of the day): _____
 Flow rate (gpm): _____

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5. Has the facility commenced discharge of any process wastestream subject to categorical pretreatment standards? Yes No NA

If yes, indicate the date the facility commenced discharge: _____

If no, indicate the date that the facility proposes to commence discharge: _____

6. Has the facility submitted a Baseline Monitoring Report (BMR)? Yes No NA

If yes, indicate the date the BMR was submitted: _____

7. Indicate the presence or planned installation of the following equipment at the facility.

	Flow Metering Equipment	pH Monitoring Equipment	Sampling Equipment
Is this equipment currently in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, will this equipment be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If applicable, indicate the present or future location of this equipment on **Exhibit A** and describe the model and type of equipment below along with planned installation date:

8. Are any process changes or expansions planned that could alter wastewater volumes or characteristics? Consider production processes as well as air or wastewater treatment processes that may affect the discharge. Yes No

If yes, describe the planned changes and their anticipated effects on the wastewater volume and characteristics in **Exhibit D**.

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F. Characteristics of Discharge

The purpose of this section is to determine if any wastestreams require pretreatment and if existing or proposed pretreatment systems are adequate. **All wastewater analytical data submitted must be in accordance with approved test methods listed in 40 CFR Part 136. Current approved test methods are identified in the following link: <https://www.ecfr.gov/current/title-40/chapter-I/subchapter-D/part-136?toc=1>**

New significant industrial users that do not have access to site specific analytical data may submit historical data from another facility with a similar process(s) or other evidence documenting the potential pollutant concentrations as long as the information is sufficient to determine the need for pretreatment.

1. **End-of-Pipe:** Analytical data from at least two samples should be submitted for all of the pollutants identified on the following Pollutant List that could reasonably be expected to be present in the combined discharge from the facility. Attach the analytical data to this application as **Exhibit G**.
2. **End-of-Process (Categorical Significant Industrial Users Only):** Analytical data for each end-of-process outfall for which a categorical pretreatment standard may apply must be submitted for each potentially regulated pollutant. Refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application (links to the Code of Federal Regulations are available on the Austin Water website at: <http://www.austintexas.gov/department/significant-industrial-users>). Attach the analytical data to this application as **Exhibit G**.

Significant Industrial Users currently operating under a valid City of Austin Wastewater Discharge Permit are not required to submit analytical data if the results included with the most recently submitted Self-Monitoring Report are representative of the proposed discharges and there are no current plans to change existing processes or add new processes.

For **Categorical Significant Industrial Users** subject to total toxic organics (TTO) monitoring requirements (refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application). Links to the Code of Federal Regulations are available on the Austin Water website at: <http://www.austintexas.gov/department/significant-industrial-users>

If Applicable, provide the following TTO information:

1. Does (or will) this facility use any of the toxic organics listed under the applicable TTO standards published by the EPA in 40 CFR 413 through 699 (categorical pretreatment standards).
 Yes No NA
2. Has a Toxic Organics Management Plan (TOMP) or Solvent Management Plan (SMP) been developed?
 Yes No NA

If yes, submit a copy of the applicable TTO management plan and attach to this application as **Exhibit F**.

If no, the applicant may develop and submit a TOMP or SMP as noted above for possible reduced TTO sampling requirements. This option is available to regulated industrial users in the Electroplating, Metal Finishing, and Electrical and Electronic Components categories. For guidance material relating to the preparation of a TOMP or SMP connect to the Austin Water website at the following address:

http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_to_mpguidance.pdf

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Pollutant List

<u>CAS No.</u>	<u>Pollutant Name</u>	<u>CAS No.</u>	<u>Pollutant Name</u>
83-32-9	Acenaphthene	105-67-9	2,4-Dimethylphenol
208-96-8	Acenaphthylene	131-11-3	Dimethylphthalate
107-02-8	Acrolein	84-74-2	Di-n-butylphthalate
107-13-1	Acrylonitrile	117-84-0	Di-n-octylphthalate
309-00-2	Aldrin	534-52-1	4,6-Dinitro-o-cresol
120-12-7	Anthracene	51-28-5	2,4-Dinitrophenol
71-43-2	Benzene	121-14-2	2,4-Dinitrotoluene
92-87-5	Benzidine	606-20-2	2,6-Dinitrotoluene
56-55-3	1,2-Benzanthracene	122-66-7	1,2-Diphenylhydrazine
50-32-8	Benzo(a)pyrene	959-98-8	alpha-Endosulfan
205-99-2	Benzo(b)fluoranthene	33213-65-9	beta-Endosulfan
191-24-2	1,12-Benzoperylene	1031-07-8	Endosulfan sulfate
207-08-9	Benzo(k)fluoranthene	72-20-8	Endrin
319-84-6	alpha-BHC	7421-93-4	Endrin aldehyde
319-85-7	beta-BHC	100-41-4	Ethylbenzene
319-86-8	delta-BHC	206-44-0	Fluoranthene
58-89-9	gamma-BHC	86-73-7	Fluorene
111-44-4	Bis(2-chloroethyl)ether	76-44-8	Heptachlor
111-91-1	Bis(2-chloroethoxy)methane	1024-57-3	Heptachlor epoxide
39638-32-9	Bis(2-chloroisopropyl)ether	118-74-1	Hexachlorobenzene
117-81-7	Bis(2-ethylhexyl)phthalate	87-68-3	Hexachlorobutadiene
75-25-2	Bromoform	77-47-4	Hexachlorocyclopentadiene
74-83-9	Bromomethane	67-72-1	Hexachloroethane
101-55-3	4-Bromophenylphenylether	193-39-5	Indeno(1,2,3-cd)pyrene
85-68-7	Butylbenzylphthalate	78-59-1	Isophorone
56-23-5	Carbon tetrachloride	75-09-2	Methylene chloride
57-74-9	Chlordane	91-20-3	Naphthalene
108-90-7	Chlorobenzene	98-95-3	Nitrobenzene
124-48-1	Chlorodibromomethane	88-75-5	2-Nitrophenol
75-00-3	Chloroethane	100-02-7	4-Nitrophenol
110-75-8	2-Chloroethylvinylether	62-75-9	N-Nitrosodimethylamine
67-66-3	Chloroform	621-64-7	N-Nitrosodi-n-propylamine
74-87-3	Chloromethane	86-30-6	N-Nitrosodiphenylamine
91-58-7	2-Chloronaphthalene	59-50-7	Parachlorometa cresol
95-57-8	2-Chlorophenol	12674-11-2	PCB-1016
7005-72-3	4-Chlorophenylphenylether	11104-28-2	PCB-1221
218-01-9	Chrysene	11141-16-5	PCB-1232
72-54-8	4,4'-DDD	53469-21-9	PCB-1242
72-55-9	4,4'-DDE	12672-29-6	PCB-1248
50-29-3	4,4'-DDT	11097-69-1	PCB-1254
53-70-3	1,2,5,6-Dibenzanthracene	11096-82-5	PCB-1260
95-50-1	1,2-Dichlorobenzene	87-86-5	Pentachlorophenol
541-73-1	1,3-Dichlorobenzene	85-01-8	Phenanthrene
106-46-7	1,4-Dichlorobenzene	108-95-2	Phenol
91-94-1	3,3'-Dichlorobenzidine	129-00-0	Pyrene
75-27-4	Dichlorobromomethane	79-34-5	1,1,2,2-Tetrachloroethane
75-34-3	1,1-Dichloroethane	127-18-4	Tetrachloroethylene
107-06-2	1,2-Dichloroethane	108-88-3	Toluene
75-35-4	1,1-Dichloroethene	8001-35-2	Toxaphene
156-60-5	trans-1,2-Dichloroethene	120-82-1	1,2,4-Trichlorobenzene
120-83-2	2,4-Dichlorophenol	71-55-6	1,1,1-Trichloroethane
78-87-5	1,2-Dichloropropane	79-00-5	1,1,2-Trichloroethane
10061-01-5	cis-1,3-Dichloropropene	79-01-6	Trichloroethylene
10061-02-6	trans-1,3-Dichloropropene	88-06-2	2,4,6-Trichlorophenol
60-57-1	Dieldrin	75-01-4	Vinyl chloride
84-66-2	Diethylphthalate	1746-01-6	2,3,7,8-TCDD

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Pollutant List (Cont'd)

<u>CAS No.</u>	<u>Pollutant Name</u>	<u>CAS No.</u>	<u>Pollutant Name</u>
7429-90-5	Aluminum	7439-96-5	Managanese
7664-41-7	Ammonia	7439-97-6	Mercury
7440-36-0	Antimony	7439-98-7	Molybdenum
7440-38-2	Arsenic	7440-02-0	Nickel
7440-39-3	Barium	NA	pH
7440-42-8	Boron	7723-14-0	Phosphorus
7440-43-9	Cadmium	14265-44-2	Phosphate
16887-00-6	Chloride	7782-49-2	Selenium
7440-47-3	Chromium	7440-22-4	Silver
7440-50-8	Copper	14808-79-8	Sulfate
57-12-5	Cyanide	7440-28-0	Thallium
NA	Fats, Oils, & Grease (FOG)	NA	Total Dissolved Solids
16984-48-8	Fluoride	7440-66-6	Zinc
7439-92-1	Lead		

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G. Wastewater Treatment

1. Is any form of wastewater treatment (see list below) performed at the facility?

Yes

No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for the facility?

Yes

No

If yes, describe in **Exhibit D**. If no, skip to **Section I**.

3. Treatment devices or processes used or proposed for treating wastewater or sludge prior to discharge or disposal (Check all that apply).

Air flotation

Centrifuge

Chemical precipitation

Cyclone

Filtration

Flow equalization

Grease or oil separation, type: _____

Grease trap

Grinding filter

Grit removal

Ion exchange

Neutralization, pH correction

Ozonation

Screen

Sedimentation

Septic tank

Solvent separation

Spill protection

Sump

Biological treatment, _____

Other chemical treatment, type: _____

Other physical treatment, type: _____

Other, type: _____

Best Available Technology used for Pretreatment (describe in **Exhibit C**)

Best Management Practices used for Pretreatment (describe in **Exhibit C**)

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4. Does the facility have one or more wastewater treatment system operators?

Yes

No

If yes, include the following information:

Primary Wastewater Treatment System Operator

Name	Title
Telephone Number	Working Hours (e.g. Mon-Fri; 9:00 AM to 5:00 PM)

Secondary Wastewater Treatment System Operator

Name	Title
Telephone Number	Working Hours (e.g. Mon-Fri; 9:00 AM to 5:00 PM)

5. Does the facility have a manual or written procedure for the operation of the wastewater treatment system?

Yes

No

6. Does the facility have a written maintenance schedule for the wastewater treatment equipment?

Yes

No

7. Does the facility have a wastewater treatment system operator-training program?

Yes

No

If no to questions 4, 5, 6, or 7 above, explain:

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H. Raw Materials and Chemicals Used

Provide the following information regarding the raw materials and chemicals used for facility operations (exclude janitorial and/or housekeeping chemicals and materials):

Raw Material or Chemical Name	Purpose	Daily Quantities Used		Quantity Stored On-site (gal / lbs)	Storage Location
		Avg.	Max.		

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I. Non-Discharged Wastes

Are any hazardous or non-hazardous liquid wastes or sludges generated and not disposed of in the sanitary sewer system?

Yes

No

If yes, provide the information requested in the two tables below as follows (add additional lines as necessary):

Examples of type of waste/substances includes alkaline cleaners, organic solvents, treatment sludges, caustics, distillation residues, reactive materials, pesticides, plating solutions, and heavy metals hauled off-site for disposal or reclamation. Under the column *Means of Removal*, enter the type of firm or facility that removes or accepts these materials from your site. Under the column *Off-site Disposal*, enter yes if the waste substances are disposed of off-site, no if they are disposed of on-site (i.e. septic system, lagoon, evaporative equipment).

ID	Type of Waste/Substance	Means of Removal	Off-site Disposal?	Frequency	Quantity (per year)	Storage Location
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Under the column *ID*, enter the ID number corresponding to the Type of Waste/Substance noted in the table above. Use multiple ID numbers if one transporter is used to dispose of more than one waste type. Under the column *Transporter Permit No.*, enter the TCEQ permit number for the transporter used to remove the waste substances from the site (if applicable). Under the column *Disp. Facility Permit No.*, enter the US Environmental Protection Agency permit number for the facility used for final disposal of the waste substances from the site.

ID	Transporter Name	Transporter Permit No.	Disposal Facility Name	Disp. Facility Permit No.

WASTEWATER DISCHARGE PERMIT APPLICATION

J. Supporting Exhibits

Attach the following exhibits and submit with the permit application:

- Exhibit A: Building Layout:** Indicate the location of each building on the premises. Show map orientation and location of all water meters, flow meters, storm drains, numbered unit processes (as noted in the table in Section F.4 above), public sewers, and each facility sewer line connected to the public sewers. Show all existing and proposed sampling locations and sampling equipment. A blueprint or drawing of the facilities showing the above items may be acceptable.
- Exhibit B: Schematic Block Flow Process Diagram:** For each major activity in which wastewater is or will be generated, submit a schematic block flow process diagram of the processes showing the flow of raw materials, products, water, and wastewater from the start of the activity to its completion. Indicate which processes use water and which generate wastestreams. Label each unit process that has a wastewater discharge to the sanitary sewer system using the ID Numbers noted in the table in Section F.4 above (also use these same numbers when showing these unit processes in Exhibits A and C).
- Exhibit C Wastewater Treatment Diagrams and Treatment System Operation:** Attach a process flow diagram for each existing treatment system. Include treatment equipment, wastes, by-products, disposal methods, waste volumes, and design and operating conditions. Indicate all wastewater sample collection locations. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility installed. If applicable, describe each best available technology and/or best management practice used.
- Exhibit D Planned Changes:** Describe any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics. Include any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Also consider production processes as well as air or wastewater treatment processes that may affect the discharge. Estimated completion dates must be included as well.
- Exhibit E Slug Control Plan:** All applicants are required to submit a Slug Control Plan. For guidance material relating to Slug Control Plan requirements and preparation guidelines, connect to the utility's website at the following address:
http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_scpreq.pdf
- Exhibit F Toxic Organic Management Plan or Solvent Management Plan (Optional):** Certain categorical industries subject to total toxic organics (TTO) sampling requirements can submit a Toxic Organic Management Plan (TOMP) or Solvent Management Plan (SMP) to the control authority (Austin Water Utility) for potential reductions in TTO sampling requirements. For guidance material relating to the preparation of a TOMP or SMP connect to the utility's website at the following address:
http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_tompguidance.pdf
- Exhibit G End-of-Pipe Sampling Data:** Attach analytical data for any pollutants identified on the Pollutant List (pages 12 and 13) that are expected to be present in the combined discharge from the facility. **End-of-Process Sampling Data (for categorically regulated users only):** Attach analytical data specific to the applicable categorical pretreatment standards for each regulated End-of-Process outfall. Refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application—links to the Code of Federal Regulations are available at: <http://www.austintexas.gov/department/significant-industrial-users>
- Exhibit H Compliance Schedule:** If additional pretreatment and/or operation and maintenance will be required to meet the pretreatment standards, attach the shortest schedule by which the permittee will provide such additional pretreatment and/or operation and maintenance.

WASTEWATER DISCHARGE PERMIT APPLICATION

K. Compliance Certification

1. Are all applicable Federal, State, or Local pretreatment standards and requirements being met on a consistent basis?

Yes No
 NA (not yet discharging)

If no, what additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list the additional treatment technology or practice(s) being considered in order to bring the facility into compliance. Also, attach as **Exhibit H** to this application a schedule for bringing the facility into compliance. Specify major events planned along with reasonable compliance dates.

2. Certification Statement:

The **Authorized Representative** (not the Duly Authorized Representative) as identified in Section A. (page 5) must sign this 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 Name

Title

Signature

Date



AustinWater.org