



WASTEWATER DISCHARGE PERMIT APPLICATION for REMEDIATION PROJECTS

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

Wastewater Discharge Permits for remediation project activities may be issued on a temporary basis for up to two years as the applicant pursues a stormwater discharge permit. In such cases where an applicant has unsuccessfully exhausted all efforts to obtain a stormwater permit, consideration will be granted for a Wastewater Discharge Permit extending beyond the subscribed two year temporary period.

For assistance, call the Office of Industrial Waste Monday-Friday between 7:30 AM and 4:00 PM at (512) 972-1060. This application is available on the Austin Water web site 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



WASTEWATER DISCHARGE PERMIT APPLICATION

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

Indicate pertinent identification numbers and permits (indicate NA for those fields that may not be applicable). Attach additional sheets if necessary:

Water Source (i.e. private well, municipal water utility, etc.):	
Water Service Provider:	
Wastewater Service Provider:	
Wastewater Service Acct. Number:	
Water Meter Number(s):	
City of Austin Wastewater Discharge Permit:	Permit No.
Other Environmental Control Permits Issued for the Applicant Site	
Underground Injection Control:	Permit No.
Dredge & Fill Permit (under §404 of the Clean Water Act):	Permit No.
Resource Conservation & Recovery Act (RCRA):	Permit No.
TCEQ Air Emissions Permit:	Permit No.
TCEQ Notice of Registration:	Permit No.
TCEQ Stormwater Permit:	Permit No.
City of Austin Stormwater Permit:	Permit No.
City of Austin Hazardous Materials Permit:	Permit No.
Other Permit Type:	Permit No.
Other Permit Type:	Permit No.

C. Remediation Activity Overview

- Describe the circumstances leading to the need to conduct remediation activities. Include descriptions of the source of the contamination (i.e. broken pipe, leaking tank, etc.), the type of product(s) or wastes to be recovered (diesel, leaded or unleaded gasoline, solvent, unknown, etc.), and the measures planned or taken to correct the situation (tank removal, repair, etc.). Attach additional sheets as necessary:

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2. What is the estimated volume of waste or product lost? _____
3. What is the total volume of waste or product that is expected to be recovered? _____
4. Describe what will happen to the recovered waste, fuel, product, or other contaminant (reprocessing, hazardous disposal, etc.):

5. Describe the quantity, type, and maximum flow rate of each recovery well that will be used:

6. What is the estimated duration of the remediation operations? _____

D. Wastewater Disposal Information

1. Indicate all wastewater disposal methods employed or proposed (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"/> Storm Sewer		
<input type="checkbox"/> Surface Water		
<input type="checkbox"/> Septic Tank		
<input type="checkbox"/> Waste Haulers		
Others	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
Grand Total		

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

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

E. Wastewater Discharge Information

1. Provide the following information on wastewater discharges from remediation activities (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): _____

2. Does or will the facility discharge from remediation activities throughout the year?

Yes
 No

If no, indicate the months of the year during which the discharge is expected to occur:

3. Provide the following information specific to batch discharges (batch discharges are intentional, controlled discharges that occur as the result of non-continuous operations) if they occur or will occur. New facilities may use estimates:

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

	Flow Metering 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
Will this equipment be installed?	<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. Also identify the minimum and maximum flow measurement capability for this equipment:

F. Characteristics of Discharge

The purpose of this section is to determine: if any wastestreams require pretreatment; if existing or proposed pretreatment systems are adequate; and if the proposed discharge to the sanitary sewer will be permissible. In order to allow this determination, effluent quality data for each existing or proposed connection to the City of Austin sanitary sewer system must be submitted for review.

Analytical data must be provided for each pollutant identified on the proceeding **Pollutant List** that could reasonably be expected to be present in the discharge from each outfall. Attach the analytical data (analytical reports in full) to this application as **Exhibit C**.

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>

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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

Briefly describe the type(s) of treatment proposed for the remediation activities. Include unit size and system design capacity. **Describe the proposed treatment system fully in Exhibit B.**

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H. Non-Discharged Wastes

Are any waste liquids 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):

Under the column *Type of Waste/Substance* enter the type of wastes or substances (e.g. recovered fuels, organic solvents, spent filter media, etc.) that is or will be 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)
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. Under the column *CWT*, enter yes if the disposal facility is a centralized waste treatment facility. Enter no if not.

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

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I. Supporting Exhibits

Attach the following exhibits and submit with the permit application:

- Exhibit A: Facility Layout:** Attach a legible general sketch of the site and include all appurtenant facilities (buildings, ponds, diversion ditches, intake structures, well locations, chemical and fuel storage, sanitary and storm sewer lines and outfalls, etc.), numbered discharge points, and sampling and flow monitoring points
- Exhibit B: Wastewater Treatment Diagrams and Treatment System Operation:** Attach a flow diagram for each existing or proposed treatment system. Include treatment equipment, wastes, by-products, disposal methods, and waste volumes. List all wastewater sample collection and flow metering locations.
- Exhibit C: Sampling Data:** Attach analytical data (analytical reports in full) for each pollutant identified on the Pollutant List (pages 8 and 9) that is reasonably expected to be present in the discharge from each outfall.
- Exhibit D: 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.

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J. 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 additional treatment technology or practice being considered in order to bring the facility into compliance. Also, attach as **Exhibit D** 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.3 (page 3) 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

