

**APPLICATION FOR A PERMIT TO DISCHARGE
INDUSTRIAL WASTEWATER TO THE SANITARY SEWER**

NOTE TO SIGNING OFFICIAL: Please complete and return this application within 30 days to **City of Arlington, Water Resource Services – Mailstop 09-0110, P.O. Box 90231, Arlington, Texas 76004-3231**. Please type or print neatly. Signing officials must be an Authorized Representative of the Industrial User. Information considered confidential by your company should be clearly marked so that this information can be maintained in separate, limited-access files. This application is general in nature. If you feel that certain questions do not apply to your business, please contact **Water Resource Services at (817) 459-5902** for clarification.

SECTION A – GENERAL INFORMATION

1. **Company Name:** _____
2. **Mailing Address:** _____
3. **Premise Address** _____
4. **Telephone Number:** _____
5. **FAX Number:** _____

6. **Name and Title of Signing Official (*Owner, Manager, President/Vice-President*)**

State Drivers License No: _____

7. **Alternate person to contact (*Name & Title*)**

State Drivers License No: _____

8. **If applicable, name, address, and phone number of parent company:**

& person to contact: _____

9. **Standard Industrial Code (*4 digits*):** _____

10. **List other environmental control permits from state or federal agencies held at this time:**

11. **If applicable; name, address and phone number of property owner/lien holder:**

12. **If applicable; name, address and phone number of management company:**

SECTION B – OPERATIONAL CHARACTERISTICS

1. Describe all major manufacturing, production and/or service operations of your company:

2. Principal raw materials used:

3. Provide a brief narrative description of all processes involved in the operations listed in Paragraph 1 (for example, metal finishing, electroplating, painting, printing, meat packing, food processing, etc.). If more space is needed, attach additional information.

1.

2.

3.

4. For the processes listed in #3, state if production is continuous or batch, and for batch processes, state the number produced per day/week/month.

5. Indicate activities related to these processes by checking the blanks below:

_____	cleaning	_____	coating	_____	treating	OTHERS
_____	stripping	_____	degreasing	_____	plating	_____

6. List all chemicals used in processes and related activities as noted in #3 & #5. (e.g. solvents, acids, caustics cleaners, solutions, etc.)

Process or Activity

Chemicals Used

SECTION B continued

7. Are any chemicals in your facility subject to the hazardous materials disclosure program required by Title III of the Superfund Amendment Reauthorization Act (SARA) of 1986 (HR 2005 and the Texas Hazard Communication Act (HB No. 1112)

Yes No

If yes, have you submitted a chemical list or Material Safety Data Sheets to the Arlington Fire Department?

Yes No

8. Does the company plan to add or change operations or processes within the next three years? If so, describe briefly.

9. Are any processes subject to seasonal variation? _____

If yes, explain and indicate the month(s) of peak operation:

10. Shift Information:

A. Hours of operation:

_____ **TO** _____

B. Number of shifts per work day and times of operations:

1st Shift

Shift Times _____ **Employees /shift**
_____ to _____

2nd Shift

Shift Times _____ **Employees /shift**
_____ to _____

3rd Shift

Shift Times _____ **Employees /shift**
_____ to _____

C. Number of work days per week _____

D. At what time are clean-ups done? _____

SECTION C – WATER CONSUMPTION

1. Attach a drawing prepared by an engineer or architect showing all locations of water and sewer connections, manholes, traps, drains, (floor and storm), backflow prevention devices, pretreatment facilities, etc. Also indicate the locations of existing or proposed monitoring facilities.

2. Water in this facility is obtained from (*check as many as apply*):

- () City/Public Supply () Well or other private supplier
 () Other

3. Water use within the facility (*check all that apply*):

	Average gallons per day		
<input type="checkbox"/> Sanitary	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Water into product	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Cooling Water	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Boiler Feed	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Processes	1) _____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> as listed in B-3	2) _____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/>	3) _____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Equipment Washing	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Plant/Facility	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Cleanup	_____		
<input type="checkbox"/> Air Pollution Control	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Unit	_____		
<input type="checkbox"/> Other (<i>describe</i>)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
TOTAL		<input type="checkbox"/> estimated	<input type="checkbox"/> measured

4. Describe any water recycling utilized:

5. Describe any water treatment or conditioning processes utilized:

6. Do you have any type of backflow prevention devices installed? _____

If yes, what type and where are they located?

SECTION D – WASTEWATER INFORMATION

1. This facility generates the following types of wastes (*check all that apply*):

<input type="checkbox"/>	Domestic wastes (restrooms, employee showers, etc.)
<input type="checkbox"/>	Cooling water (contact (), non-contact (), boiler/tower blowdown ())
<input type="checkbox"/>	Waste from processes as in B-3 (<i>if more than three, list under "Other"</i>)
<input type="checkbox"/>	1. _____
<input type="checkbox"/>	2. _____
<input type="checkbox"/>	3. _____
<input type="checkbox"/>	Air pollution control (scrubber system, etc.)
<input type="checkbox"/>	Stormwater runoff to sewer system
<input type="checkbox"/>	Clean-up wastewater
<input type="checkbox"/>	Cooling oil system contact (), non-contact ()
<input type="checkbox"/>	Lubricating oil system contact (), non-contact ()
<input type="checkbox"/>	Quenching oil system contact (), non-contact ()
<input type="checkbox"/>	Others (<i>describe</i>)
	1.
	2.
	3.

2. To the left of the blocks checked in #1 above, place one of the letters below which describes the method of discharge or disposal.

- A – Sanitary Sewer**
- B – Storm Sewer**
- C – Septic Tank**
- D – Outside of Building**
- E – Above or Below Ground Storage**
- F - Other _____**

3. Is any form of wastewater pretreatment utilized at this facility?

[] Yes [] No

If yes, describe in detail:

SECTION D continued

4. Attach a flow schematic that depicts the routes of collection for all wastewater sources listed in #1, associated pretreatment facilities, existing or proposed monitoring facilities, and points of connection to the City sewer. Indicate the names of processes and operations where wastewater is generated.

5. Priority Pollutant Information: Please indicate by placing “X” in the appropriate box by each listed chemical whether it is “Present” or “Absent” in your manufacturing or service activity or generated as a by-product. Material Safety Data Sheets (MSDS) will provide valuable information on chemical components.

Chemical Compound	Present	Absent	Chemical Compound	Present	Absent
1. Antimony	()	()	45. PCB-1260	()	()
2. Arsenic	()	()	46. 2-Chloronaphthalene	()	()
3. Asbestos	()	()	47. Ether, bis(chloromethyl)	()	()
4. Beryllium	()	()	48. Ether, bis(2-chloroethyl)	()	()
5. Cadmium	()	()	49. Ether, bis(2-chlorosopropyl)	()	()
6. Chromium	()	()	50. Ether, 2-chloroethyl vinyl	()	()
7. Copper	()	()	51. Ether, 4-bromophenyl phenyl	()	()
8. Cyanide	()	()	52. Ether, 4, chlorophenylphenyl	()	()
9. Lead	()	()	53. Bis(2-chloroethoxy)methane	()	()
10. Mercury	()	()	54. Nitrosamine, dimethyl	()	()
11. Nickel	()	()	55. Nitrosamine, diphenyl	()	()
12. Selenium	()	()	56. Nitrosamine, di-n-propyl	()	()
13. Silver	()	()	57. Benzidine	()	()
14. Thailum	()	()	58. Benzidine	()	()
15. Zinc	()	()	59. Hydrazine, 1-2-diphenyl	()	()
16. Phenol(s)	()	()	60. Acrylonitrite	()	()
17. Phenol, 2-chloro	()	()	61. Methane, bromo	()	()
18. Phenol, 2,4-trichloro	()	()	62. Methane, chloro	()	()
19. Phenol, 2,4,6-trichloro	()	()	63. Methane, dichloro	()	()
20. Phenol, pentachloro	()	()	64. Methane, chlorodibromo	()	()
21. Phenol, 2-nitro	()	()	65. Methane, dichlorobromo	()	()
22. Phenol, 4-nitro	()	()	66. Methane, tribromo	()	()
23. Phenol, 2,4-dinitro	()	()	67. Methane, trichloro	()	()
24. Phenol, 2,4-dimethyl	()	()	68. Methane, tetrachloro	()	()
25. m-Cresol, p-chloro	()	()	69. Methane, trichlorofluoro	()	()
26. o-Cresol, 4,6-dinitro	()	()	70. Methane, dichlorodifluoro	()	()
27. Benzene	()	()	71. Ethane, 1,1-dichloro	()	()
28. Benzene, chloro	()	()	72. Ethane, 1,2-dichloro	()	()
29. Benzene, 1,2-dichloro	()	()	73. Ethane, 1,1,1-trichloro	()	()
30. Benzene, 1,3-dichloro	()	()	74. Ethane, 1,1,2-trichloro	()	()
31. Benzene, 1,4-dichloro	()	()	75. Ethane, 1,1,2,1-tetrachloro	()	()
32. Benzene, 1,2,4-tricholoro	()	()	76. Ethane, hexachloro	()	()
33. Benzene, hexachloro	()	()	77. Ethene, chloro	()	()
34. Benzene, ethyl	()	()	78. Ethene, 1,1-dichloro	()	()
35. Benzene, nitro	()	()	79. Ethene, trans-dichloro	()	()
36. Toluene	()	()	80. Ehtene, trichloro	()	()
37. Toluene, 2,4-dinitro	()	()	81. Ethene, tetrachloro	()	()
38. Toluene, 2,6-dinitro	()	()	82. Propane, 1,2-dichloro	()	()
39. PCB-1016	()	()	83. Propene, 2-4 dichloro	()	()
40. PCB-1221	()	()	84. Butadlene, hexachloro	()	()
41. PCB-1232	()	()	85. Cyclopentadlene, hexachloro	()	()
42. PCB-1242	()	()	86. Phthalate, di-c-methyl	()	()
43. PCB-1248	()	()	87. Phthalate, di-n-ethyl	()	()
44. PCB-1248	()	()	88. Phathalate, di-n-butyl	()	()

Chemical Compound	Present	Absent	Chemical Compound	Present	Absent
89. Phthlate, di-n-octyl	()	()	109. Aldrin	()	()
90. Phthalate,bis(2-ethylhexyl)	()	()	110. BHC (Alpha)	()	()
91. Phthalate, butyl benzyl	()	()	111. BHC (Beta)	()	()
92. Acenaphthene	()	()	112. BHC (Gamma) or Lindane	()	()
93. Acenaphthylene	()	()	113. BHC (Delta)	()	()
94. Anthracene	()	()	114. Chlordane	()	()
95. Benzo (a) anthracene	()	()	115. DDD	()	()
96. Benzo (b) fluoranthene	()	()	116. DDE	()	()
97. Benzo (k) fluoranthene	()	()	117. DDT	()	()
98. Benzo (ghi) perylene	()	()	118. Dieldrin	()	()
99. Benzo (a) pyrene	()	()	119. Endosulfan (Alpha)	()	()
100. Chrysene	()	()	120. Endosulfan (Beta)	()	()
101. Dibenzo (a,n) anthracene	()	()	121. Endosulfan Sulfate	()	()
102. Fluroanthene	()	()	122. Endrin	()	()
103. Fluorene	()	()	123. Endrin	()	()
104. Indeno (1,2,3 cd) pyrene	()	()	124. Heptachlor	()	()
105. Naphthalene	()	()	125. Heptachlor epoxide	()	()
106. Phenanthrene	()	()	126. Isophorone	()	()
107. Pyrene	()	()	127. TCDD (or Dioxin)	()	()
108. Acrolein	()	()	128. Toxaphene	()	()
109. Aldrin	()	()			

SECTION D continued

6. List other substances discharged to the sewer:

Check all applicable boxes

Estimated gallons or pounds/year

<input type="checkbox"/>	Acids	_____
<input type="checkbox"/>	Alkalies	_____
<input type="checkbox"/>	Heavy metal sludges	_____
<input type="checkbox"/>	Inks/Dyes	_____
<input type="checkbox"/>	Oils	_____
<input type="checkbox"/>	Greases	_____
<input type="checkbox"/>	Preservatives	_____
<input type="checkbox"/>	Paints	_____
<input type="checkbox"/>	Pesticides	_____
<input type="checkbox"/>	Plating Wastes	_____
<input type="checkbox"/>	Solvents	_____
<input type="checkbox"/>	Thinners	_____
<input type="checkbox"/>	Others (<i>specify</i>)	_____

7. Does your company have an Accidental Discharge Plan?

[] Yes

[] No

If yes, please attach a copy of the plan with this application.

SECTION E – OTHER WASTES

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

[] Yes [] No

If no, skip remainder of Section F

If yes, indicate type of wastes and annual volumes or weights generated.

	Type	Volume or Weight
1.	_____	_____
2.	_____	_____
3.	_____	_____

2. Are any of the wastes in #1 specifically listed as hazardous wastes by the Environmental Protection Agency in the Code of Federal Regulations Part 261 – Identification and Listing of Hazardous Waste, Subpart D?

[] Yes [] No

If yes, indicate types which are listed:

If no, do the wastes exhibit any of the following characteristics:

Ignitable Corrosive Reactive Toxic

Does your facility have an EPA Identification Number? If yes, please list:

3. For each of the wastes in #1, does your company practice:

<input type="checkbox"/>	On-site Storage	(Types) _____
<input type="checkbox"/>	On-site Disposal	(Types) _____
<input type="checkbox"/>	Off-site Disposal	(Types) _____

If off-site, describe disposal methods including the name, address and phone numbers of disposal sites and transportation companies.

SECTION F – FEDERAL PRETREATMENT REQUIREMENTS

1. Is your wastewater discharge subject to national pretreatment standards established under 40 CFR, Chapter I, Subchapter N.

[] Yes [] No

The above question must be answered with certainty. If yes, this section must be certified for accuracy by a registered professional engineer. For additional information regarding National Pretreatment Standards, applicant should contact the Water Resource Services Office at (817) 459-5902. If your answer is no, skip the remainder of Section F.

2. If the answer to the above question is yes, please indicate the applicable pretreatment standards in the space provided below.

	PROCESS	CATEGORICAL STANDARD	SUB CATEGORY
<i>example</i>	<i>chrome plating line</i>	<i>electroplating</i>	<i>common metals</i>
a)			
b)			
c)			

3. Provide flow data on all regulated process streams and all other wastewater streams that combine with process streams prior to sampling facilities.

	List each wastewater stream				
a) Continuous discharge Yes or No? Typical time start Typical time stop					
b) Batch discharge Yes or No? Frequency (min/hr/day) Duration (min/hr)					
c) Wastewater flow average daily and maximum daily in 1000 gals/day					
d) Is this flow metered or estimated?					
e) Flow proposed for new process					

SECTION F continued

4. Wastewater Quality of Regulated Processes

The applicant must present information on the quality of industrial wastewaters from regulated processes. Samples collected from wastewater streams should be representative of daily operations and should be collected on three separate days during a two-week period. Where feasible all samples should be collected by flow-proportional composite methods. Analytical procedures should follow those in Standard Methods for the Examination of Water and Wastewater, APHA-AWWA-WPCF, 14th Edition, 1975, or procedures prescribed in 40 CFR Part 136. Samples should be taken immediately downstream of the regulated process. If other wastewaters are mixed with the regulated wastewater prior to pretreatment, the flow rate and quality of the other wastewater should be measured and reported herein, to allow use of the combined waste formula [40 CFR 403.6 (e)] for the determination of an alternative limit, instead of the Pretreatment Standard. If appropriate, historical data or City monitoring data may be used to report wastewater quality.

a) Process Name: _____
 Grab Samples () Composite Samples ()
 Date./Time of Collections _____

Pollutants and Units of Measure

Pretreatment Standard Maximum								
Pretreatment Standard Average								
Monitored Maximum								
Monitored Average								

b) Process Name: _____
 Grab Samples () Composite Samples ()
 Date./Time of Collections _____

Pollutants and Units of Measure

Pretreatment Standard Maximum								
Pretreatment Standard Average								
Monitored Maximum								
Monitored Average								

SECTION F continued

c) Data for additional processes should be provided as an attachment to the application.

5. Pretreatment standards are are not being met on a consistent basis.

If pretreatment standards are not being met on a consistent basis, state the following in an attachment:

- (1) whether additional operation and maintenance (O&M) and/or additional pretreatment facilities are required for applicant to meet pretreatment standards and
- (2) outline the shortest schedule by which applicant will provide additional O&M or pretreatment facilities.

6. For new Significant Industrial Users and existing Users adding new categorical processes, estimate the wastewater flow and describe the pretreatment method proposed to meet the applicable pretreatment standards. *(Examples: neutralization, metals precipitation, grease traps, sand traps, etc.)*

7. Does your company have a "Toxic Organic Management Plan"? If yes, please attach a copy.

Yes No

8. ENGINEER'S CERTIFICATION:

I certify that I have personally examined and am familiar with the information in this application regarding compliance with National Categorical Pretreatment Standards and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete.

ENGINEER CERTIFYING:

Name (printed)

Texas Registration Number

Signature

Date

SECTION G – OFFICIAL SIGNATURE

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Section 3.08-A of Ordinance #96-68 of the City of Arlington, information and data on a User obtained from reports, questionnaires, permit applications, permits and monitoring programs and from inspections shall be available to the public or other governmental agency without restriction unless the User specifically requests and is able to demonstrate to the satisfaction of the City that the release of such information would divulge information, processes or methods of production entitled to protection as trade secrets of the User. Wastewater constituents and characteristics will not be recognized as confidential information.

This is to be signed by an authorized representative (as defined in Section 1.04 of Ordinance #96-68) of your firm after adequate completion of this form and review of the information. A copy of this document should be retained for company files.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, or suspension of City services. I am also aware that changes in processes or activities at my firm which would cause information in this application to become outdated, should be reported to the Authority.

Name (printed)

Title

Signature

Date

**PLEASE RETURN TO: CITY OF ARLINGTON
WATER RESOURCE SERVICES
Mailstop 09-0110
P.O. Box 90231
ARLINGTON, TEXAS 76004-3231**