

CITY OF TEMPLE
WATER AND WASTE WATER DIVISION
DEPARTMENT OF PUBLIC WORKS

PERMIT APPLICATION FORM

Note: Please read all attached instructions prior to completing this application.

SECTION A – GENERAL INFORMATION

1. Facility Name: _____
 - a. Operator Name: _____
 - b. Is the operator identified in 1.a., the owner of the facility? Yes No

If no, please identify the owner, partner or corporate entity that is primarily responsible for this facility. _____

2. Facility Address:
Street: _____
City: _____ State: _____ Zip: _____

3. Business Mailing Address:
Street or P.O. Box: _____
City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:
[Attach similar information for each authorized representative.]

Name: _____
Title: _____
Address: _____
City: _____
Phone #: _____

5. Designated facility contact:

Name: _____
Title: _____
Phone #: _____

SECTION B – BUSINESS ACTIVITY

1. If your 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*

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Centralized Waste Treatment
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Organic Chemicals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills

- Timber Products
- Transportation Equipment Cleaning

A facility with processes included in the above business activities may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. PRODUCT VOLUME: (Fill out only if industry is 'Categorical User')

PRODUCT	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Amounts Per Day (Daily Units)		Amounts Per Day (Daily Units)	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility: _____
- Other (Specify): _____

2. Name on water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water usage on premises:
[New facilities may estimate]

<u>Type</u>	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary (bathrooms)	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A-J	_____	_____

SECTION D – SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

- Yes: Account number _____
- No: Have you applied for a sanitary sewer hookup? Yes No

b. For a new business:

- i. Will you be occupying an existing vacant building such as in an industrial park? Yes No
- ii. Have you applied for a building permit if a new facility will be constructed? Yes No
- iii. Will you be connected to the public sanitary sewer system? Yes No

2. List size, descriptive location, and flow of each facility sewer which connects to the city's sewer system. (If more than three, attach additional information on another sheet.)

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

SECTION E – WASTEWATER DISCHARGE INFORMATION

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

Yes. If the answer to this question in “yes”, complete the remainder of the application.

No. If the answer to this question in “no”, skip to Section I.

2. Provide the following information on wastewater flow rate.
[New facilities may estimate]

a. Hours/Day Discharged (e.g., 8 hours/day):

M___ T___ W___ TH___ F___ SAT___ SUN___

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

M___ T___ W___ TH___ F___ SAT___ SUN___

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate:
[New facilities may estimate]

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ (GPD)

c. Time of batch discharges _____ at _____
(days of week) (hours of day)

d. Flow rate _____ gallons/minute

e. Percent of total discharge _____

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this must be to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H.
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Facilities that checked activities in question 1 of Section B are considered Categorical Industrial users and should skip to question 6.

5. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOUR ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users subject to Total Toxic Organic (TTO) requirements, provide the following TTO information:

a. Does (or will) this facility use any of the toxic organics that are listed under the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes, (Please attach a copy)
- No

d. Any other BMP's needed?

- Yes, (Attach explanation)
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

- Yes
- No, (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

SECTION F – CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the table provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present under the average reported values).

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Conc.	Units	Mass
		Conc.	Mass	Conc.	Mass				
Acenaphthene									
Acrolein									
Acrylonitrile									
Benzene									
Benzidine									
Carbon tetrachloride									
Chlorobenzene									
1, 2, 4 - Trichlorobenzene									
Hexachlorobenzene									
1, 2 - Dichloroethane									
1, 1, 1 - Trichloroethane									
Hexachloroethane									
1,1 - Dichloroethane									
1, 1, 2 - Trichloroethane									
1, 1, 2, 2 - Tetrachloroethane									
Chloroethane									
Bis (2 - chloroethyl) ether									
17 Bis (chloro methyl) ether									
2 - Chloroethyl vinyl ether									
2 - Chloronaphthalene									
2, 4, 6 - Trichlorophenol									
Parachlorometa cresol									
Chloroform									
2 - Chlorophenol									
1, 2 - Dichlorobenzene									
1, 3 - Dichlorobenzene									
1, 4 - Dichlorobenzene									
3, 3 - Dichlorobenzidine									
1, 1 - Dichloroethylene									
1, 2 - Trans-dichloroethylene									
2, 4 - Dichloropheno									
1, 2 - Dichloropropane									
1, 2 - Dichloropropylene									
1, 3 - Dichloropropylene									

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2, 4 - Dimethylphenol								
2, 4 - Dinitrotoluene								
2, 6 - Dinitrotoluene								
1, 2 - Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4 - Chlorophenyl phenyl ether								
4 - Bromophenyl phenyl ether								
Bis(2 - chlorisopropyl) ether								
Bis(2 - chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2 - Nitrophenol								
4 - Nitrophenol								
2, 4 - Dinitrophenol								
4, 6 - Dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2 - ethylhexyl) phthalate								
Butyl benzyl phthalate								
Di-n-butyl phthalate								

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Conc.	Units	Mass
		Conc.	Mass	Conc.	Mass				
Di-n-octyl phthalate									
Diethyl phthalate									
Dimethyl phthalate									
Benzo (a) anthracene									
Benzo (a) pyrene									
3, 4 - benzo fluoranthene									
Benzo (k) fluoranthene									
Chrysene									
Acenaphthylene									
Anthracene									
Benzo (ghi) perylene									
Fluorene									
Phenanthrene									
Dibenzo (a, h) anthracene									
Indeno (1, 2, 3 - cd) pyrene									
Pyrene									
Tetrachloroethylene									
Toluene									
Trichloroethylene									
Vinyl chloride									
Aldrin									
Dieldrin									
Chlordane									
4, 4' - DDT									
4, 4' - DDE									
4, 4' - DDD									
Alpha - endosulfan									
Beta - endosulfan									
Endosulfan sulfate									
Endrin									
Endrin aldehyde									
Heptachlor									

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Conc.	Units	Mass
		Conc.	Mass	Conc.	Mass				
Heptachlor epoxide									
Alpha - BHC									
Beta - BHC									
Gamma - BHC									
Delta - BHC									
PCB - 1242									
PCB - 1254									
PCB - 1221									
PCB - 1232									
PCB - 1248									
PCB - 1260									
PCB - 1016									
Toxaphene (TCDD)									
Asbestos									
Acidity									
Alkalinity									
Bacteria									
BOD ₅									
COD									
Chloride									
Chlorine									
Flouride									
Hardness									
Magnesium									
NH ₃ - N									
Oil and Grease									
TSS									
TOC									
Kjeldahl N									
Nitrate N									
Nitrite N									
Organic N									
Orthophosphate P									
Phosphorous									

Pollutant	Detection Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Sodium								
Specific Conductivity								
Sulfate (SO ₄)								
Sulfide (S)								
Sulfite (SO ₃)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G – TREATMENT

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

- Yes
- No

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

- Yes, describe: _____
- No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

4. Description

Describe the pollutant loading, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No

(if Yes,) Name: _____
Title: _____
Phone: _____
Full time: _____ (specify hours)
Part time: _____ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment?

Yes No

9. Do you have a written maintenance schedule for your treatment equipment?

Yes No

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Shifts Per work Day:	_____	_____	_____	_____	_____	_____	_____
Employees Per Shift	1 st _____	_____	_____	_____	_____	_____	_____
	2 nd _____	_____	_____	_____	_____	_____	_____
	3 rd _____	_____	_____	_____	_____	_____	_____
Shift start And end Times	1 st _____	_____	_____	_____	_____	_____	_____
	2 nd _____	_____	_____	_____	_____	_____	_____
	3 rd _____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

- Continuous through the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal – Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

Comments: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

Yes, indicate reasons and period when shutdown occurs:

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Material Safety Data Sheets (if available) for all chemicals identified:

Chemical

Quantity

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?
 Yes No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?
 Yes No

If yes, where do they discharge to? _____

3. If you have a chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that apply).

- an onsite disposal system
 public sanitary sewer system (e.g. through a floor drain)
 storm drain
 to ground
 other, specify: _____
 not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?

- Yes – [Please enclose a copy with the application]
 No
 N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

- a. _____
- _____
- _____
- b. _____
- _____
- _____

Permit No. (if applicable):

Permit No. (if applicable):

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
- No

If yes, please list the permit(s): _____

SECTION K – AUTHORIZED SIGNATURES

Compliance Certification:

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

Yes No Not yet discharging

2. If No:

- a. 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.

- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance difference from the one submitted by the facility.

<u>Milestone Activity</u>	<u>Completion Date</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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Authorized Representative 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.

Name(s)

Title

Signature

Date

Phone