This permit application is required for any proposed discharge of industrial wastewater to the City of Austin’s (City) sanitary sewer system from Signficant 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

 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(     )      -      ext.       |
| Mailing Address      | Cell Phone Number(     )      -       |
| City, State      ,       | Zip Code      | 24-Hour Emergency Phone Number(     )      -      |

|  |
| --- |
| Contact Information |
| Name (person)      | Title      |
| Email Address      | Office Phone Number(     )      -      ext.       |
| 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

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(     )      -      ext.       |
| Mailing Address      | 24-Hour Emergency Phone Number(     )      -       |
| City, State      ,       | Zip Code      | Email Address       |

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

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):

|  |
| --- |
|       |

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

[ ]  Dairy Products Processing (Part 405)

[ ]  Grain Mills (Part 406)

[ ]  Canned & Preserved Fruits and Vegetables Processing (Part 407)

[ ]  Canned & Preserved Seafood Processing (Part 408)

[ ]  Sugar Processing (Part 409)

[ ]  Textile Mills (Part 410)

[ ]  Cement Manufacturing (Part 411)

[ ]  Concentrated Animal Feeding Operations (CAFO) (Part 412)

[ ]  Electroplating (Part 413)

[ ]  Organic Chemicals, Plastics, & Synthetic Fibers (Part 414)

[ ]  Inorganic Chemicals Manufacturing (Part 415)

[ ]  Soap & Detergent Manufacturing (Part 417)

[ ]  Fertilizer Manufacturing (Part 418)

[ ]  Petroleum Refining (Part 419)

[ ]  Iron & Steel Manufacturing (Part 420)

[ ]  Nonferrous Metals Manufacturing (Part 421)

[ ]  Phosphate Manufacturing (Part 422)

[ ]  Steam Electric Power Generating (Part 423)

[ ]  Ferroalloy Manufacturing (Part 424)

[ ]  Leather Tanning & Finishing (Part 425)

[ ]  Glass Manufacturing (Part 426)

[ ]  Asbestos Manufacturing (Part 427)

[ ]  Rubber Manufacturing (Part 428)

[ ]  Timber Products Processing (Part 429)

[ ]  Pulp, Paper, & Paperboard (Part 430)

[ ]  Builders’ Paper & Paperboard Mills (Part 431)

[ ]  Meat Products (Part 432)

[ ]  Metal Finishing (Part 433)

[ ]  Oil & Gas Extraction (Part 435)

[ ]  Mineral Mining & Processing (Part 436)

[ ]  Centralized Waste Treatment (Part 437)

[ ]  Metal Products & Machinery (Part 438)

[ ]  Pharmaceutical Manufacturing (Part 439)

[ ]  Ore Mining & Dressing (Part 440)

[ ]  Transportation Equipment Cleaning (Part 442)

[ ]  Paving & Roofing Materials (Tars and Asphalt) (Part 443)

[ ]  Waste Combustors (Part 444)

[ ]  Landfills (Part 445)

[ ]  Paint Formulating (Part 446)

[ ]  Ink Formulating (Part 447)

[ ]  Airport Deicing (Part 449)

[ ]  Concentrated Aquatic Animal Production (Part 451)

[ ]  Gum & Wood Chemicals Manufacturing (Part 454)

[ ]  Pesticide Chemicals (Part 455)

[ ]  Explosives Manufacturing (Part 457)

[ ]  Carbon Black Manufacturing (Part 458)

[ ]  Photographic (Part 459)

[ ]  Hospitals (Part 460)

[ ]  Battery Manufacturing (Part 461)

[ ]  Plastics Molding & Forming (Part 463)

[ ]  Metal Molding & Casting (Part 464)

[ ]  Coil Coating (Part 465)

[ ]  Porcelain Enameling (Part 466)

[ ]  Aluminum Forming (Part 467)

[ ]  Copper Forming (Part 468)

[ ]  Electrical & Electronic Components (Part 469)

[ ]  Nonferrous Metals Forming & Metal Powders (Part 471)

[ ]  Other:

 [ ]  Coal Mining (Part 434)

 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**](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:

1. Categorical Subpart
2. Categorical Subpart

 c. Categorical Subpart

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

|  |  |  |
| --- | --- | --- |
| Type of Product or Brand Name | Past Calendar YearDaily Quantities (with units) | Estimate This Calendar YearDaily Quantities (with units) |
| Average | Maximum | Average | Maximum |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1st Shift | 2nd Shift | 3rd 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:

|  |
| --- |
|       |

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:

|  |
| --- |
|       |

1. 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:

|  |
| --- |
|       |

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?) |
| [ ]  Sanitary Sewer |       |       |
| [ ]  Surface Water |       |       |
| [ ]  Septic Tank  |       |       |
| [ ]  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 DischargeStart Time |       |       |       |       |       |       |       |       |
| Wastewater DischargeEnd-Time |       |       |       |       |       |       |       |       |

 Peak Hourly Flow Rate (GPM):

Maximum Daily Flow Rate (GPD):

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:

1. 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):

1. 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):

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? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If no, will this equipment be installed? | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  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.**

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**](https://www.ecfr.gov/current/title-40/chapter-I/subchapter-D/part-136?toc=1%20%20%20%20)

**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**.

1. **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**](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**](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\_tompguidance.pdf**](http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_tompguidance.pdf)

Pollutant List

**CAS No. Pollutant Name**

83-32-9 Acenaphthene

208-96-8 Acenaphthylene

107-02-8 Acrolein

107-13-1 Acrylonitrile

309-00-2 Aldrin

120-12-7 Anthracene

71-43-2 Benzene

92-87-5 Benzidine

56-55-3 1,2-Benzanthracene

50-32-8 Benzo(a)pyrene

205-99-2 Benzo(b)fluoranthene

191-24-2 1,12-Benzoperylene

207-08-9 Benzo(k)fluoranthene

319-84-6 alpha-BHC

319-85-7 beta-BHC

319-86-8 delta-BHC

58-89-9 gamma-BHC

111-44-4 Bis(2-chloroethyl)ether

111-91-1 Bis(2-chloroethoxy)methane

39638-32-9 Bis(2-chloroisopropyl)ether

117-81-7 Bis(2-ethylhexyl)phthalate

75-25-2 Bromoform

74-83-9 Bromomethane

101-55-3 4-Bromophenylphenylether

85-68-7 Butylbenzylphthalate

56-23-5 Carbon tetrachloride

57-74-9 Chlordane

108-90-7 Chlorobenzene

124-48-1 Chlorodibromomethane

75-00-3 Chloroethane

110-75-8 2-Chloroethylvinylether

67-66-3 Chloroform

74-87-3 Chloromethane

91-58-7 2-Chloronaphthalene

95-57-8 2-Chlorophenol

7005-72-3 4-Chlorophenylphenylether

218-01-9 Chrysene

72-54-8 4,4'-DDD

72-55-9 4,4'-DDE

50-29-3 4,4'-DDT

53-70-3 1,2,5,6-Dibenzanthracene

95-50-1 1,2-Dichlorobenzene

541-73-1 1,3-Dichlorobenzene

106-46-7 1,4-Dichlorobenzene

91-94-1 3,3'-Dichlorobenzidine

75-27-4 Dichlorobromomethane

75-34-3 1,1-Dichloroethane

107-06-2 1,2-Dichloroethane

75-35-4 1,1-Dichloroethene

156-60-5 trans-1,2-Dichloroethene

120-83-2 2,4-Dichlorophenol

78-87-5 1,2-Dichloropropane

10061-01-5 cis-1,3-Dichloropropene

10061-02-6 trans-1,3-Dichloropropene

60-57-1 Dieldrin

84-66-2 Diethylphthalate

**CAS No. Pollutant Name**

105-67-9 2,4-Dimethylphenol

131-11-3 Dimethylphthalate

84-74-2 Di-n-butylphthalate

117-84-0 Di-n-octylphthalate

534-52-1 4,6-Dinitro-o-cresol

51-28-5 2,4-Dinitrophenol

121-14-2 2,4-Dinitrotoluene

606-20-2 2,6-Dinitrotoluene

122-66-7 1,2-Diphenylhydrazine

959-98-8 alpha-Endosulfan

33213-65-9 beta-Endosulfan

1031-07-8 Endosulfan sulfate

72-20-8 Endrin

7421-93-4 Endrin aldehyde

100-41-4 Ethylbenzene

206-44-0 Fluoranthene

86-73-7 Fluorene

76-44-8 Heptachlor

1024-57-3 Heptachlor epoxide

118-74-1 Hexachlorobenzene

87-68-3 Hexachlorobutadiene

77-47-4 Hexachlorocyclopentadiene

67-72-1 Hexachloroethane

193-39-5 Indeno(1,2,3-cd)pyrene

78-59-1 Isophorone

75-09-2 Methylene chloride

91-20-3 Naphthalene

98-95-3 Nitrobenzene

88-75-5 2-Nitrophenol

100-02-7 4-Nitrophenol

62-75-9 N-Nitrosodimethylamine

621-64-7 N-Nitrosodi-n-propylamine

86-30-6 N-Nitrosodiphenylamine

59-50-7 Parachlorometa cresol

12674-11-2 PCB-1016

11104-28-2 PCB-1221

11141-16-5 PCB-1232

53469-21-9 PCB-1242

12672-29-6 PCB-1248

11097-69-1 PCB-1254

11096-82-5 PCB-1260

87-86-5 Pentachlorophenol

85-01-8 Phenanthrene

108-95-2 Phenol

129-00-0 Pyrene

79-34-5 1,1,2,2-Tetrachloroethane

127-18-4 Tetrachloroethylene

108-88-3 Toluene

8001-35-2 Toxaphene

120-82-1 1,2,4-Trichlorobenzene

71-55-6 1,1,1-Trichloroethane

79-00-5 1,1,2-Trichloroethane

79-01-6 Trichloroethylene

88-06-2 2,4,6-Trichlorophenol

75-01-4 Vinyl chloride

1746-01-6 2,3,7,8-TCDD

Pollutant List (Cont’d)

**CAS No. Pollutant Name**

7429-90-5 Aluminum

7664-41-7 Ammonia

7440-36-0 Antimony

7440-38-2 Arsenic

7440-39-3 Barium

7440-42-8 Boron

7440-43-9 Cadmium

16887-00-6 Chloride

7440-47-3 Chromium

7440-50-8 Copper

57-12-5 Cyanide

NA Fats, Oils, & Grease (FOG)

16984-48-8 Fluoride

7439-92-1 Lead

**CAS No. Pollutant Name**

7439-96-5 Managanese

7439-97-6 Mercury

7439-98-7 Molybdenum

7440-02-0 Nickel

NA pH

7723-14-0 Phosphorus

14265-44-2 Phosphate

7782-49-2 Selenium

7440-22-4 Silver

14808-79-8 Sulfate

7440-28-0 Thallium

NA Total Dissolved Solids

7440-66-6 Zinc

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**)

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(     )      -      ext.       | Working Hours (e.g. Mon-Fri; 9:00 AM to 5:00 PM)      |

 Secondary Wastewater Treatment System Operator

|  |  |
| --- | --- |
| Name      | Title      |
| Telephone Number(     )      -      ext.       | 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, e*nter 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, e*nter 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.** |
|       |       |       |       |       |
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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 technologoy 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](http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_scpreq.pdf%20%20%20%20)

###### 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](http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_tompguidance.pdf%20)

###### 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.

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