

# 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 the **City of Arlington, Water Resource Services, P.O. Box 90231, - Mailstop 01-0200, Arlington, TX 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 a separate, limited access file. 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:** \_\_\_\_\_

5. **Fax Number:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**State Drivers License No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**State Drivers License No.:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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:

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2. Principal raw materials used:

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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.

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

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

Other, Please Explain: \_\_\_\_\_

6. List all chemicals used in processes and related activities as noted in # 3 and # 5. (e.g. solvents, acids, caustic 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 Sheet to the Arlington Fire Department?

[ ] Yes [ ] No

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

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9. Are any processes subject to seasonal variation?

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

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10. Shift Information:

A. Hours of operation:

\_\_\_\_\_ To \_\_\_\_\_

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

1<sup>st</sup> Shift Employees/Shift  
Shift Times

\_\_\_\_\_ to \_\_\_\_\_

2<sup>nd</sup> Shift Employees/Shift  
Shift Times

\_\_\_\_\_ to \_\_\_\_\_

3<sup>rd</sup> Shift Employees/Shift  
Shift Times

\_\_\_\_\_ to \_\_\_\_\_

C. Number of work days per week? \_\_\_\_\_

D. At what time are clean-ups done? \_\_\_\_\_

**SECTION C – WATER CONSUMPTION**

1. Attach 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 supply  
 ( ) 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
	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 Cleanup	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
<b>TOTAL</b>	_____	<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 generated the following types of wastes (check all that apply):**

- Domestic wastes (restrooms, employee showers, etc.)
- Cooling water
- contact ( ), non-contact ( ), boiler/tower blow down ( )
- Waste from processes as in B - 3

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

- Air pollution control (scrubber system, etc.)
- Storm water runoff to sewer system
- Clean-up wastewater
- Cooling oil system                      contact ( )                      non-contact ( )
- Lubricating oil system                      contact ( )                      non-contact ( )
- Quenching oil system                      contact ( )                      non-contact ( )
- Others (describe)

- 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 an "X" in the appropriate box by each listed chemical whether it is "Present" or "Absent" in your manufacturing, service activity, or generated as a by-product. Material Safety Data Sheets (MSDS) will provide valuable information on chemical components.

No.	Chemical Compound	Present	Absent	No.	Chemical Compound	Present	Absent
1.	Acenaphthene	( )	( )	30.	1,2-trans-dichloroethylene	( )	( )
2.	Acrolein	( )	( )	31.	2,4-dichlorophenol	( )	( )
3.	Acrylonitrile	( )	( )	32.	1,2-dichloropropane	( )	( )
4.	Benzene	( )	( )	33.	1,2-dichloropropylene	( )	( )
5.	Benzidine	( )	( )	34.	2,4-dimethylphenol	( )	( )
6.	Carbon tetrachloride	( )	( )	35.	2,4-dinitrotoluene	( )	( )
7.	Chlorobenzene	( )	( )	36.	2,6-dinitrotoluene	( )	( )
8.	1,2,4-trichlorobenzene	( )	( )	37.	1,2-diphenylhydrazine	( )	( )
9.	Hexachlorobenzene	( )	( )	38.	Ethylbenzene	( )	( )
10.	1,2-dichloroethane	( )	( )	39.	Fluoranthene	( )	( )
11.	1,1,1-trichloroethane	( )	( )	40.	4-chlorophenyl phenyl ether	( )	( )
12.	Hexachloroethane	( )	( )	41.	4-bromophenyl phenyl ether	( )	( )
13.	1,1-dichloroethane	( )	( )	42.	Bis (2-chloroisopropyl) ether	( )	( )
14.	1,1,2-trichloroethane	( )	( )	43.	Bis (2-chloroethoxy) methane	( )	( )
15.	1,1,2,2-tetrachloroethane	( )	( )	44.	Methylene chloride	( )	( )
16.	Chloroethane	( )	( )	45.	Methyl chloride	( )	( )
18.	Bis (2-chloroethyl) ether	( )	( )	46.	Bromomethane	( )	( )
19.	2-chloroethyl vinyl ethers	( )	( )	47.	Bromoform	( )	( )
20.	2-chloronaphthalene	( )	( )	48.	Dichlorobromomethane	( )	( )
21.	2,4,6-trichlorophenol	( )	( )	51.	Chlorodibromomethane	( )	( )
22.	Parachlorometa cresol	( )	( )	52.	Hexachlorobutadiene	( )	( )
23.	Chloroform	( )	( )	53.	Hexachlorocyclopentadiene	( )	( )
24.	2-chlorophenol	( )	( )	54.	Isophorone	( )	( )
25.	1,2-dichlorobenzene	( )	( )	55.	Naphthalene	( )	( )
26.	1,3-dichlorobenzene	( )	( )	56.	Nitrobenzene	( )	( )
27.	1,4-dichlorobenzene	( )	( )	57.	2-nitrophenol	( )	( )
28.	3,3-dichlorobenzidine	( )	( )	58.	4-nitrophenol	( )	( )
29.	1,1-dichloroethylene	( )	( )	59.	2,4-dinitrophenol	( )	( )

<u>No.</u>	<u>Chemical Compound</u>	<u>Present</u>	<u>Absent</u>	<u>No.</u>	<u>Chemical Compound</u>	<u>Present</u>	<u>Absent</u>
60.	4,6-dinitro-o-cresol	( )	( )	95.	Alpha-endosulfan	( )	( )
61.	N-nitrosodimethylamine	( )	( )	96.	Beta-endosulfan	( )	( )
62.	N-nitrosodiphenylamine	( )	( )	97.	Endosulfan sulfate	( )	( )
63.	N-nitrosodi-n-propylamine	( )	( )	98.	Endrin	( )	( )
64.	Pentachlorophenol	( )	( )	99.	Endrin aldehyde	( )	( )
65.	Phenol	( )	( )	100.	Heptachlor	( )	( )
66.	Bis (2-ethylhexyl) phthalate	( )	( )	101.	Heptachlor epoxide	( )	( )
67.	Butyl benzyl phthalate	( )	( )	102.	Alpha-BHC	( )	( )
68.	Di-N-Butyl Phthalate	( )	( )	103.	Beta-BHC	( )	( )
69.	Di-n-octyl phthalate	( )	( )	104.	Gamma-BHC (lindane)	( )	( )
70.	Diethyl Phthalate	( )	( )	105.	Delta-BHC	( )	( )
71.	Dimethyl phthalate	( )	( )	106.	PCB-1242	( )	( )
72.	1,2-benzanthracene	( )	( )	107.	PCB-1254	( )	( )
73.	Benzo (a) pyrene	( )	( )	108.	PCB-1221	( )	( )
74.	3,4-Benzofluoranthene	( )	( )	109.	PCB-1232	( )	( )
75.	11,12-benzofluoranthene	( )	( )	110.	PCB-1248	( )	( )
76.	Chrysene	( )	( )	111.	PCB-1260	( )	( )
77.	Acenaphthylene	( )	( )	112.	PCB-1016	( )	( )
78.	Anthracene	( )	( )	113.	Toxaphene	( )	( )
79.	1, 12-benzoperylene	( )	( )	114.	Antimony	( )	( )
80.	Fluorene	( )	( )	115.	Arsenic	( )	( )
81.	Phenanthrene	( )	( )	116.	Beryllium	( )	( )
82.	1,2,5,6-dibenzanthracene	( )	( )	117.	Cadmium	( )	( )
83.	Indeno (1,2,3-cd) pyrene	( )	( )	118.	Chromium	( )	( )
84.	Pyrene	( )	( )	119.	Copper	( )	( )
85.	Tetrachloroethylene	( )	( )	120.	Cyanide, Total	( )	( )
86.	Toluene	( )	( )	121.	Lead	( )	( )
87.	Trichloroethylene	( )	( )	122.	Mercury	( )	( )
88.	Vinyl chloride	( )	( )	123.	Molybdenum	( )	( )
89.	Aldrin	( )	( )	124.	Nickel	( )	( )
90.	Dieldrin	( )	( )	125.	Selenium	( )	( )
91.	Chlordane	( )	( )	126.	Silver	( )	( )
92.	4,4-DDT	( )	( )	127.	Thallium	( )	( )
93.	4,4-DDE (p, p-DDX)	( )	( )	128.	Zinc	( )	( )
94.	4,4-DDD (p, p-TDE)	( )	( )	129.	2,3,7,8-TCDD (or Dioxin)	( )	( )





**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 the remainder of Section F

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

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

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, indicated types which are listed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If not, 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"/>	On-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, applicants 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
Example	chrome plating line	electroplating	common Metals
a)			
b)			
c)			

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

	List each wastewater stream				
<b>Wastewater Stream</b>					
<b>a) Continuous discharge, Yes or No?</b>					
Typical Start Time					
Typical End Time					
<b>b) Batch discharge, Yes or No?</b>					
Frequency (min/hr/day)					
Duration (min/hr)					
Typical Start Time					
Typical End Time					
<b>c) Wastewater flow</b>					
Average Daily					
Maximum Daily in 1000 gals/day					
<b>d) Is this flow metered or estimated?</b>					
<b>e) Flow proposed for new process</b>					

**SECTION F continued**

**4. Wastewater Quality of Regulated Processes**

The applicant must present information on the quality of the industrial wastewaters from the regulated processes. Samples collected from the wastewater streams should be representative of the 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 Method for the Examination of Water and Wastewater, APHA-AWWA-WPCT, 22<sup>nd</sup> Edition, 2012, 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		Date/Time of Collections	

**Pollutants and Units of Measure**

<b>Pretreatment Standard Maximum</b>								
<b>Pretreatment Standard Average</b>								
<b>Monitored Maximum</b>								
<b>Monitored Average</b>								

**b) Process Name:**

Grab Samples ( )		Composite Samples ( )	
Date/Time of Collections		Date/Time of Collections	

**Pollutants and Units of Measure**

<b>Pretreatment Standard Maximum</b>								
<b>Pretreatment Standard Average</b>								
<b>Monitored Maximum</b>								
<b>Monitored Average</b>								

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

**SECTION F continued**

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 the applicant to meet pretreatment standards and
- (2) outline the shortest schedule by which the 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.)

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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 the 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:**

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Name (printed)

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Texas Registration Number

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Signature

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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 #09-057 of the City of Arlington, information and data on a User obtained from reports, questionnaires, permit applications, permits, monitoring programs, and 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 protect 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 #09-057) of your firm after adequate completion of this form and review of the information. A copy of this document should be retained for your 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.

_____	_____
<b>Name (printed)</b>	<b>Title</b>
_____	_____
<b>Signature</b>	<b>Date</b>

**PLEASE RETURN TO:           CITY OF ARLINGTON  
  WATER RESOURCE SERVICES  
  P. O. Box 90231 - Mail Stop 01-0200  
  ARLINGTON, TEXAS 76004-3231**