



FORM 26

**McALLEN PUBLIC UTILITY
APPLICATION FORM FOR A PERMIT TO DISCHARGE
INDUSTRIAL WASTEWATER TO THE SANITARY
SEWER (INSTRUCTIONS INCLUDED)**

Note: Please read all instructions before completing this application.

SECTION A: GENERAL INFORMATION

1. Facility Name: _____

Operator's Name: _____

Date operations or service started at this site: _____

Is the operator also the owner of the facility? [] Yes [] No

If no, provide the name and address of the owner and submit a copy of any documents (contracts, etc.) indicating the operator's scope of responsibility for the facility:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

2. Facility Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Business Address:

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:



Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Note: The signatory authority is a person such as a president, vice-president, partner or director, or an individual authorized by such a person as having overall responsibility for environmental matters for the company as specified **in writing**.

5. Designated Facility Contact:

Name: _____

Title: _____

Phone number: _____

Note: The designated facility contact is a person who is at the facility during normal working hours and is available to assist City personnel or their representatives.

SECTION B: BUSINESS ACTIVITY

1. Indicate below if your facility employs or will be employing processes described by the following categories, even if they generate no wastewater, waste sludge, or hazardous wastes. Mark all that apply to your entire facility.

Industrial Categories

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coal Coating
- Copper Forming
- Electric and Electronic Components Manufacturing

(cont'd. on next page)

Industrial Categories (cont'd.)

- 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
- Pesticide Agricultural Refilling
- Pesticide Formulating, Packaging and Repackaging
- 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

Note: A facility with processes included in these business areas **may be** covered by Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "categorical user."

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) Codes for all processes. If more than one applies, list in descending order of importance:

a. _____ e. _____



McALLEN PUBLIC UTILITY

- b. _____ f. _____
- c. _____ g. _____
- d. _____ h. _____

4. Product Volume:

PRODUCT PRODUCED OR SERVICE PROVIDED	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
	Average	Maximum	Average	Maximum
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(Attach additional sheets if needed)

SECTION C: WATER SUPPLY

1. Water Sources (indicate all that apply):

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

2. Name on the facility's water bill: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water usage on premises (new facilities may estimate):

Type	Average Water Usage (GPD)	Max Water Usage (GPD)	Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____	_____

- | | | | | |
|----|--------------------------------|-------|-------|-------|
| b. | Non-contact cooling water | _____ | _____ | _____ |
| c. | Boiler Feed/blow-down | _____ | _____ | _____ |
| d. | Process (Continuous discharge) | _____ | _____ | _____ |
| e. | Process (Batch discharge) | _____ | _____ | _____ |
| f. | Sanitary (25 gal/person) | _____ | _____ | _____ |
| g. | Air pollution control | _____ | _____ | _____ |
| h. | Contained in product | _____ | _____ | _____ |
| i. | Plant and equipment wash down | _____ | _____ | _____ |
| j. | Irrigation and lawn watering | _____ | _____ | _____ |
| k. | Other: _____ | _____ | _____ | _____ |
| l. | TOTAL of a-k | _____ | _____ | _____ |

SECTION D: SEWER INFORMATION

1. a. For an existing business:

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

Yes: Sanitary sewer account number _____

No: Have you applied for a sanitary sewer hookup? Yes No
- b. For a new business:

Will you be occupying an existing vacant building (such as in an industrial park)? Yes No

Have you applied for a building permit if a new facility will be constructed? Yes No N/A

Will you be connected to the public sanitary sewer system?
 Yes No
2. List size, descriptive location and flow of each wastewater line connected to the City's sewer system (if more than four, attach additional information on another sheet):



Outfall #	Line Size (in inches)	Location of Sewer Connection or Discharge Point	Flow (GPD)	Does the flow include flows other than sanitary?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION E: WASTEWATER DISCHARGE INFORMATION

Note: New facilities may estimate flows in this section.

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

[] Yes: complete the remainder of this application.

[] No: proceed to Section I.

2. Provide the following information on wastewater flow rate:

a. Hours/day discharge occurs:

M _____ T _____ W _____ T _____ F _____

Sat _____ Sun _____

b. Hours of discharge (ex.- 9 am - 5 pm):

M _____ T _____ W _____ T _____ F _____

Sat _____ Sun _____

c. Peak hourly flow rate (gallons/hour): _____

d. Maximum daily flow rate (gallons/day): _____

e. Annual daily average (gallons/day): _____



3. If batch discharge occurs or will occur, indicate:
 - a. Number of batch discharges per day: _____
 - b. Average volume of batch (gallons): _____
 - c. Expected time(s) of discharge: _____
 - d. Flow rate (gallons/minute): _____
 - e. Percent of total industrial discharge:

4. Schematic Flow Diagram- Provide a flow chart of all industrial processes conducted in the facility. Show the pathways of all materials, products, wastes and wastewater from the start of the activities to their completion. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used for flow data, this must be indicated. Number each process having wastewater discharges to the city sewer. Use these numbers in the building layout in Section H. This drawing should be certified by a qualified, authorized representative.

Note: Facilities that checked activities in question 1 of Section B may be considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users only: Provide the wastewater discharge flows and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the flow chart that corresponds to each process.

Ref. No.	Process Description	Average Flow (GPD)	Max Flow (GPD)	Type of Discharge	Identify which Outfall # the flow enters (See Section D, item 2)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



ANSWER QUESTIONS 6 AND 7 ONLY IF YOU MAY BE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: provide the wastewater discharge flows and type (continuous, batch or both) for each process. Include the reference number from the flow chart that corresponds to each process.

Ref. No.	Categorical Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ref. No.	Non-Categorical Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users subject to Total Toxic Organic (TTO) requirements (see page 11, Section F, numbers 1 - 110 for TTO parameters), please provide the following information:

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

Yes No

b. Has a report been submitted (such as a Baseline Monitoring Report) that indicates TTO concentrations present in the water?



Yes No

c. Has a Toxic Organic Management Plan (TOMP) been developed?

Yes No

If yes, submit a copy along with this application.

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

Current: Flow Metering Yes No
 Sampling Equipment Yes No

Planned: Flow Metering Yes No
 Sampling Equipment Yes No

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

If yes, briefly describe these changes: _____

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

Yes No



If yes, briefly describe recovery processes, substances recovered, percent recovery, and the concentration in the spent solutions. Refer to the process flow chart:

11. Do you have a written Pollution Prevention Plan (P2 Plan)? Yes No
If yes, submit a copy with this form.

12. Are any steps currently or planned for addressing waste minimization?
 Yes No

If yes, please describe:

SECTION F: CHARACTERISTICS OF DISCHARGE

The tables in this section are for determining what pollutants are associated with your facility's wastewater. If you currently hold a permit and are renewing it with this application, provide the requested information on all parameters for which monitoring has been performed in the past three years. For all other pollutants, indicate whether they are known to be present (P), suspected to be present (S), or known to be absent (A). Also indicate if they are Suspect Present, Suspect Absent, Known Present and Known absent. DO NOT LEAVE BLANKS!

If you are applying for a permit for the first time, indicate P, S, or A (see above) in the following tables.

Total Toxic Organics (TTO's), 40 CFR Part 122, Table II



(includes Volatiles, Base Neutrals, Acid Extractibles, and Pesticides)

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
Volatiles							
1. Acrolein							
2. Acrylonitrile							
3. Benzene							
4. Bromoform							
5. Carbon tetrachloride							
6. Chlorobenzene							
7. Chlorodibromomethane							
8. Chloroethane							
9. 2-chloroethylvinyl ether							
10. Chloroform							
11. Dichlorobromomethane							
12. 1,1-dichloroethane							
13. 1,2-dichloroethane							
14. 1,1-dichloroethylene							
15. 1,2-dichloropropane							
16. 1,3-dichloropropylene							
17. Ethylbenzene							
18. Methyl bromide							
19. Methyl chloride							
20. Methylene chloride							
21. 1,1,2,2-tetrachlorethane							
22. Tetrachloroethylene							
23. Toluene							
24. 1,2-trans-dichloroethylene							
25. 1,1,1-trichloroethane							

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
26. 1,1,2-trichloroethane							
27. Trichloroethylene							
28. Vinyl chloride							
Acid Extractibles							
29. 2-chlorophenol							
30. 2,4-dichlorophenol							
31. 2,4-dimethylphenol							
32. 4,6-dinitro-o-cresol							
33. 2,4-dinitrophenol							
34. 2-nitrophenolane							
35. 4-nitrophenolane							
36. p-chloro-m-cresol							
37. Pentachlorophenol							
38. Phenol							
39. 2,4,6-trichlorophenol							
Base Neutrals							
40. Acenaphthene							
41. Acenaphthylene							
42. Anthracene							
43. Benzidine							
44. Benzo (a) anthracene							
45. Benzo (a) pyrene							
46. 3,4-benzofluoranthene							
47. Benzo (ghi) perylene							
48. Benzo (k) fluoranthene							
49. Bis (2-chloroethoxy) methane							
50. Bis (2-chloroethyl) ether							
51. Bis (2-chloroisopropyl) ether							
52. Bis (2-ethylhexyl) phthalate							
53. 4-bromophenyl phenyl ether							
54. Butlbenzyl phthalate							
55. 2-chloronaphthalene							
56. 4-chlorophenyl phenyl ether							
57. Chrysene							
58. Dibenzo (a,h) anthracene							
59. 1,2-dichlorobenzene							
60. 1,3-dichlorobenzene							
61. 1,4-dichlorobenzene							
62. 3,3-dichlorobenzidine							
63. Diethyl phthalate							
64. Dimethyl phthalate							

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
65. Di-n-butyl phthalate							
66. 2,4-dinitrotoluene							
67. 2,6-dinitrotoluene							
68. Di-n-octyl phthalate							
69. 1,2-diphenylhydrazine							
70. Fluororanthene							
71. Fluorene							
72. Hexachlorobenzene							
73. Hexachlorobutadiene							
74. Hexachlorocyclopentadiene							
75. Hexachloroethane							
76. Indeno (1,2,3-cd) pyrene							
77. Isophorone							
78. Napthalene							
79. Nitrobenzene							
80. N-nitrosodimethylamine							
81. N-nitrosodi-n-propylamine							
82. N-nitrosodiphenylamine							
83. Phenanthrene							
84. Pyrene							
85. 1,2,4-trichlorobenzene							
Pesticides							
86. Aldrin							
87. Alpha-BHC							
88. Beta-BHC							
89. Gamma-BHC							
90. Delta-BHC							
91. Chlordane							
92. 4,4'-DDT							
93. 4,4'-DDE							
94. 4,4'-DDD							
95. Dieldrin							
96. Alpha-endosulfan							
97. Beta-endosulfan							
98. Endosulfan sulfate							
99. Endrin							
100. Endrin aldehyde							
101. Heptachlor							
102. Heptachlor epoxide							
103. PCB-1242							



Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
104. PCB-1254							
105. PCB-1221							
106. PCB-1232							
107. PCB-1248							
108. PCB-1260							
109. PCB-1016							
110. Toxaphene							

40 CFR Part 122, Appendix D, Table III
(metals, cyanide and total phenols)

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
1. Antimony, Total							
2. Arsenic, Total							
3. Barium, Total							
4. Beryllium, Total							
5. Cadmium, Total							
6. Chromium, Total							
7. Copper, Total							
8. Cyanide, Total							
9. Lead, Total							
10. Mercury, Total							
11. Nickel, Total							
12. Selenium, Total							
13. Silver, Total							
14. Thallium, Total							
15. Zinc, Total							
16. Phenols, Total							
17. Nitrite N							
18. Organic N							
19. Orthophosphate P							
20. Phosphorus							
21. Sodium							
22. Specific Conductance							
23. Sulfate							
24. Sulfide							
25. Sulfite							

Other Pollutants of Concern

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
1. Asbestos							
2. Diazinon							
3. Molybdenum, Total							
4. 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)							

SECTION G: TREATMENT

1. Is any form of wastewater treatment practiced at this facility?

Yes No

If yes, indicate which is used:

- 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 adjustment
- 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: _____

2. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. Attach additional sheets if needed.

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

4. Do you have a treatment operator? Yes No

If yes, complete the following:

Name: _____

Title: _____

Phone number:

Full time (specify hours): _____

Part time (specify hours): _____



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

Yes No

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

Yes No

SECTION H: FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information:

Work Days: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

Employees per shift: 1st _____

2nd _____

3rd _____

Shift start and end times 1st _____

2nd _____

3rd _____

2. Indicate whether the business activity is:

Continuous through the year, or

Seasonal- explain: _____

3. Indicate whether the facility discharge is:

Continuous through the year, or

Seasonal- explain: _____

4. Do your industrial processes shut down for vacation, maintenance or other reason?

Yes No



If yes, explain: _____

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

6. List types and quantities of chemicals used or planned for use (attach sheets if necessary). Include copies of Manufacturer's Safety Data Sheets for ALL chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Building Layout- Attach a scale map drawing of the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered processes (from the flow chart), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing the above items may be attached in lieu of a newly developed drawing.

SECTION I: SLUG AND 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 cleaning frequency and method. Also, indicate the proximity of these containers to a sewer or storm drain (this may be done in a drawing). Indicate if buried metal containers have cathodic protection.

2. Do you have floor drains in your manufacturing or chemical storage areas?

Yes No

If yes, to where do they drain? _____



3. Could an accidental spill of chemicals storage containers, bins or ponds result in a discharge to any of the following areas (check all that apply)?

- Onsite disposal system
- Public sanitary sewer system (for example, through a floor drain)
- Storm drain
- Ground
- Other (specify): _____
- Not applicable; no possible discharge to any of the above routes

4. Do you have a written Slug Control Plan or a Spill Prevention Plan to prevent chemical spills or slug discharges from entering the Control Authority's collection system (the sanitary sewer)?

- Yes No Not applicable, since there are no floor drains and/or the facility discharges only domestic wastes.

If yes, please submit a copy along with this application.

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

SECTION J: NONDISCHARGED WASTES

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

- Yes No (if no, skip the remainder of this section)

If yes, please describe:

Waste Generated	Quantity (per year)	Disposal Method
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are any of these wastes removed by a disposal company? Yes No

If yes, please complete the following (attach sheet if necessary):

Waste	Disposal Company	Address	Permit No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Have you been issued any local, state or federal environmental permits?

Yes No

If yes, please list them:

SECTION K: AUTHORIZED SIGNATURES

1. Are all applicable local, state and federal pretreatment standards and requirements being met on a consistent basis?

Yes No Not applicable, since discharge is not yet occurring

If no:

- a. what additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practices being considered in order to bring the facility into compliance.

- b. provide a schedule for bringing the facility in compliance. Specify major events planned along with reasonable completion dates.

Milestone Activity

Completion Date

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>



Note: If the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

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(s)

Signature

Date

Phone number

**Instructions for Completing the Permit Application Form
For Industrial Discharge to the Sanitary Sewer**

All questions on this form must be answered. DO NOT LEAVE BLANKS! If you answer “no” to question #1 in Section E, you may skip to Section I. Otherwise, complete the entire form. If any question is not applicable to your facility, please indicate so on the form. Instructions to some of the questions are given below.

SECTION A: GENERAL INFORMATION



1. Enter the facility's official or legal name. Do not use a colloquial name. Give the name of the operator as it is legally referred to. This may be a person, firm, public organization or any other entity that operates the facility. This may or may not be the same name as the facility.
2. Provide the physical location of the facility that is applying for a discharge permit.
3. Provide the mailing address where correspondence from the Control Authority may be sent.
4. Provide all the names of the authorized signatories for this facility for the purpose of signing all reports. The designated authority is defined in federal regulations as:
 - a. A responsible corporate officer, if the Industrial User submitting the reports is a corporation. For the purpose of this paragraph, a responsible corporate officer means:
 - (i) 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
 - (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - b. A general partner or proprietor if the Industrial User submitting the reports is a partnership or sole proprietorship, respectively.
 - c. The principal executive officer or director having responsibility for the overall operation of the discharging facility if the Industrial User submitting the reports is a Federal, State, or local governmental entity, or their agents.
 - d. A duly authorized representative of the individual designated in paragraph (a), (b), or (c) of this section if:
 - (I) the authorization is made in writing by the individual designated in paragraph (a), (b), or (c);
 - (ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a



position of equivalent responsibility, or having overall responsibility for environmental matters for the company, and

(iii) the written authorization is submitted to the City.

- e. If an authorization under paragraph (d) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (d) of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative.
5. Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by the Control Authority (for example, a plant manager or treatment operator).

SECTION B: BUSINESS ACTIVITY

1. Indicate all operations that occur or will occur at your facility. If you have any questions regarding how to categorize and/or identify your business activity, contact the Control Authority for technical guidance.
3. For all processes found on the premises, indicate the Standard Industrial Classification (SIC) Code Number, as found in the most recent edition of Standard Industrial Classification Manual prepared by the Executive Officer of the President, Office of Management and Budget. This document is available from the Government Printing Office in either Washington, DC or San Francisco, CA. Copies of this manual are available at most public libraries. Additionally, SIC codes can be found on-line at www.census.gov under "North American Industrial Classification System" in the Subjects A-Z section of the website.
4. List the types of products used and/or produced, giving the common or brand name and the proper or scientific name. Give the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated total daily production for this calendar year. Be sure to specify the daily units of production. Attach additional pages if necessary.

SECTION C: WATER SUPPLY

4. Provide daily average water usage information for the facility. "Contact cooling water" is water that physically touches process materials in the industrial process. "Non-contact cooling water" does not come in contact with process materials. Sanitary water includes only water used in restrooms. If sanitary flow is not metered, provide an estimate based on 25 gallons per day for each employee. Plant and equipment washdown includes floor washdown.

SECTION E: WASTEWATER DISCHARGE INFORMATION

1. If you answer “no” to this question, skip to Section I; otherwise, complete the remainder of the application.

4. A schematic flow diagram should be completed and certified for accuracy by a qualified professional. Assign a sequential reference number to each process, starting with No. 1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable. An example of a schematic flow diagram is attached to these instructions.

5. Non-categorical users should report average daily and maximum daily wastewater flows from each process, operation or activity present at the facility. Categorical users should skip to question 6.

6. Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A regulated wastestream contains wastewater from any industrial processes governed by categorical pretreatment standards for certain parameters. These processes should be marked in Section B. Unregulated wastestreams fall outside the scope of these standards. Dilution wastestreams include: sanitary wastewater; boiler blowdown; noncontact cooling water or blowdown; stormwater streams; demineralizer backwash streams; and process wastestreams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. For further details see 40 CFR 403.6 (e).

7. Total Toxic Organics (TTO’s) refer to the sum of the masses or concentrations of specific compounds found in the industrial user’s process discharge. The individual compounds that make up the TTO value and the minimum reportable quantities differ according to the particular industrial category. For more information see 40 CFR 405-471.
 - a. The published list of Toxic Organics begins on page 11 in Section F of the application form.

 - b. A Baseline Monitoring Report is submitted by categorical industrial users and indicates the compliance status of the user with the categorical standard for Total Toxic Organics [40 CFR 403.12 (b)].

 - c. A Toxic Organic Management Plan is submitted by industrial users in accordance with some categorical pretreatment standards as an alternative to TTO monitoring. It specifies the toxic organic compounds used, the method of disposal, and procedures for assuring that toxic organics do not routinely spill or leak into wastewater discharged to the sanitary sewer.

SECTION H: FACILITY OPERATIONAL CHARACTERISTICS



6. Provide a list of all chemicals used (or planned) in the facility's operations. Indicate the amounts in daily units. Avoid the use of trade names of chemicals. If trade names are used, also provide chemical compounds. Copies of all available Manufacturer's Safety Data Sheets (MSDS's) for all chemicals given must accompany the application.
7. A building layout or plant site plan must be completed and certified for accuracy by a qualified and registered professional engineer. Approved building plans may be substituted. An arrow showing North, as well as the map scale, must be shown. All sewer lines and sampling locations must be clearly identified, as well as all sanitary and wastewater drainage plumbing. Number each process unit discharging wastewater to the public sewer. Use the same numbers that were used in the schematic flow diagram. An example of this drawing is attached to these instructions.

SECTION I: SLUG AND SPILL PREVENTION

4. A Slug Control Plan documents how an industrial user will prevent unexpected wastewater discharges from occurring to the public sewer. Similarly, a Spill Prevention Plan describes how wastewater will be contained so that an unscheduled discharge is not necessary. These two documents both help ensure that wastewater of questionable quality does not enter the sewer.
5. Describe these things: how the spill occurred; what and how much was spilled; when it happened; where it happened; and if it reached the sewer. Also, explain what measures were taken to prevent a reoccurrence or limit damage if another spill occurs.

SECTION J: NONDISCHARGED WASTES

1. For wastes that are not discharged to the Control Authority's sewer, indicate the types and amounts that are generated, how it is disposed (for example, incinerated, hauled, etc.), and the location of the disposal.
3. Environmental permits include air, hazardous waste, underground injection, solid waste, stormwater, and surface water discharge.

SECTION K: AUTHORIZED SIGNATURES

See question 4, Section A of these instructions for the definition of an Authorized Representative.