

Facility Name: _____
Application Date: _____
Permit fee paid: _____



**INDUSTRIAL/COMMERCIAL WASTEWATER DISCHARGE PERMIT
APPLICATION**

Note: General information to be completed by all Industrial/Commercial users. Unless stated otherwise, all items are to be filled out completely. If an item is not applicable, indicate by noting "NA". Permit fee of twenty-five \$25 dollars must accompany this application.

SECTION A: GENERAL BUSINESS INFORMATION

1. Facility Name: _____ SIC Code No. _____

Facility Operators Name: _____

Date operations or service began at this site: _____

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

If no, please 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: _____ Title: _____

Street : _____

City: _____ State: _____ Zip: _____

2. Business Address:

Street: _____

City: _____ State: _____ Zip Code: _____

3. Location of facility discharging wastewater:

Street: _____

City: _____ State: _____ Zip Code: _____

4. **Signatory Authority for the Facility.** The signatory authority is a person such as the president, vice-president, partner or director, or an individual authorized to be such person as having overall responsibility for environmental matters for the company:

Name: _____ Title: _____

Street : _____

City: _____ State: _____ Zip: _____

Day Phone Number: _____ 24 hr. Phone Number: _____

E-mail: _____

5. **Designated Facility Contact.** The designated facility contact is a person who is at the facility during normal working hours and is available after normal working hours to assist City personnel or their representatives. This person will also be the emergency contact person in the case of an emergency:

Name _____ Title: _____

Day Phone Number: _____ 24 hr. Phone Number: _____

E-mail: _____

SECTION B: INDUSTRIAL/COMMERCIAL BUSINESS ACTIVITY

1. Indicate below if your facility utilizes or plans to utilize processes described by the following categories, even if they generate no wastewater, waste sludge, or hazardous wastes. Check below all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Nonferrous Metals Mfg. |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Organic Chemicals Mfg. |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Paint & Ink Formulating |
| <input type="checkbox"/> Can Making | <input type="checkbox"/> Paving & Roofing Mfg. |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pesticide Agricultural Refilling |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Pesticide Formulating, Packaging & Repackaging |
| <input type="checkbox"/> Coal Coating | <input type="checkbox"/> Pesticides Mfg. |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Electrical & Electrical Components Mfg. | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastic & Synthetic Materials Mfg. |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Plastics Processing Mfg. |
| <input type="checkbox"/> Fertilizer Mfg. | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Foundries (Metal Molding & Casting) | <input type="checkbox"/> Pulp, Paper, & Fiberboard Mfg. |
| <input type="checkbox"/> Glass Mfg. | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Soap & Detergent Mfg. |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Nonferrous Metals Forming | <input type="checkbox"/> Not applicable, not a EPA "Categorical User" |

If you checked any of the above listed categories, your business may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "Categorical User". If so please ensure that all items within this application are completed in detail.

2. Provide a brief description of all operations at this facility, include primary products and services (attach additional sheets if necessary):

a. Primary products and or services.

b. Describe all operations at this facility (attach additional sheets if necessary).

3. Product volumes. (Attach additional sheets if necessary).

	PRODUCT PRODUCED OR SERVICE PROVIDED	PAST CALENDAR YEAR		ESTIMATE THIS CALENDAR YEAR	
		Average	Maximum	Average	Maximum
1.					
2.					
3.					
4.					
5.					

4. Average annual number of employees: _____
5. Average annual days per week of facility operations: _____
6. Shifts normally worked each day and average number of employees per shift:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 st							
2 nd							
3 rd							

SECTION C: WATER SUPPLY INFORMATION

1. Please list the average water usage on premises. Estimates may be used if necessary; however, this information is crucial, estimates must be as accurate as possible, and may be verified by City Staff. Enter the average gallons per day. Mark either (E) for estimated value or (M) for measured value. The information and calculations used to arrive at the listed numbers must be submitted on attached pages. Also, state any assumptions made during the development of the water consumption numbers. If the facility has more than one water supply meter (or Source), excluding fire lines, the usage figures must represent all meters (or sources).

TYPE	GPD	E / M	COMMENT
Cooling			
Boiler Feed			
Process			
Sanitary			
Air pollution control			
Contained in product			
Facility/Equipment Washdown			
Irrigation/Lawn			
Other (Specify)			
Other (Specify)			
Other (Specify)			
Total Gal/Day			

2. List all water supply sources, if other than the City of Kaufman Municipal Water Supply.
- _____
- _____
- _____

SECTION D: WASTEWATER TAP & SERVICE INFORMATION

1. For an existing business:
 - a. Is the building presently connected to the public sanitary sewer system? Yes No
 - b. If no, have you applied for a sanitary sewer connection? Yes No
 - c. If no, what type, if any, sewer system currently serves this building?

2. For a new business:
 - a. Will you be occupying an existing vacant building? Yes No
 - b. Have you applied for a building permit if a new facility will be constructed or an existing building remodeled? Yes No
 - c. Have you applied for and/or received a Certificate of Occupancy? Yes No

3. List size, descriptive location and flow of each wastewater line connected from the building to the City's sewer system (attach additional information on another sheet if needed):

Line size (in inches)	Location of Sewer Connection or Discharge Point	Flow (GPD)

SECTION E: WASTEWATER DISCHARGE INFORMATION

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

☞ Yes: Complete the remainder of this application ☞ No: Skip forward to Section I

2. The following wastewater flow rates to the sanitary sewer are to be provided by the industrial/commercial user physically measured unless other verifiable techniques are approved by the City of Kaufman Department of Public Works due to cost or nonfeasibility.

Peak Hourly Flow	Maximum Daily Flow	Annual Daily Average Flow
(Gal/hr):	(Gal/Day):	Gal/Day:

3. Discharge occurs from _____ AM/PM to _____ AM/PM
4. Circle the days of the week that discharge occurs: SU M TU W TH F SA
5. Are discharges to the public sewer system: Continuous Batch (or) Both
6. Provide a flow chart diagram of all industrial process conducted in the facility. Show the pathways of all materials, products, waste, and wastewater from the beginning of operation to the end. Include the average 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 system. 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 question 7 and move forward to question 8)

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

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

8. **Categorical Users Only:** Provide the wastewater discharge flows and type (continuous, batch, or both) for each process. Include the reference number from the flow chart diagram that corresponds to each process.

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

9. For Categorical Users subject to Total Toxic Organics (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 water? Yes No
 - c. Has a Toxic Organic Management Plan (TOMP) been developed? Yes No

If yes, to any of the above, submit a copy of each along with this application.

Categorical and Non-Categorical users please fill in questions 10 through 14.

10. 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
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please indicate the present or future locations of this equipment on the sewer diagram and describe the equipment below:

11. Are any process changes or expansions planned during the next two (2) years that could alter wastewater volumes or characteristics? (Consider production processes as well as air or water processes that may affect the discharge). Yes No

If yes, briefly describe these changes:

12. Are any materials or water reclamation systems in use or planned? Yes No

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

13. Do you have a written Pollution Prevention Plan (P2 Plan)? Yes No

If yes, submit a copy with this form.

14. Are any steps currently or planned to address waste minimization? Yes No

If yes, briefly describe:

SECTION F: CHARACTERISTICS OF DISCHARGE

The following tables in this section are for determining what if any 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 two (2) years. For all other pollutants, or if you are applying for a permit for the first time, indicate whether they are *known to be present* (P), *suspected to be present* (S), or *known to be absent* (A). Fill in all cells, do not leave blanks.

Total toxic organics (TTO) (Includes Volatiles, Acid Extractibles, Base Neutrals and Pesticides)

	Parameter	Location	Method	Detection Limit	Max. Daily Value	Average Daily Value	Number Of Analysis	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							
26	1,1,2-trichloroethane							
27	Trichloroethylene							
28	Vinyl chloride							

Total Toxic Organic (TTO) (Table continued on page 8)

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Total toxic organics (TTO)
(Table continued from page 7)

	Parameter	Location	Method	Detection Limit	Max. Daily Value	Average Daily Value	Number Of Analysis	P; S; A
	ACID EXTRACTABLES							
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	Butylbenzyl 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							
65	Di-n-butyl phthalate							
66	2,4-dinitrotoluene							

Total Toxic Organic (TTO)
(Table continued on page 9)

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Total toxic organics (TTO)
(Table continued from page 8)

	Parameter	Location	Method	Detection Limit	Max. Daily Value	Average Daily Value	Number Of Analysis	P; S; A
	BASE NEUTRALS (cont.)							
67	2,6-dinitrotoluene							
68	Di-n-octyl phthalate							
69	1,2-diphenylhydrazine							
70	Fluoranthene							
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							
104	PCB-1254							
105	PCB-1221							
106	PCB-1232							
107	PCB-1248							
108	PCB-1260							
109	PCB-1016							
110	Toxaphene							

METALS, CYANIDE AND TOTAL PHENOLS

	Parameter	Location	Method	Detection Limit	Max. Daily Value	Average Daily Value	Number Of Analysis	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	Nitrate N							
18	Organic N							
19	Orthophosphate P							
20	Phosphorus							
21	Sodium							
22	Specific Conductance							
23	Sulfate							
24	Sulfide							
25	Sulfite							
	OTHER POLLUTANTS							
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, check the following to indicate which is used:

- | | | |
|--|--|---|
| <input type="checkbox"/> Air floatation | <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Chemical precipitation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Grinding filter | <input type="checkbox"/> Grit removal |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Neutralization, ph adjustment | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Screen | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Reverse osmosis | <input type="checkbox"/> Solvent separation | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Sump | <input type="checkbox"/> Rainwater |
- diversion/storage
 Biological treatment, type: _____
 Grease or oil separation, type: _____
 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 on the previous page. Attach additional sheets if needed.

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

4. Is a treatment operator employed at this facility? Yes No

Full time Part time Specify working hours: _____

Operator's name: _____ Title: _____

Phone: _____ Emergency phone: _____

5. Do you have an operations manual for your treatment equipment? Yes No

6. Do you have a written maintenance schedule for your treatment equipment? Yes No

7. List types and quantities of raw materials used or planned for use in the table below (attach additional sheets if needed):

	Raw Material	Daily volume use	Monthly volume use
1			
2			
3			
4			
5			

8. List types and quantities of chemicals used and planned for use (attach additional sheets if needed). Include copies of Manufacturer's Safety Data Sheets (MSDS) for all chemicals listed:

	Chemical	Daily volume use	Monthly volume use
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

14		
----	--	--

SECTION I: SLUG AND SPILL PREVENTION

1. Are 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. Indicate if buried metal containers have cathodic protection.

2. Are floor drains in your manufacturing or chemical storage areas? Yes No

If yes, where do they drain? _____

3. Could an accidental spill of chemical 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
 Storm Drain Ground
 Other (specify): _____
 Not applicable; no possible discharge to any of the above routes.

4. Is there a written Slug Control Plan or Spill Prevention Plan to prevent chemical spills or slug discharges from entering the City's sewer system?

- 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 steps taken to prevent their reoccurrence.

SECTION J: NONDISCHARGED WASTES

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

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

If yes, please describe in the following table:

	Waste Generated	Annual Quantity	Disposal Method
1			
2			
3			
4			
5			

6			
7			

2. Are any of the waste items listed in Section J-1 removed by a disposal company? Yes No

If yes, please complete the following (attach additional sheets if needed):

	Waste Removed	Disposal Company	Address	Permit No.
1				
2				
3				
4				
5				

3. Have you been issued Federal, State or Local environmental permits? Yes No

If yes, please list them below:

4. Are all Federal, State and Local pretreatment standards and requirements being met on a consistent basis?

Yes No Not applicable, since discharge is not yet occurring.

If no, please list all operation, maintenance, and equipment upgrades and/or changes along with estimated completion times to meet compliance:

Note: If the City issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility. Also, the City reserves the right to schedule additional sampling and testing of your facility at the owners expense to ensure protection of the City’s wastewater facilities.

SECTION K: AUTHORIZED SIGNATURES

NOTE TO AUTHORIZED SIGNATURE AUTHORITY: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, and the City of Kaufman public information policy that information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. A business confidentiality claim may be asserted for other data and information by placing on (or attaching to) the information a cover sheet, stamped or typed legend or other suitable form of notice employing language such as “trade secret”, “proprietary”, or “company confidential.” Confidential portions of otherwise non-confidential documents should be clearly identified by the business, and may be submitted separately to facilitate identification, handling and storage in a separate restricted access file by the Authority. If the business desires confidential treatment only until a certain data or until the occurrence of a certain event, the notice shall so state.

Authorized Representative Statement:

I, _____, being the authorized representative of _____, company, do hereby request a Permit to establish a discharge of or to continue to discharge industrial/commercial waste at the location indicated herein and do agree to comply with the City Ordinance Chapter 106, Article III and all amendments thereafter.

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

Phone _____

SUBSCRIBED AND SWORN TO BEFORE ME BY Affiant, on this _____ day of _____, _____, A.D.

Notary Public in and for the State of Texas