This application is required in conjunction with any proposed discharge of industrial wastewater to the City of Austin’s (City) sanitary sewer system from remediation projects. All sections of this application must be completed before it will be accepted by the City of Austin. Unauthorized revisions to or modifications of this form may invalidate the application.

Wastewater Discharge Permits for remediation project activities may be issued on a temporary basis for up to two years as the applicant pursues a stormwater discharge permit. In such cases where an applicant has unsuccessfully exhausted all efforts to obtain a stormwater permit, consideration will be granted for a Wastewater Discharge Permit extending beyond the subscribed two year temporary period.

For assistance, call the Office of Industrial Waste Monday-Friday between 7:30 AM and 4:00 PM at (512) 972-1060. This application is available on the Austin Water web site 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



AustinWater.org

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

Indicate pertinent identification numbers and permits (indicate NA for those fields that may not be applicable). Attach additional sheets if necessary:

|  |  |
| --- | --- |
| Water Source (i.e. private well, municipal water utility, etc.): |  |
| Water Service Provider: |  |
| Wastewater Service Provider: |  |
| Wastewater Service Acct. Number: |  |
| Water Meter Number(s): |  |
| City of Austin Wastewater Discharge Permit: | Permit No. |
| Other Environmental Control Permits Issued for the Applicant Site | |
| Underground Injection Control: | Permit No. |
| Dredge & Fill Permit (under §404 of the Clean Water Act): | Permit No. |
| Resource Conservation & Recovery Act (RCRA): | Permit No. |
| TCEQ Air Emissions Permit: | Permit No. |
| TCEQ Notice of Registration: | Permit No. |
| TCEQ Stormwater Permit: | Permit No. |
| City of Austin Stormwater Permit: | Permit No. |
| City of Austin Hazardous Materials Permit: | Permit No. |
| Other Permit Type: | Permit No. |
| Other Permit Type: | Permit No. |

C. Remediation Activity Overview

1. Describe the circumstances leading to the need to conduct remediation activities. Include descriptions of the source of the contamination (i.e. broken pipe, leaking tank, etc.), the type of product(s) or wastes to be recovered (diesel, leaded or unleaded gasoline, solvent, unknown, etc.), and the measures planned or taken to correct the situation (tank removal, repair, etc.). Attach additional sheets as necessary:

|  |
| --- |
|  |

2. What is the estimated volume of waste or product lost?

3. What is the total volume of waste or product that is expected to be recovered?

4. Describe what will happen to the recovered waste, fuel, product, or other contaminant (reprocessing, hazardous disposal, etc.):

|  |
| --- |
|  |

5. Describe the quantity, type, and maximum flow rate of each recovery well that will be used:

|  |
| --- |
|  |

6. What is the estimated duration of the remediation operations?

D. Wastewater Disposal Information

1. Indicate all wastewater disposal methods employed or proposed (check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Discharge | | Average Discharge Flow (GPD) | Estimated or Measured? (E or M?) |
| Sanitary Sewer | |  |  |
| Storm Sewer | |  |  |
| Surface Water | |  |  |
| Septic Tank | |  |  |
| Waste Haulers | |  |  |
| Others |  |  |  |
|  |  |  |
|  |  |  |
| Grand Total | |  |  |

2. List size, location of connection, and estimated flow of each wastewater service connection to the City of Austin sanitary sewer system (If more than four, attach additional information on another sheet).

|  |  |  |
| --- | --- | --- |
| Sewer Size (inches) | Descriptive Location of Sewer Connection or Discharge Point | Average Discharge Flow (GPD) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

E. Wastewater Discharge Information

1. Provide the following information on wastewater discharges from remediation activities (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 Discharge  Start Time |  |  |  |  |  |  |  |  |
| Wastewater Discharge  End-Time |  |  |  |  |  |  |  |  |

Peak Hourly Flow Rate (GPM):

Maximum Daily Flow Rate (GPD):

2. Does or will the facility discharge from remediation activities throughout the year?

Yes  No

If no, indicate the months of the year during which the discharge is expected to occur:

|  |
| --- |
|  |

3. Provide the following information specific to batch discharges (batch discharges are intentional, controlled discharges that occur as the result of non-continuous operations) if they occur or will occur. New facilities may use estimates:

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):

4. Indicate the presence or planned installation of the following equipment at the facility.

|  |  |  |
| --- | --- | --- |
|  | Flow Metering Equipment | Sampling Equipment |
| Is this equipment currently in place? | Yes  No | Yes  No |
| Will this equipment be installed? | 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. Also identify the minimum and maximum flow measurement capability for this equipment:

|  |
| --- |
|  |

F. Characteristics of Discharge

The purpose of this section is to determine: if any wastestreams require pretreatment; if existing or proposed pretreatment systems are adequate; and if the proposed discharge to the sanitary sewer will be permissible. In order to allow this determination, effluent quality data for each existing or proposed connection to the City of Austin sanitary sewer system must be submitted for review.

Analytical data must be provided for each pollutant identified on the proceeding **Pollutant List** that could reasonably be expected to be present in the discharge from each outfall. Attach the analytical data (analytical reports in full) to this application as **Exhibit C**.

**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)

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-TCD

**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

Briefly describe the type(s) of treatment proposed for the remediation activities. Include unit size and system design capacity. **Describe the proposed treatment system fully in Exhibit B**.

|  |
| --- |
|  |

H. Non-Discharged Wastes

Are any waste liquids 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):

Under the column *Type of Waste/Substance* enter the type of wastes or substances (e.g. recovered fuels, organic solvents, spent filter media, etc.) that is or will be 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)** |
| 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. Under the column *CWT,* enter yes if the disposal facility is a centralized waste treatment facility. Enter no if not.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ID** | **Transporter Name** | **Transporter Permit No.** | **Disposal Facility Name** | **Disp. Facility Permit No.** | CWT? |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

I. Supporting Exhibits

Attach the following exhibits and submit with the permit application:

###### Exhibit A: Facility Layout: Attach a legible general sketch of the site and include all appurtenant facilities (buildings, ponds, diversion ditches, intake structures, well locations, chemical and fuel storage, sanitary and storm sewer lines and outfalls, etc.), numbered discharge points, and sampling and flow monitoring points

**Exhibit B:** **Wastewater Treatment Diagrams and Treatment System Operation**: Attach a flow diagram for each existing or proposed treatment system. Include treatment equipment, wastes, by-products, disposal methods, and waste volumes. List all wastewater sample collection and flow metering locations.

**Exhibit C:** **Sampling Data:** Attach analytical data (analytical reports in full) for each pollutant identified on the Pollutant List (pages 8 and 9) that is reasonably expected to be present in the discharge from each outall.

**Exhibit D: 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.

J. 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 additional treatment technology or practice being considered in order to bring the facility into compliance. Also, attach as **Exhibit D** 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.3 (page 3) 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