



## **Wastewater Discharge Permit Application For Remediation Projects**

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 Utility web site at: [www.austintexas.gov/department/industrial-waste-control-pretreatment](http://www.austintexas.gov/department/industrial-waste-control-pretreatment)

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Mail completed application to: City of Austin / Austin Water Utility  
Special Services Division / Office of Industrial Waste  
3907 S. Industrial Drive, Suite 100  
Austin, TX 78744-1070

## A. Identifying Information

Operator Information (operates the facility described in the application)			
Name (legal name of person, company or entity)		Title (if applicable)	
Address of Site Discharging Wastewater		Business Mailing Address	
Site Address		Mailing Address	
, ,		, ,	
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)	
E-mail Address		Telephone No.	
, ,		, - ext.	
Mailing Address		24-Hour Emergency Phone Number	
, ,		, -	
City, State	Zip Code	Fax Number	

Contact Information			
Name (person)		Title	
E-mail Address		Telephone No.	
, ,		, - ext.	
Mailing Address		24-Hour Emergency Phone Number	
, ,		, -	
City, State	Zip Code	Fax Number	

If the operator is not the owner of the facility, submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility and attach to this application as **Exhibit D**.

## B. General Information

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

Primary Standard Industrial Classification (SIC):	
Secondary Standard Industrial Classification (SIC):	
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 No.
Other:	Permit No.

2. Identify an authorized representative and, if applicable, a duly authorized representative as the designated signatory authority of the facility.

The authorized representative may be:

- a. A responsible corporate officer, if the industrial user submitting the reports required by this permit is a corporation. For the purposes of this section, a responsible corporate officer means:
  - 1.) 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
  - 2.) 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 to the manager in accordance with corporate procedures.
- b. A general partner or proprietor, if the industrial user submitting reports required by this permit is a partnership or sole proprietorship, respectively.
- c. By the director or highest official appointed or designated to oversee the operations of the facility, if the industrial user submitting reports required by this permit is a federal, state or local government entity or other institutional organization (e.g. churches, schools, non-profit agencies...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, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

Authorized Representative		
Printed Name		Signature ( ) - ext.
Title		Telephone No. ( ) - ext.
Mailing Address ,		24-Hour Emergency Phone Number ( ) -
City, State	Zip Code	Fax Number

Duly Authorized Representative		
Printed Name		Signature ( ) - ext.
Title		Telephone No. ( ) - ext.
Mailing Address ,		24-Hour Emergency Phone Number ( ) -
City, State	Zip Code	Fax Number

### C. Remediation Activity Overview

- 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, the type and the maximum flow rate of each recovery well that will be used:

6. What is the estimated length of time the operation will be in place? \_\_\_\_\_

## D. Sewer 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?)
<input type="checkbox"/>	Sanitary Sewer		
<input type="checkbox"/>	Storm Sewer		
<input type="checkbox"/>	Surface Water		
<input type="checkbox"/>	Ground Water		
<input type="checkbox"/>	Septic Tank		
<input type="checkbox"/>	Waste Haulers		
Others	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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								

Proposed duration of wastewater discharge permit: \_\_\_\_\_

Number of days per year on which process discharge occurs or will occur: \_\_\_\_\_

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 below the months of the year during which discharge occurs:

3. Will the discharge from remediation activities stop for vacation, maintenance, or other reasons?

Yes                       No

If yes, indicate the reasons and periods when shutdown occurs:

4. 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): \_\_\_\_\_

Percent of total discharge (volume of daily batch discharges ÷ total daily discharge): \_\_\_\_\_

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

	Flow Metering Equipment		Sampling Equipment	
Is this equipment currently in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will this equipment be installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

6. Is there any bulk storage of diesel fuel, gasoline, solvents or other hazardous materials on site?

Yes

No

All applicants are required to prepare a **Slug Control Plan** and attach it to this application as **Exhibit C**. In this plan, describe any measures taken to prevent the reoccurrence of any previous spills or releases as well as those measures being employed to prevent any slug discharge of any pollutants stored at the site. For guidance material relating to Slug Control Plan requirements and preparation guidelines, connect to the utility's website at the following address:

[www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd\\_iw\\_scpreq.pdf](http://www.austintexas.gov/sites/default/files/files/Water/SSD/Pretreatment/wwwssd_iw_scpreq.pdf)

## 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 entered for each pollutant listed in the preceding **Pollutant Data Sheet Table** and each pollutant or characteristic listed in the **Hazardous Pollutants and Waste Characteristics Table**. Information regarding the absence or presence of the pollutants listed on a third table— **Other Toxic Pollutants & Hazardous Substances Table**, must be included as well.

Those significant industrial users currently operating under a valid City of Austin Wastewater Discharge Permit may reference a recent self-monitoring report in lieu of completing the **Pollutant Data Sheet Table, Hazardous Pollutants and Waste Characteristics Table** and the **Other Toxic Pollutants & Hazardous Substances Table** if each of the following five conditions is met:

- The referenced report contains analytical results that are representative of proposed discharges;
- The referenced report includes data for each pollutant that could reasonably be expected to be present in the discharge;
- The data referenced in the report is less than three years old;
- Current plans do not include changes to existing processes; **AND**
- Current plans do not include the addition of new processes.

Reference the self-monitoring report submitted on [date(s)]: \_\_\_\_\_

### 1. Instructions for completing the **Pollutant Data Sheet Table**:

Analytical data for each end-of-pipe outfall must be provided for each pollutant listed in this table. If more than one end-of-pipe outfall is proposed or exists, make copies of this table and attach the completed tables to the application. All available analytical data for each outfall should be used in the completion of this table. All wastewater analytical data included in the **Pollutant Data Sheet Table** must be based on 40 CFR Part 136 approved test methods. Applicable effluent limitations for these pollutants may be found on the utility's website at the following address:

[http://www.ci.austin.tx.us/water/wwwssd\\_iw\\_wrppm.htm](http://www.ci.austin.tx.us/water/wwwssd_iw_wrppm.htm)

### 2. Instructions for completing the **Hazardous Pollutants and Waste Characteristics Table**:

Analytical data for each end-of-pipe outfall must be provided for each pollutant listed in this table. If more than one end-of-pipe outfall is proposed or exists, make copies of this table and attach the completed tables to the application. All available analytical data for each outfall should be used in the completion of this table. All wastewater analytical data included in the **Hazardous Pollutants and Waste Characteristics Table** must be based on 40 CFR Part 136 approved test methods or performed in accordance with the techniques prescribed in EPA's "Test Methods for Evaluating Solid Waste, Physical/Chemical Methods" when no 40 CFR 136 methods are available. Applicable effluent limitations are referenced in the table.

### 3. Instructions for completing the **Other Toxic Pollutants & Hazardous Substances Table**:

The applicant must indicate which of the following pollutants in the **Other Toxic Pollutants & Hazardous Substances Table** could reasonably be expected to be present in the discharge by marking the appropriate boxes in the table. If more than one end-of-pipe outfall is proposed or exists, make copies of this table and attach the completed tables to the application. Sample data must be provided for any of those pollutants that could reasonably be expected to be present in the discharge. All available analytical data for each outfall should be used in the completion of this table. All wastewater analytical data included in the **Other Toxic Pollutants & Hazardous Substances Table** should be based on 40 CFR Part 136 approved test methods where such methods for the listed pollutants have been published.



Pollutant Data Sheet

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Acenaphthene									
Acenaphthylene									
Acrolein									
Acrylonitrile									
Aldrin									
Anthracene									
Benzene									
Benzidine									
Benzo (a) anthracene									
Benzo (a) pyrene									
Benzo (b) fluoranthcene									
Benzo (g, h, i) perylene									
Benzo (k) fluoroanthene									
Alpha-BHC									
Beta-BHC									
Delta-BHC									
Gamma-BHC									
Bis (2-chloroethyl) ether									
Bis (2-chloroethoxy) methane									
Bis (2-chloroisopropyl) ether									
Bis (2-ethylhexyl) phthalate									
Bromodichloromethane									
Bromoform									
Bromomethane									
4-Bromophenylphenyether									
Butylbenzyl phthalate									
Carbon tetrachloride									
Chlordane									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
4-Chloro-3-methylphenol									
Chlorobenzene									
Chloroethane									
2-Chloroethylvinyl ether									
Chloroform									
Chloromethane									
2-Chloronaphthalene									
2-Chlorophenol									
4-Chlorophenyenyl-phenylether									
Chrysene									
4,4;-DDD									
4,4'-DDE									
4,4'-DDT									
Dibenzo (a,h) anthracene									
Dibromochloromethane									
1,2-Dichlorobenzene									
1,3-Dichlorobenzene									
1,4-Dichlorobenzene									
3,3'-Dichlorobenzidine									
1,1-Dichloroethane									
1,2-Dichloroethane									
1,1-Dichloroethene									
Trans-1,2-dichloroethene									
2,4-Dichlorophenol									
1,2-Dichloropropane									
Cis-1,3-Dichloropropene									
Trans- 1,3-Dichloropropene									
Dieldrin									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Diethyl Phthalate									
2,4-Dimethyphenol									
Dimethyl Phthalate									
Di-n-butylphthalate									
Di-n-octylphthalate									
4,6-Dinitro-2-methylphenol									
2,4-Dinitrophenol									
2,4-Dinitrotoluene									
2,6-Dinitrotoluene									
1,2-Diphenylhydrazine									
Alpha-Endosulfan									
Beta-Endosulfan									
Endosulfan Sulfate									
Endrin									
Endrin aldehyde									
Ethylbenzene									
Fluoranthene									
Fluorene									
Heptachlor									
Heptachlor epoxide									
Hexachlorobenzene									
Hexachlorobutadiene									
Hexachloro-cyclopentadiene									
Hexachloroethane									
Indeno (1,2,3-cd) pyrene									
Isophorone									
Methylene Chloride									
Naphthalene									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Nitrobenzene									
2-Nitrophenol									
4-Nitrophenol									
N-Nitrosodimethylamine									
N-Nitrosodi-n-propylamine									
N-Nitrosodiphenylamine									
PCB-1016									
PCB-1221									
PCB-1232									
PCB-1242									
PCB-1248									
PCB-1254									
PCB-1260									
Pentachlorophenol									
Phenanthrene									
Phenol									
Pyrene									
1,1,2,2-Tetrachloroethane									
Tetrachloroethene									
Toluene									
Toxaphene									
1,2,4-Trichlorobenzene									
1,1,1-Trichloroethane									
1,1,2-Trichloroethane									
Trichloroethene									
2,4,6-Trichlorophenol									
Vinyl Chloride									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
pH									
Aluminum									
Antimony									
Arsenic									
Barium									
Boron									
Cadmium									
Chloride									
Chromium									
Copper									
Cyanide									
Fats, Oils, & Greases (FOG)									
Fluoride									
Lead									
Manganese									
Mercury									
Molybdenum									
Nickel									
Phosphorous									
Phosphate									
Selenium									
Silver									
Sulfate									
Thallium									
Total Dissolved Solids									
Zinc									

Hazardous Pollutants and Waste Characteristics Table

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant			Method ID	Detection Level Used	Discharge Limitation	Results of Analyses	Units
Total Petroleum Hydrocarbons (TPH)					15 mg/L		
Total Lead					0.25 mg/L		
Benzene					0.05 mg/L		
Benzene, Toluene, Ethylbenzene & Xylene (BTEX)					0.5 mg/L		
Polynuclear Aromatic Hydrocarbons (1)					0.01 mg/L		
Flash Point (closed cup)					<140 degrees F		
Lower Explosive Limit (LEL)					< 5.0 %		
Ignitability					Non-ignitable		
Corrosivity					Non-corrosive		
Reactivity					Non-reactive		
Toxicity Characteristic Leaching Procedure (TCLP)					Non-hazardous		
TCLP Pollutant	EPA HW No.	CAS No. (2)			Toxicity Level		
Arsenic	D004	7440-38-2			5.0 mg/L		
Barium	D005	7440-39-3			100.0 mg/L		
Benzene	D018	71-43-2			0.5 mg/L		
Cadmium	D006	7440-43-9			1.0 mg/L		
Carbon tetrachloride	D019	56-23-5			0.5 mg/L		
Chlordane	D020	57-74-9			0.03 mg/L		
Chlorobenzene	D021	108-90-7			100.0 mg/L		
Chloroform	D022	75-66-3			6.0 mg/L		
Chromium	D007	7440-47-3			5.0 mg/L		
o-Cresol	D023	95-48-7			200.0 mg/L (3)		
m-Cresol	D024	108-39-4			200.0 mg/L (3)		
p-Cresol	D025	106-44-5			200.0 mg/L (3)		
Cresol	D026				200.0 mg/L (3)		
2,4-D	D016	94-75-7			10.0 mg/L		
1,4-Dichlorobenzene	D027	106-46-7			7.5 mg/L		
1,2-Dichloroethane	D028	107-06-2			0.5 mg/L		
1,1-Dichloroethylene	D029	75-35-4			0.7 mg/L		

Hazardous Pollutants and Waste Characteristics Table (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

TCLP Pollutant	EPA HW No.	CAS No. (2)	Method ID	Detection Level Used	Toxicity Level	Results of Analyses	Units
2,4-Dinitrotoluene	D030	121-14-2			0.13 mg/L (4)		
Endrin	D012	72-20-8			0.02 mg/L		
Heptachlor (& its epoxide)	D031	76-44-8			0.008 mg/L		
Hexachlorobenzene	D032	118-74-1			0.13 mg/L (4)		
Hexachlorobutadiene	D033	87-68-3			0.5 mg/L		
Hexachloroethane	D034	67-72-1			3.0 mg/L		
Lead	D008	7439-92-1			5.0 mg/L		
Lindane	D013	58-89-9			0.4 mg/L		
Mercury	D009	7439-97-6			0.2 mg/L		
Methoxychlor	D014	72-43-5			10.0 mg/L		
Methyl ethyl ketone	D035	78-93-3			200.0 mg/L		
Nitrobenzene	D036	98-95-3			2.0 mg/L		
Pentachlorophenol	D037	87-86-5			100.0 mg/L		
Pyridine	D038	110-86-1			5.0 mg/L (4)		
Selenium	D010	7782-49-2			1.0 mg/L		
Silver	D011	7440-22-4			5.0 mg/L		
Tetrachloroethylene	D039	127-18-4			0.7 mg/L		
Toxaphene	D015	8001-35-2			0.5 mg/L		
Trichloroethylene	D040	79-01-6			0.5 mg/L		
2,4,5-Trichlorophenol	D041	95-95-4			400.0 mg/L		
2,4,6-Trichlorophenol	D042	88-06-2			2.0 mg/L		
2,4,5,TP (Silvex)	D017	93-72-1			1.0 mg/L		
Vinyl Chloride	D043	75-01-4			0.2 mg/L		

Hazardous Pollutants and Waste Characteristics Table Notes:

1. Polynuclear Aromatic Hydrocarbons is the total concentration of acenaphthene, acenaphthylene, anthracene, benzo(a)anthracene, benzo(b)fluoranthene, benzo(k)fluoranthene, benzo(ghi)perylene, benzo(a)pyrene, chrysene, dibenzo(a,h)anthracene, fluoranthene, fluorene, indeno(1,2,3-cd)pyrene, naphthalene, phenanthrene and pyrene.
2. The CAS No. is the chemical abstracts service number
3. If o-, m-, and p-cresol concentrations cannot be differentiated, use the total cresol concentration. The total cresol discharge limit is 200 mg/L.
4. For these pollutants the quantification limits are greater than the discharge limits. Therefore the quantification limits are the discharge limits.

Other Toxic Pollutants & Hazardous Substances Table

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Reasonable Expectation of Presence in the Discharge?		Method ID	Results of Analyses	Units
Asbestos	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Acetaldehyde	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Allyl alcohol	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Allyl chloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Amyl acetate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Aniline	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Benzonitrile	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Benzyl chloride	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Butyl acetate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Butylamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Captan	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Carbaryl	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Carbofuran	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Carbon disulfide	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Chlorpyrifos	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Coumaphos	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Cresol	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Crotonaldehyde	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Cyclohexane	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2,4-D (2,4-Dichlorophenoxy acetic acid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Diazinon	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dicamba	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dichlobenil	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dichlone	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2,2-Dichloropropionic acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dichlorvos	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Diethyl amine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			



Other Toxic Pollutants & Hazardous Substances Table (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Reasonable Expectation of Presence in the Discharge?		Method ID	Results of Analyses	Units
Dimethyl amine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Dinitrobenzene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Diquat	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Disulfoton	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Epichlorohydrin	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Ethion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Ethylene diamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Ethylene dibromide	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Formaldehyde	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Furfural	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Guthion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Isoprene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Isopropanolamine dodecylbenzenesulfonate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Kelthane	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Kepone	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Malathion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Mercaptodimethur	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Methoxychlor	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Methyl mercapton	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Methyl methacrylate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Methyl parathion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Mevinphos	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Mexacarbate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Monoethyl amine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Monomethyl amine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Naled	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Naphthenic acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Other Toxic Pollutants & Hazardous Substances Table (continued)

End-of-Pipe Sampling Location (Outfall ID): \_\_\_\_\_

Pollutant	Reasonable Expectation of Presence in the Discharge?		Method ID	Results of Analyses	Units
Nitrotoluene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Parathion	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Phenolsulfanate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Phosgene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Propargite	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Propylene oxide	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Pyrethrins	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Quinoline	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Resorcinol	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Strontium	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Strychnine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Styrene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
TDE (Tetrachlorodiphenyl ethane)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Diuron	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Trichlorofan	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Triethanolamine dodecylbenzenesulfonate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Trimethylamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Triethylamine	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Uranium	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Vanadium	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Vinyl acetate	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Xylene	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Xylenol	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Zirconium	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

## G. Treatment

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

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2. Does the facility have one or more wastewater treatment plant operators?

Yes

No

If yes, include the following information:

Primary Wastewater Treatment Operator

Name (        ) -        ext.	Title
Telephone No.	Working Hours (e.g. Mon-Fri; 9:00 AM to 5:00 PM)

Secondary Wastewater Treatment Operator

Name (        ) -        ext.	Title
Telephone No.	Working Hours (e.g. Mon-Fri; 9:00 AM to 5:00 PM)

3. Does the facility have a manual on the operation of the wastewater treatment system?

Yes

No

4. Does the facility have a written maintenance schedule for the wastewater treatment equipment?

Yes

No

5. Does the facility have a wastewater treatment plant operator-training program?

Yes

No

If No to questions 2, 3, 4, or 5 above, explain:

--

## 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*, enter 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*, enter 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, waste volumes, and design and operating conditions. List all wastewater sample collection locations including those described on the Pollutant Data Sheet Table, the Hazardous Pollutants and Waste Characteristics Table and the Other Toxic Pollutants & Hazardous Substances Table in Section F. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility installed.
- Exhibit C Slug Control Plan:** All applicants are required to submit a *Slug Control Plan*. For guidance material relating to *Slug Control Plan* requirements and preparation guidelines, connect to the utility's website at the following address:  
[http://www.ci.austin.tx.us/water/downloads/wwwssd\\_iw\\_scpreq.pdf](http://www.ci.austin.tx.us/water/downloads/wwwssd_iw_scpreq.pdf)
- Exhibit D Scope of Responsibility Documentation:** Those applicants that operate but do not own the facility must submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.
- Exhibit E 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 E** a schedule for bringing the facility into compliance. Specify major events planned along with reasonable compliance dates.

2. Certification Statement:

The Authorized Representative as identified in Section B.2 (page 4) 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