



**CITY OF DALLAS  
PERMIT TO DISCHARGE TO THE SANITARY SEWER  
APPLICATION FORM**

Note: Please read and complete all the sections of this application.

**SECTION A: GENERAL INFORMATION**

1. Facility Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Date operations or service started at this site: \_\_\_\_\_

Is the applicant 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 or contracts indicating the applicant's scope of responsibility for the facility:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

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: \_\_\_\_\_

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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
- Centralized Waste Treatment
- Coal Mining
- Coal Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing

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- 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
- Transportation Equipment Cleaning

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):

a. Primary products and/or services.

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b. Brief description of all operations at this facility. (Use another sheet if needed)

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3. Indicate applicable Standard Industrial Classification (SIC) Codes for all processes. If more than one applies, list in descending order of importance:

- a. \_\_\_\_\_ c. \_\_\_\_\_
- b. \_\_\_\_\_ d. \_\_\_\_\_

4. Production: (units/day or year)

| PRODUCT PRODUCED<br>OR<br>SERVICE PROVIDED | PAST CALENDAR<br>YEAR | ESTIMATE THIS<br>CALENDAR YEAR |
|--|-----------------------|--------------------------------|
|  | Average Maximum       | Average Maximum                |
| 1. _____                                   | _____                 | _____                          |
| 2. _____                                   | _____                 | _____                          |
| 3. _____                                   | _____                 | _____                          |

(Attach additional sheets if need)

5. Shifts and Employees: No. of Shifts: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Shift Hours & Employees Per Shift:

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

**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(s): \_\_\_\_\_

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

| Type                            | Average Water Usage (GPD) | Estimated (E) or Measured (M) |
|---------------------------------|---------------------------|-------------------------------|
| a. Contact cooling water        | _____                     | _____                         |
| b. Non-contact cooling water    | _____                     | _____                         |
| c. Boiler Feed/blow-down        | _____                     | _____                         |
| d. Process                      | _____                     | _____                         |
| e. Sanitary (20 gal/person)     | _____                     | _____                         |
| f. Air pollution control        | _____                     | _____                         |
| g. Contained in product         | _____                     | _____                         |
| h. Plant and equipment washdown | _____                     | _____                         |
| i. Irrigation and lawn watering | _____                     | _____                         |
| j. Other: _____                 | _____                     | _____                         |
| k. TOTAL of a-j                 | _____                     | _____                         |

**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):

| Line Size (in inches) | Location of Sewer Connection or Discharge Point | Flow (GPD) |
|-----------------------|---|------------|
| _____                 | _____   | _____      |
| _____                 | _____   | _____      |
| _____                 | _____   | _____      |
| _____                 | _____   | _____      |

**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

[ ] No

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 (example: 9 am - 5 p.m.):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ T \_\_\_\_\_ F \_\_\_\_\_

Sat \_\_\_\_\_ Sun \_\_\_\_\_

- c. Peak hourly flow rate (gallons/hour): \_\_\_\_\_

Maximum daily flow rate (gallons/day): \_\_\_\_\_

- d. Annual daily average (gallons/day): \_\_\_\_\_

3. If batch discharge occurs or will occur, indicate: \_\_\_\_\_

- a. Number of batch discharges per day: \_\_\_\_\_

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- 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 waste stream. 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 a flow chart that corresponds to each process.

| Process Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge |
|---------------------|--------------------|--------------------|-------------------|
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |
|                     |                    |                    |                   |

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 a flow chart that corresponds to each process.

| Categorical Process Description | Average Flow (GPD) | Maximum Flow (GPD) | Type of Discharge |
|---------------------------------|--------------------|--------------------|-------------------|
|                                 |                    |                    |                   |
|                                 |                    |                    |                   |
|                                 |                    |                    |                   |
|                                 |                    |                    |                   |

| 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 10, 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 a continuous wastewater flow metering equipment at this facility?

Current: Flow Metering Equipment  Yes  No

Planned: Flow Metering Equipment  Yes  No

Please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

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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: \_\_\_\_\_

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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. Indicate on the process flow chart:

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

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

If yes, please describe: \_\_\_\_\_

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**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). 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) | No. of Analyses | P; S; A |
|-------------------------|----------|--------|-----------------|----------------------------------|----------------------------|-----------------|---------|
| <b>Volatiles</b>        |          |        |                 |                                  |                            |                 |         |
| 1. Acrolein             |          |        |                 |                                  |                            |                 |         |
| 2. Acrylonitrile        |          |        |                 |                                  |                            |                 |         |
| 3. Benzene              |          |        |                 |                                  |                            |                 |         |
| 4. Bromoform            |          |        |                 |                                  |                            |                 |         |
| 5. Carbon tetrachloride |          |        |                 |                                  |                            |                 |         |
| 6. Chlorobenzene        |          |        |                 |                                  |                            |                 |         |
| 7. Chlorodibromomethane |          |        |                 |                                  |                            |                 |         |
| 8. Chloroethane         |          |        |                 |                                  |                            |                 |         |

| Parameter                      | Location | Method | Detection Limit | Maximum Daily Value (with units) | Average Value (with units) | No. of Analyses | P; S; A |
|--------------------------------|----------|--------|-----------------|----------------------------------|----------------------------|-----------------|---------|
| 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             |          |        |                 |                                  |                            |                 |         |
| <b>Acid Extractibles</b>       |          |        |                 |                                  |                            |                 |         |
| 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      |          |        |                 |                                  |                            |                 |         |
| <b>Base Neutrals</b>           |          |        |                 |                                  |                            |                 |         |
| 40. Acenaphthene               |          |        |                 |                                  |                            |                 |         |
| 41. Acenaphthylene             |          |        |                 |                                  |                            |                 |         |
| 42. Anthracene                 |          |        |                 |                                  |                            |                 |         |
| 43. Benzidine                  |          |        |                 |                                  |                            |                 |         |
| 44. Benzo (a) anthracene       |          |        |                 |                                  |                            |                 |         |
| 45. Benzo (a) pyrene           |          |        |                 |                                  |                            |                 |         |
| 46. 3,4-benzofluoranthene      |          |        |                 |                                  |                            |                 |         |

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|--------------------------|--|--|--|--|--|--|--|
| 47. Benzo (ghi) perylene |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|

| Parameter                         | Location | Method | Detection Limit | Maximum Daily Value (with units) | Average Value (with units) | No. of Analyses | P; S; A |
|-----------------------------------|----------|--------|-----------------|----------------------------------|----------------------------|-----------------|---------|
| 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            |          |        |                 |                                  |                            |                 |         |
| 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        |          |        |                 |                                  |                            |                 |         |
| <b>Pesticides</b>                 |          |        |                 |                                  |                            |                 |         |
| 86. Aldrin                        |          |        |                 |                                  |                            |                 |         |

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|               |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|
| 87. Alpha-BHC |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|

| Parameter               | Location | Method | Detection Limit | Maximum Daily Value (with units) | Average Value (with units) | No. of Analyses | P; S; A |
|-------------------------|----------|--------|-----------------|----------------------------------|----------------------------|-----------------|---------|
| 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          |          |        |                 |                                  |                            |                 |         |

**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      |          |        |                 |                                  |                            |                    |         |

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| 10. Mercury, Total       |          |        |                 |                                  |                            |                    |         |
|--------------------------|----------|--------|-----------------|----------------------------------|----------------------------|--------------------|---------|
| 11. Nickel, Total        |          |        |                 |                                  |                            |                    |         |
| 12. Selenium, Total      |          |        |                 |                                  |                            |                    |         |
| 13. Silver, Total        |          |        |                 |                                  |                            |                    |         |
| Parameter                | Location | Method | Detection Limit | Maximum Daily Value (with units) | Average Value (with units) | Number of Analyses | P; S; A |
| 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: \_\_\_\_\_

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- Grease trap
- 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.

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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.

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

Yes  No

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

Yes  No

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**SECTION H: FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift information:

| Work Days                 | Shift           | <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
|---------------------------|-----------------|---------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|---------------------------------|
| No. of Employee per Shift | 1 <sup>st</sup> |                                 |                                  |                                    |                                   |                                 |                                   |                                 |
|                           | 2 <sup>nd</sup> |                                 |                                  |                                    |                                   |                                 |                                   |                                 |
|                           | 3 <sup>rd</sup> |                                 |                                  |                                    |                                   |                                 |                                   |                                 |

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):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**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.

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

Yes  No

If yes, to where do they drain? \_\_\_\_\_

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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.

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**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 |
|-----------------|---------------------|-----------------|
| <hr/>           | <hr/>               | <hr/>           |
| <hr/>           | <hr/>               | <hr/>           |
| <hr/>           | <hr/>               | <hr/>           |
| <hr/>           | <hr/>               | <hr/>           |
| <hr/>           | <hr/>               | <hr/>           |

2. Are any of these wastes removed by a disposal company?

Yes  No. If yes, 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Yes  No  Not applicable, since there is no discharge.

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.

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- 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/>           |
| <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.*

**SECTION K: AUTHORIZED SIGNATURES**

**Note to Signing Official:** In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, and the Chapter 49 of the Dallas City Code, 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, the undersigned applicant, being an authorized representative of the herein named company, do hereby request a Permit to establish a discharge of or to continue to discharge industrial waste at the location indicated herein and do agree to comply with the Chapter 49 Section 49-42 of the Dallas City Code, and all their amendments.

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           | Title       |
| _____          | _____       |
| Signature      | Date        |
| _____          | _____       |
| Phone number   | Cell number |
| _____          |             |
| E-mail Address |             |