



**CITY OF DALLAS  
PERMIT TO DISCHARGE REMEDIATED GROUNDWATER  
APPLICATION FORM**

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

**SECTION A: GENERAL INFORMATION**

**1. Company Name:** \_\_\_\_\_

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

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

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

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

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**2. Address:**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**3. Business Address:**

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Tax ID Number:** \_\_\_\_\_

**4. Authorized Representative:**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( ) Association

IF CORPORATION, STATE THE NAME OF THE CORPORATION AS IT APPEARS ON THE CORPORATE CHARTER, THE CORPORATION NUMBER AND THE STATE OF REGISTER:

NAME OF REGISTERED AGENT: \_\_\_\_\_

\_\_\_\_\_

**TO THE DIRECTOR OF THE WATER UTILITIES DEPARTMENT, CITY OF DALLAS, TEXAS**

The undersigned applicant, being the \_\_\_\_\_ of the property located  
(Owner, Lessee, Tenant, etc.)

at \_\_\_\_\_ does hereby  
(Facility Address)

request a permit to continue in use or to establish and industrial connection to the City of Dallas Sanitary

Sewer System servicing the \_\_\_\_\_ which is  
(Name of Company)

engaged in \_\_\_\_\_ at said location.  
(Nature of Business)

Applicant is the owner of the business, or the authorized agent as required by City ordinance. The owner

of the business, if different from applicant is \_\_\_\_\_  
(Name of Company, a Corporation, Partnership, etc.)

with home offices located at \_\_\_\_\_ and  
(Address, City, State, Zip)

represented by \_\_\_\_\_  
(Name of Person and Title)

The above named applicant does hereby make application for a permit to discharge remediated groundwater into the City of Dallas Sanitary Sewer System serving the above property and agrees to comply with the wastewater standards stipulated in Chapter 49 Section 49-43 of the Dallas City Code, and all their amendments. The following information must be submitted to the Pretreatment and Laboratory Services (PALS) Division, Pretreatment Supervisor.

1. A summary stating the need to discharge groundwater into the sanitary sewer system.

2. A copy of the Texas Commission on Environmental Quality (TCEQ) Administrative Order or Voluntary Cleanup Program.
3. A detailed description of the treatment system that includes method of remediation, rates of removal, type of equipment to be utilized, plumbing plan, pretreatment process flow and a date when remediation will be completed.
4. The frequency of discharge (average and maximum gallons per minute) and the estimated volume of discharge (monthly).
5. The location of the contaminated area on a plan view map along with the monitoring wells and recovery wells. A groundwater analytical report must be submitted for all monitoring wells identified on the map.
6. The location of the sampling site. An approved sample pad may have to be installed.
7. A description of an emergency spill plan describing the method of containment that will be used. The containment should be leak proof and of sufficient height to retain 110% of the volume of the contaminated water within the treatment compound.
8. Identify on the plan view map where you plan to connect to the sanitary sewer.
9. Analysis for Table II, III, and V parameters as found in 40 CFR 122. Analysis for City of Dallas Local Limits as found in Chapter 49, Section 49-43 of the Dallas City Code. All concentrations must comply with concentration standards established by Chapter 49 of the City Code, "Water and Wastewater" and/or maximum allowable concentration established by the City. All levels of treatable organic compounds shall be at or below detection limit and no analytical results shall ever exceed local ordinance limits. All pollutants of concern identified in the initial scan must be treated to or below detection limits and in no case shall exceed local ordinance limits.
10. Analysis for Molybdenum, and Tetramethylammonium hydroxide (TMAH) are also required for projects discharging to the Trinity River Authority Central Regional Wastewater System (TRA).
11. A waiver of analytical requirements of a pollutant may be authorized if the applicant demonstrates through initial sampling that the pollutant is neither present or expected to be present in the discharge. A waiver will not be granted for projects discharging to TRA.
12. Documentation of the laboratory Quality Assurance Program is required.
13. Certification statement of laboratory NELAP Accreditation.
14. A schedule of maintenance for the pretreatment system.

#### TREATMENT SYSTEM OPERATOR (If Applicable)

The undersigned agrees to ensure compliance with the conditions stipulated in this permit application to discharge into the City of Dallas Sanitary Sewer System and all applicable codes. The undersigned certifies that all pretreatment processes used at the location specified will, to the best of his or her knowledge, meet all requirements of this permit. The undersigned will maintain all equipment to maintain optimum treatment and pollutant removal efficiency of contaminated groundwater at all times.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Please print or type)

**EMAIL:** \_\_\_\_\_

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.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_  
(Please Print or Type)

The undersigned being the Authorized Representative of the herein named company, does agree to all terms stated in this document, and understands that failure to comply with the conditions of this permit and all applicable codes as currently written, or as they may be amended shall render null and void this permit to discharge into the City of Dallas Sanitary Sewer System. The undersigned applicant certifies that all information provided to the Water Utilities Department in this document is to the best of his or her knowledge true and correct at the time of signature.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME OF APPLICANT:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
(Please print or type)