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: _____

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

[ ] 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.

_____

_____

_____

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

_____

_____

_____

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 OR SERVICE PROVIDED	PAST CALENDAR YEAR		ESTIMATE THIS 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: _____

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:

_____

_____

_____

_____

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: _____

_____

_____

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:

_____

_____

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

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

If yes, please describe: _____

_____

_____

_____

_____

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
Volatiles							
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							
Acid Extractibles							
29. 2-chlorophenol							
30. 2,4-dichlorophenol							
31. 2,4-dimethylphenol							
32. 4,6-dinitro-o-cresol							
33. 2,4-dinitrophenol							
34. 2-nitrophenolane							
35. 4-nitrophenolane							
36. p-chloro-m-cresol							
37. Pentachlorophenol							
38. Phenol							
39. 2,4,6-trichlorophenol							
Base Neutrals							
40. Acenaphthene							
41. Acenaphthylene							
42. Anthracene							
43. Benzidine							
44. Benzo (a) anthracene							
45. Benzo (a) pyrene							
46. 3,4-benzofluoranthene							

47. Benzo (ghi) perylene							

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. Butlbenzyl 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. Fluororanthene							
71. Fluorene							
72. Hexachlorobenzene							
73. Hexachlorobutadiene							
74. Hexachlorocyclopentadiene							
75. Hexachloroethane							
76. Indeno (1,2,3-cd) pyrene							
77. Isophorone							
78. Napthalene							
79. Nitrobenzene							
80. N-nitrosodimethylamine							
81. N-nitrosodi-n-propylamine							
82. N-nitrosodiphenylamine							
83. Phenanthrene							
84. Pyrene							
85. 1,2,4-trichlorobenzene							
Pesticides							
86. Aldrin							

87. Alpha-BHC							

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							

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: _____

[ ] 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.

_____

_____

_____

_____

_____

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.

_____

_____

_____

_____

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

SECTION H: FACILITY OPERATIONAL CHARACTERISTICS

1. Shift information:

Work Days	Shift	[ ] Monday	[ ] Tuesday	[ ] Wednesday	[ ] Thursday	[ ] Friday	[ ] Saturday	[ ] Sunday
No. of Employee per Shift	1st							
	2nd							
	3rd							

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):

   _____

   _____

   _____

6. List types and quantities of chemicals used or planned for use (attach sheets if necessary). Include copies of Manufacturer's Material Safety Data Sheets (MSDS) for ALL chemicals identified:

Chemical	Quantity/Unit of Time

7. Building Layout- Attach a schematic drawing (or map) of the location of each building on the premises. Show orientation and location of all water meters, storm drains, numbered processes (from the flow chart), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing the above items may be attached in lieu of a newly developed drawing.

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.

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

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

   [ ] Yes [ ] No

   If yes, to where do they drain? _____

   _____

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.

_____

_____

_____

_____

_____

_____

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

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.

_____

_____

_____

_____

_____

b. Provide a schedule for bringing the facility in compliance. Specify major events planned along with reasonable completion dates.

Milestone Activity	Completion Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***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