

**CITY OF ENNIS, TEXAS
WASTEWATER DISCHARGE PERMIT APPLICATION**

Note: Please read all attached instructions prior to completing this application

SECTION A - GENERAL INFORMATION

1. Facility Name: _____

a. Operator Name: _____

b. is operator identified in 1.a., the owner of the facility? Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility

2. Facility Address:

Street: _____

City _____ State _____ Zip _____

3. Business Mailing Address:

Street or PO Box : _____

City _____ State _____ Zip _____

4. Designated signatory authority of the facility: (Attach similar information for each authorized representative)

Name: _____

Title: _____

Address: _____

City _____ State _____ Zip _____

Phone _____

5. Designated facility contact:

Name: _____

Title: _____

Phone _____

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

Industrial Categories

- Dairy products processing
- Grain mills
- Canned and preserved fruits and vegetables processing
- Canned and preserved seafood processing
- Sugar processing Textile mills
- Cement manufacturing Feedlots
- Electroplating
- Organic chemicals, plastics, and synthetic fibers
- Inorganic chemicals manufacturing
- Soap and detergent manufacturing
- Fertilizer manufacturing
- Petroleum Manufacturing
- Iron and steel manufacturing
- Nonferrous metals manufacturing
- Phosphate manufacturing
- Steam electric power generating
- Ferroalloy manufacturing
- Leather tanning and finishing
- Glass manufacturing
- Asbestos manufacturing
- Rubber manufacturing
- Timber products processing
- The pulp, paper, and paperboard
- The builders' paper and board mills
- Meat Products
- Metal finishing
- Coal mining and processing
- Oil and gas extraction
- Mineral mining and processing
- Pharmaceutical manufacturing
- Ore mining and dressing
- Paving and roofing materials (tars and asphalt)
- Paint formulating
- Ink formulating
- Gum and wood chemicals manufacturing
- Pesticide chemicals
- Explosives manufacturing
- Carbon black manufacturing
- Photographic
- Hospital
- Battery Manufacturing
- Plastics molding and forming
- Metal molding and casting
- Coil coating
- Porcelain enameling
- Aluminum forming

- Copper forming
- Electrical and electronic components
- Nonferrous metals forming and metal powders
- Transportation Equipment Cleaning
- Centralized Waste Treatment

A facility with processes inclusive in these business areas may be covered by the Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

2. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

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

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Product Volume:

Product (Brand Name) (levels with others) (and no u.1)	Past Calendar Year Amounts Per Day (Daily Units)		Estimated This Calendar Year Amounts per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as applicable)

- Private Well
- Surface Well
- Municipal Water Utility (Specify City) _____
- Other (Specify) _____

2. Name on water bill: _____

Street: _____

City _____ State _____ Zip _____

3. Water service account number _____

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

	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Air pollution control		
g. Contained in product		
h. Plant and equipment wash down		
i. Irrigation and lawn watering		
j. Other		
k. TOTAL OF A-J		

SECTION D – SEWER INFORMATION

1a. 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

1b. For a new business:

i. Will you be occupying an existing vacant building (such as in an industrial park)? Yes No

ii. Have you applied for a building permit if a new facility will be constructed? Yes No

iii. Will you be connected to the public sanitary sewer system? Yes No

2. List size, description, location, and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet)

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPO)

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

[] Yes: If the answer to this question is "yes", complete the remainder of the application.

[] No: If the answer to this question is "no", skip to Section I.

2. Provide the following information on wastewater flow rate. (New facilities may estimate)

a. Hours/Day Discharge (e.g., 8 hours/day):

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

Mon	Tue	Wed	Thurs	Fri	Sat	Sun

- c. Peak hourly flow rate (GPM) _____
- d. Maximum daily flow rate (GPM) _____
- e. Annual daily average (GPM) _____
- f. Date to commence discharge? _____

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate)

- a. Number of batch discharges _____ per day.
- b. Average discharge per batch _____ GPM.
- c. Time of batch discharges _____ at _____
(days of week) (hours of day)
- d. Flow rate _____ GPM
- e. Percent of total discharge _____

4. Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all units in the processes. Indicate which processes use water and which generate waste streams. Include the average daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. This drawing must be certified by a State Registered Professional Engineer. Attach drawing to the end of this document.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, Continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

Process Description	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge; CWF is for Combined Waste stream Formula.)

Regulated Process	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

Unregulated Process	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

CWF	Average Flow (GPM)	Maximum Flow (GPM)	Type of Discharge (batch, continuous, none)

7. For Categorical Users Subject Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

- a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standards of the applicable categorical pretreatment standards published by the EPA?

Yes No

- b. Has a baseline monitoring report (BMR) been submitted which contains TTO information? When?

Yes No Date: _____

- c. Has a 90-day report been completed? If so, when?

Yes No Date: _____

- d. Has a toxic organics management plan (TOMP) been developed?

Yes No

- e. Have any BMPs been developed for the Facility?

Yes No If so Please Attach for Review.

- f. Has the facility developed any Pollution Prevention Alternatives?

Yes No If so Please Attach for Review.

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Planned:	Flow Metering	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Sampling Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If so, 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 (skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

11. Are any materials or water reclamation systems in use or planned?

Yes

No (skip question 12)

12. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

13. Does your Facility have the potential to release slug discharges? Yes No

If yes have you submitted a Slug Discharge Control Plan to the City for review? Yes No

Thallium								
Zinc								

SECTION G -TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility? [] Yes [] No
2. Is any form of wastewater treatment (or change to an existing wastewater treatment) planned for this facility within the next three years?
 [] Yes, describe _____
 [] No
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as apply).
 - Air flotation
 - Centrifuge
 - Chemical precipitation
 - Chlorination
 - Cyclone
 - Filtration
 - Flow equalization
 - Grease or oil separation, type: _____
 - Grease trap
 - Grinding filter Grit removal
 - Ion exchange
 - Neutralization, pH correction
 - 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: _____
4. Description
 Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. (Attach additional sheets as needed.)

- 5. Attach a process flow diagram for each existing treatment system. Include process equipment, byproducts, byproduct disposal method, waste and byproduct volumes, and design and operating conditions.
- 6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

- 7. Do you have a treatment operator? Yes No
(if Yes,) Phone: _____

Full time _____ (specify hours)
Part time _____ (specify hours)

- 8. Do you have a manual on the correct operation of your treatment equipment? Yes No
- 9. Do you have a written maintenance schedule for your treatment equipment? Yes No

SECTION H- FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Work Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shifts per Work day:

Employees Per Shift	1 st	
	2 nd	
	3 rd	

Shift start and end times:

	Start	End
1 st		
2 nd		
3 rd		

2. Indicate whether the business activity is:

- Continuous through the year, or
- Seasonal- Circle the months of the year during which the business activity occurs:

Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.

Comments: _____

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal- Circle the months of the year during which the business activity occurs:

Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.

Comments: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

- Yes, indicate reasons and period when shutdown occurs : _____

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed): _____

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity

7. Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I - 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 frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. 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, where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in the manufacturing area, could an accidental spill lead to a discharge to: (Check all that are applicable)

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- others specify _____
- not applicable, no possible discharge to any of the above mentioned routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals, hazardous waste, or slug discharges from entering the Control Authority's collection system?

- Yes - (please enclose a copy with the application)
- No
- N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic waste.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J - NON DISCHARGED WASTES

1. Are waste liquids or sludge generated and not disposed of in the sanitary sewer system?

Yes, please describe below

No, skip the remainder of Section J

Waste Generated	Quantity (per year)	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

Waste Generated	Quantity (per year)	Disposal Method

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

Waste Generated	Quantity (per year)	Disposal Method

4. If any of your wastes are stored on-site, identify the waste and facility.

Waste Generated	Quantity (per year)	Disposal Method

5. If an outside firm removes any of the above checked wastes, state the name(s) and Address(s) of all waste haulers:

a. _____

b. _____

Permit No. _____
(if applicable)

Permit No. _____
(if applicable)

6. Have you been issued any Federal, State, or local environmental permits?

Yes No

If yes, please list the permit(s) issued and their expiration dates: _____

SECTION K-AUTHORIZED SIGNATURES

Compliance Certification

- 1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes No Not yet discharging

- 2. If No:

- a. 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.
- b. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that 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.

Milestone Activity	Completion Date

AUTHORIZED REPRESENTATIVE 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.

Name(s)

Title

Signature

Date

Phone