

**APPLICATION FOR PERMIT AND/OR
RENEWAL TO DISCHARGE LIQUID WASTE
INDUSTRIAL WASTEWATER QUESTIONNAIRE**

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
a. Operator name: _____
b. Is the 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: _____

3. Business mailing address: _____

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

Name: _____
Title: _____
Address: _____
City, State, Zip: _____
Phone no.: _____
Fax no.: _____

5. Designated facility contacts:

Name: _____
Title: _____
Phone no. at facility: _____
Phone no. after hours: _____
E-mail address _____

Alternate: _____
Title: _____
Phone no. at facility _____
Phone no. after hours _____
E-mail address : _____

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).

- ☐ Aluminum forming
- ☐ Asbestos manufacturing
- ☐ Battery manufacturing
- ☐ Can making
- ☐ Carbon black
- ☐ Coal mining
- ☐ Coil 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
- ☐ 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

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

3. 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.

4. PRODUCT VOLUME:

[illegible]

* You may use your fiscal year. If so, list your fiscal year: _____

SECTION C - WATER SUPPLY

1. Water sources: (Check as many as are applicable.)

- ☐ Private well
☐ Surface water
☐ Municipal Water Utility (Specify City): _____
☐ Other (Specify): _____

2. Complete name and address on water bill. Verify with Utility Collections (940) 761-7414.

3. List ALL water service account numbers, and the address they serve both on and off site:

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

<u>TYPE</u>	<u>AVERAGE WATER USAGE (GPD)</u>	<u>INDICATE</u>	
		<u>MEASURED (M) or ESTIMATED (E)</u>	<u>DISCHARGE TO SEWER?</u>
Air pollution control			
Boiler feed			
Cooling tower blowdown			
Contact cooling water			
Contained in product			
Evaporation			
Irrigation and lawn watering			
Non-contact cooling water			
Process			
Sanitary			
Washdown plant and equipment			
Other			
TOTAL			

SECTION D - SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

☐ Yes ☐ No. Have you applied for a sanitary sewer hookup? ☐ Yes ☐ No

b. For a new business:

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

- [illegible]

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- d. Flow rate in gallons/minute: _____
- e. Percent of total discharge: _____

4. Schematic Flow Diagram. For each major activity in which wastewater is or will be generated, provide a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new industries may estimate). If estimates are used for flow data this must be indicated. NUMBER EACH UNIT PROCESS HAVING WASTEWATER DISCHARGES TO THE COMMUNITY SEWER. Use these numbers when showing this unit process in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer. Please attach this to your Questionnaire.

IF YOU CHECKED ACTIVITIES IN QUESTION 1 OF SECTION B, YOUR FACILITY IS CONSIDERED A CATEGORICAL INDUSTRIAL USER. 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. **CIRCLE ALL DISCHARGES THAT HAVE A FLOW METER.** For new facilities, CIRCLE ALL DISCHARGES THAT WILL HAVE A FLOW METER.

[illegible]

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

6. For CATEGORICAL USERS. Provide the wastewater discharge flows for each process or proposed process. Attach additional page if necessary to include all processes. INCLUDE THE REFERENCE NUMBER FROM THE PROCESS SCHEMATIC THAT CORRESPONDS TO EACH PROCESS. New facilities should provide estimates for each discharge. **CIRCLE ALL DISCHARGES THAT HAVE A FLOW METER.** For new facilities, CIRCLE ALL DISCHARGES THAT WILL HAVE A FLOW METER.

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch, cont., cont. batch, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of discharge (batch, cont., cont. batch, none)

		Average	Maximum	Type of Discharge
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No.	Dilution	Flow (GPD)	Flow (GPD)	(batch, cont., cont. batch, none)

7. For CATEGORICAL USERS subject to 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 standard of the applicable categorical pretreatment standards published by EPA?

☐ Yes

☐ No

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

☐ Yes

☐ No

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

☐ Yes. Please attach a copy if not previously submitted, or attach copies of revised pages.

☐ No

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

Current: Flow metering ☐ Yes ☐ No ☐ N/A

Sampling equipment ☐ Yes ☐ No ☐ N/A

Planned: Flow metering ☐ Yes ☐ No ☐ N/A

Sampling equipment ☐ Yes ☐ No ☐ 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 reclamation 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 basic flow diagram for each process. Please attach additional sheets if needed.

SECTION F - CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. THE POLLUTANTS YOU ARE REQUIRED TO MONITOR ARE LISTED IN PART 2, SECTION A OF YOUR PERMIT. Use the tables provided in this section to report the analytical results. DO NOT LEAVE BLANKS. For all other non-regulated pollutants (NOT LISTED FOR MONITORING IN YOUR PERMIT), indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for Average of Analyses. Indicate the sample location and type of analysis used in the adjacent column, on the top of each table, or on a separate sheet, if necessary. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing EP (expected to be present), MP (may be present), ENP (expected not present), or O (will not be present) under the average reported values.

<u>POLLUTANT</u>	<u>DETECTION LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF ANALYSES</u>		<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass	Conc.	Mass	Conc.	Mass
Acenaphthene									
Acrolein									
Acrylonitrile									
Benzene									
Benzidine									
Carbon tetrachloride									
Chlorobenzene									
1,2,4 -Trichlorobenzene									
Hexachlorobenzene									
1,2-Dichloroethane									
1,1,1 -Trichloroethane									
Hexachloroethane									
1,1-Dichloroethane									
1,1,2-Trichloroethane									
1,1,2,2 -Tetrachloroethane									
Chloroethane									
Bis(2 -chloroethyl) ether									
17 Bis (chloro methyl) ether									
2 -Chloroethyl vinyl ether									
2 -Chloronaphthalene									
2,4,6 Trichlorophenol									
Parachlorometa cresol									
Chloroform									
2 -Chlorophenol									
1,2- Dichlorobenzene									
1,3 -Dichlorobenzene									
1,4 -Dichlorobenzene									
3,3 -Dichlorobenzidine									
1,1 -Dichloroethylene									
1,2 -Trans-dichloroethylene									
2,4 -Dichlorophenol									
1,2 -Dichloropropane									
1,2 -Dichloropropylene									
1,3 -Dichloropropylene									

<u>POLLUTANT</u>	<u>DETECTION LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF ANALYSES</u>		<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass	Conc.	Mass	Conc.	Mass
2,4 -Dimethylphenol									
2,4 -Dinitrotoluene									
2,6 -Dinitrotoluene									
1,2 -Diphenylhydrazine									
Ethylbenzene									
Fluoranthene									
4 -Chlorophenyl phenyl ether									
4 -Bromophenyl phenyl ether									
Bis(2-chlorisopropyl) ether									
Bis(2-chloroethoxy) methane									
Methylene chloride									
Methyl chloride									
Methyl bromide									
Bromoform									
Dichlorobromomethane									
Chlorodibromomethane									
Hexachlorobutadiene									
Hexachlorocyclopentadiene									
Isophorone									
Naphthalene									
Nitrobenzene									
Nitrophenol									
2 -Nitrophenol									
4 -Nitrophenol									
2,4 -Dinitrophenol									
4,6 -Dinitro-o-cresol									
N-nitrosodimethylamine									
N-nitrosodiphenylamine									
N-nitrosodi-n-propylamine									
Pentachlorophenol									
Phenol									
Bis(2-ethylhexyl) phthalate									
Butyl benzyl phthalate									

<u>POLLUTANT</u>	<u>LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>ANALYSES</u>		<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass			Conc.	Mass
Di-n-butyl phthalate									
Di-n-octyl phthalate									
Diethyl phthalate									
Dimethyl phthalate									
Benzo(a)anthracene									
Benzo(a)pyrene									
3,4 -benzofluoranthene									
Benzo(k) fluoranthene									
Chrysene									
Acenaphthylene									
Anthracene									
Benzo(ghi)perylene									
Fluorene									
Phenanthrene									
Dibenzo(a,h)anthracene									
Indeno(1,2,3-cd)pyrene									
Pyrene									
Tetrachloroethylene									
Toluene									
Trichloroethylene									
Vinyl chloride									
Aldrin									
Dieldrin									
Chlordane									
4,4'-DDT									
4,4'-DDE									
4,4'-DDD									
Alpha-endosulfan									
Beta-endosulfan									
Endosulfan sulfate									
Endrin									
Endrin aldehyde									
Heptachlor									

<u>POLLUTANT</u>	<u>DETECTION</u>		<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF</u>	
	<u>LEVEL</u>	<u>USED</u>	<u>Conc.</u>	<u>Mass</u>	<u>Conc.</u>	<u>Mass</u>	<u>ANALYSES</u>	<u>UNITS</u>
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil and grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								

<u>POLLUTANT</u>	<u>DETECTION LEVEL USED</u>	<u>MAX. DAILY VALUE</u>		<u>AVG OF ANALYSES</u>		<u>NO. OF ANALYSES</u>		<u>UNITS</u>	
		Conc.	Mass	Conc.	Mass			Conc.	Mass
Organic N									
Orthophosphate P									
Phosphorous									
Sodium									
Specific Conductivity									
Sulfate (SO4)									
Sulfide (S)									
Sulfite (SO3)									
Antimony									
Arsenic									
Barium									
Beryllium									
Cadmium									
Chromium									
Copper									
Cyanide									
Lead									
Mercury									
Molybdenum									
Nickel									
Selenium									
Silver									
Temperature									
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 changes to an existing wastewater treatment) planned for this facility within the next three years? ☐ No ☐ Yes, describe:

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate):

- ☐ Air flotation
- ☐ Biological treatment: type: _____
- ☐ Centrifuge
- ☐ Chemical precipitation
- ☐ Chlorination
- ☐ Cyclone
- ☐ Evaporation
- ☐ Filtration (activated carbon, etc.)
- ☐ Flow equalization
- ☐ Grease or oil separation: type: _____
- ☐ Grease trap
- ☐ Grinding filter
- ☐ Grit removal
- ☐ Heat exchangers/heat recovery
- ☐ Ion exchange (including silver recovery)
- ☐ Neutralization, pH correction
- ☐ Off-site disposal
- ☐ Ozonation
- ☐ Rainwater diversion or storage
- ☐ Reverse osmosis
- ☐ Screen
- ☐ Sedimentation
- ☐ Septic tank
- ☐ Solvent separation
- ☐ Sludge cake (press, disintegrator, chopper, feeder, pugmill, extruder)
- ☐ Spill protection (including pollution prevention)
- ☐ Sump
- ☐ UV disinfection
- ☐ Other chemical treatment: type: _____
- ☐ Other physical treatment: type: _____
- ☐ Other: type: _____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment checked above.

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product 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) Name: _____
Title: _____
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

Work Days		☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Shifts per work day:		_____	_____	_____	_____	_____	_____	_____
Empl's per shift:	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____
Shift start and end times:	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

☐ Continuous through the year

☐ Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

3. Indicate whether the facility discharge is:

☐ Continuous through the year

☐ Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS: _____

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

☐ No

☐ Yes, indicate reasons and period when shutdown occurs:

- [illegible]

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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 area?

☐ No ☐ Yes. What do they discharge to? _____

Floor drains in chemical storage area(s)?

☐ No ☐ Yes. What do they discharge to? _____

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

☐ an onsite disposal system

☐ public sanitary sewer system (e.g. through a floor drain)

☐ storm drain

☐ to ground

☐ other, specify: _____

☐ not applicable, no possible discharge to any of the above routes

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

☐ 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 wastes.

5. Please describe below any spill events not cited on previous Questionnaire, and remedial measures taken to prevent their reoccurrence.

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.

Printed or Typed Name

Title

Phone

Signature

Date