WACO METROPOLITAN AREA REGIONAL SEWERAGE SYSTEM (WMARSS)

Cities of: ◆ Bellmead ◆ Hewitt ◆ Lacy Lakeview ◆ Lorena ◆ Robinson ◆ Waco ◆ Woodway

INDUSTRIAL WASTE PERMIT APPLICATION FOR NON-RESIDENTIAL USERS

Section A: General Information

1. Corporate Name: _____

2. Business Name: _____

3. Business Contact: _____
   Title: _____ Phone: ( ) - Ext: _____
   Fax: ( ) - Ext: _____ E-mail: _____

4. Authorized Representative: _____
   Title: _____ Phone: ( ) - Ext: _____
   Fax: ( ) - Ext: _____ E-mail: _____

EPA 40 CFR Part 403.12

Authorized representative means a responsible corporate officer, if the permittee is a corporation, a general partner or proprietor if the permittee is a partnership or sole proprietorship, or someone designated, in writing submitted to WMARSS by the person previously described.

5. Physical Address: _____

6. Mailing Address: _____
   (if different) _____

Section B: Business Activity

1. Check mark all applicable processes the business employs or will be employing in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes).

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

- ☐ Aluminum Forming
- ☐ Battery Mfg.
- ☐ Builders Paper & Board Mill
- ☐ Canned & Preserved Fruits & Vegetables
- ☐ Carbon Black Mfg.
- ☐ Centralized Waste Treatment
- ☐ Coil Coating
- ☐ Commercial Hazardous Waste Combustors
- ☐ Copper Forming
- ☐ Electric & Electronic Components Mfg.
- ☐ Electroplating
- ☐ Fertilizer Mfg.
- ☐ Glass Mfg.
- ☐ Ink Formulating
- ☐ Inorganic Chemical Mfg.
- ☐ Iron & Steel Mfg.
- ☐ Leather Tanning & Finishing
- ☐ Metal Finishing
- ☐ Metal Molding & Casting
- ☐ Metal Products & Machines
- ☐ Nonferrous Metals Forming & Metal Powders
- ☐ Nonferrous Metals Mfg.
- ☐ Organic Chemicals, Plastics, & Synthetic Fibers
- ☐ Paint Formulating
- ☐ Paving & Roofing Materials Mfg.
- ☐ Pesticide Mfg.
- ☐ Petroleum Refining
- ☐ Pharmaceutical Mfg.
- ☐ Porcelain Enameling
- ☐ Pulp, Paper, & Paperboard
- ☐ Rubber Mfg.
- ☐ Steam Electric Power Generation
- ☐ Timber Products Mfg.
- ☐ Transportation Equipment Cleaning\

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

_____

_____

_____

_____

_____

3. Indicate the applicable Standard Industrial Classification (SIC) code(s) and the North American Industry Classification System (NAICS) code(s) for all processes.

1. SIC code:	_____	3. SIC code:	_____
NAICS code:	_____	NAICS code:	_____
2. SIC code:	_____	4. SIC code:	_____
NAICS code:	_____	NAICS code:	_____

4. Product Volume:

PRODUCT (Brand Name)	Past Calendar Year Amounts Per Day (Daily Units) Average	Maximum	Estimate This Calendar year (Daily Units) Average	Maximum
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. ATTACH A DETAILED PROCESS DESCRIPTION so that the appropriate regulations are applied to the business activity.

Section C: Water Supply

1. Water Sources: (Check all that apply.)
   - ☐ Private Well
   - ☐ Surface Water
   - ☐ Municipal Water Utility (Specify): _____
   - ☐ Other (Specify): _____

2. Name on water bill: _____
   Name: _____
   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/blowdown		
d.	Process waste (any water which, during manufacturing or processing, comes into direct contact with or results form the production or use of any raw material, intermediate product, finished product, by-product, or waste product)		
e.	Domestic (restrooms, employee showers, etc.)		
f.	Air pollution control		
g.	Contained in product		
h.	Equipment/Facility washdown		
i.	Storm water runoff to sewer		
j.	Other (describe)		
k.	**Total A - J**		

Section D: Wastewater Information

1. a. For an existing business:

   Is the building connected to the POTW?
   - ☐ Yes: Account number:
   - ☐ No: Has the business applied for a POTW hookup? ☐ Yes ☐ No

   b. For a new business:

   (i) Will the business be occupying an existing vacant building (such as in an industrial park)?
   ☐ Yes ☐ No

   (ii) Has the business applied for a building permit if a new facility will be constructed?
   ☐ Yes ☐ No

   (iii) Will the business be connected to the POTW? ☐ Yes ☐ No

2. List size, descriptive location, and flow of each outfall connected to WMARSS publicly owned treatment works (POTW). (If more than three, attach additional information on another sheet.)

Pipe Diameter of Outfall	Descriptive Location of Outfall or Discharge Point	Average Flow (GPD)

Section E: Wastewater Discharge Information

1. Does or will this facility discharge any wastewater, other than from restrooms, to the POTW?

☐ Yes If the answer to this question is "yes," continued with item 2 of this section.
☐ 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 discharged (e.g., 8 hours/day):

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

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

M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

   c. Peak hourly flow rate (GPD): _____
   d. Maximum daily flow rate (GPD): _____
   e. Annual daily average (GPD): _____

3. Provide information about batch discharges. (New facilities may estimate.)

   a. Number of batch discharges ____ per day
   b. Average discharge per batch ____ gallons per day
   c. Time of batch discharges ____ (days of week) at ____ (hours of day)
   d. Flow rate _____ gallons/minute
   e. Percent of total discharge _____ %

4. Schematic Flow Diagram – For each major process in which wastewater is or will be generated, attach a diagram of the flow of materials, products, water, and wastewater from the start of the process 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 facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process with wastewater discharges to the POTW. Use these numbers when showing unit processes in the building layout in Section H. This drawing must be certified by a licensed Professional Engineer.

   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 estimated for each discharge.)

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., both, or none)	Waste Destination (POTW, on-site, hauled off-site)

6. For categorical users only. Provide wastewater discharge flows for each process or proposed process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont., both, or none)	Waste Destination (POTW, on-site, hauled off-site)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont, both, none)	Waste Destination (POTW, on-site, hauled off-site)

No.	Dilution	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, cont, both, none)	Waste Destination (POTW, on-site, hauled off-site)

:

7. For categorical users subject to Total Toxic Organic (TTO) Requirements
   a. Does or will this business use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards 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, copy attached ☐No

8. Does the existing or planned facility have automatic sampling equipment or continuous wastewater flow metering equipment at this business?

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

Provide the location of any automatic sampling or flow monitoring equipment on the sewer schematic and describe the equipment:

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

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

10. Does the business have designated cleanup or washdown days? ☐Yes ☐No If yes, list those days

11. Are any materials or water reclamation systems in use or planned? ☐Yes ☐No

12. If applicable, describe the reclamation system substances recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets as needed.)

Section F: Characteristics of Discharge

All current permittee are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results.

DO NOT LEAVE BLANKS. For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present 9P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analyses used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate the method used.

New businesses should use the table to indicate pollutants that will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present) or O (will not be present) in the average reported value column.

Pollutant	Detection Limit	Maximum Daily Value Conc.	Maximum Daily Value Mass	Averages of Analyses Conc.	Averages of Analyses Mass	Number of Analyses	Units Conc.	Units Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon tetrachloride								
Chlorobenzene								
1, 2, 4-Trichlorobenzene								
Hexachlorobenzene								
1, 2-Dichlorethane								
1, 1, 1-Trichloroethene								
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								

Pollutant	Detection Limit	Maximum Daily Value		Averages of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
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								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB1260								
PCB-1016								
Toxaphene								

Pollutant	Detection Limit	Maximum Daily Value		Averages of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1, 1-Dichloroethylene								
1, 2-Trans-dichloroethylene								
2, 4-Dichloropheno								
1, 2-Dichloropropane								
1, 2-Dichloropropylene								
1, 3-Dichloropropylene								
2, 4-Dimethylphenol								
2, 4-Dinitrotoluene								
2, 6-Dinitrotoluene								
1, 2-Diphenylhydrazine								
Diuron								
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								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								

Pollutant	Detection Limit	Maximum Daily Value		Averages of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Arsenic (Total)								
Barium (Total)								
Beryllium (Total)								
Cadmium (Total)								
Chromium (Total)								
Copper (Total)								
Cyanide (Total)								
Lead (Total)								
Mercury (Total)								
Nickel (Total)								
Selenium (Total)								
Silver (Total)								
Thallium (Total)								
Zinc (Total)								

Section G: Treatment

1. Does the business have any form of wastewater treatment (see list below in question 3)? ☐Yes ☐No

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this business 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 appropriate).

   ☐ 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 Preparation
   ☐ Spill protection
   ☐ Sump
   ☐ Biological treatment, type: _____
   ☐ Rainwater diversion or storage
   ☐ Other chemical treatment, type: _____
   ☐ Other physical treatment, type: _____
   ☐ Other, type: _____

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

   _____
   _____
   _____
   _____

5. Attach a process flow diagram for each wastewater treatment unit. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operation conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for wastewater discharge to the POTW. Include estimated completion dates.

7. Does the business employ a wastewater treatment operator? ☐Yes ☐No
   If Yes: Name:
   Title:
   Phone: ( ) - Ext:
   Full time (specify hours):
   Part time (specify hours):

8. Does the business have a manual for the operation of the treatment units? ☐Yes ☐No

9. Does the business have a written maintenance schedule for the treatment equipment? ☐Yes ☐No

Section H: Facility Operational Characteristics

1. Shift information

Check Each Work Day		☐ Mon	☐ Tues	☐ Wed	☐ Thur	☐ Fri	☐ Sat	☐ Sun
Shifts per work day:								
Employees per shift:	1st							
	2nd							
	3rd							
Shift start & end times:	1st							
	2nd							
	3rd							

2. Check mark the applicable business mode of operation:
   ☐ Continuous through the year, or
   ☐ 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. Check mark the applicable discharge method to the POTW:
   ☐ Continuous through the year, or
   ☐ 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 the operation shut down for vacation, maintenance, or other reasons?
   ☐Yes ☐No
   Indicate reasons and period when shutdown occurs:

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 quantities of chemicals used or planned for use in the process, which are in quantities greater than those of household consumers (attach list if needed). Include copies of material safety data sheets (MSDS) for all chemicals identified:

Chemical	Quantity

7. Building Layout – Draw to scale and provide 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), and each facility sewer line connected to the POTW. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a licensed 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: Pollution Prevention

1. Does the facility have chemical storage containers, bins, or ponds at the facility? ☐Yes ☐No

   If yes, provide a description of the 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 any buried metal containers have cathodic protection.

2. Does the facility have floor drains in your manufacturing or chemical storage area(s)? ☐Yes ☐No
   If yes, describe the discharge route:

3. Could an accidental spill from chemical storage containers, bins, or ponds in manufacturing area 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

4. Does the facility have an accidental spill prevention plan (ASPP) to prevent spills or slug discharges from entering the POTW?
   ☐Yes (Please enclose a copy with this application.)
   ☐No
   ☐N/A, Not applicable since there are no floor drains and/or the facility discharges only domestic waste.

5. Describe below any previous spill events and remedial measures taken to prevent their recurrence.

6. Describe any pollution prevention and/or waste reduction activities conducted or planned for implementation at the facility.

Section J: Non-Discharged Wastes

Indicate which non-discharged wastes are disposed of off-site.

1. Does the business generate waste liquids or sludges not discharged to the POTW?

   ☐ Yes, please describe below
   ☐ No, skip the remainder of Section J

Waste Generated	Quantity (per year)	Disposal Method

2. For any waste sent off-site, identify the waste and the facility:

3. Provide the name(s) and address(es) of all waste haulers:

   a. _____ Permit No. (if applicable): _____

   b. _____ Permit No. (if applicable): _____

4. Attach copies of manifests for any wastes that were picked up from the business in the previous six months (e.g., sludge, grease trap, oil/filters, solvents, cleaners).

5. List any Federal, State, or local environmental permits:

Section K: Authorized Signatures

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 to the previous question:

   a. What additional operations and maintenance procedures are being considered to bring the business into compliance? Also, list additional treatment technology or practice being considered in order to bring the business into compliance.

   _____

   _____

   _____

   b. Provide a schedule for bringing the business into compliance. Specify major events planned along with reasonable completion dates. Note that if WMARSS issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the business (attach additional sheets as needed).

Milestone Activity	Completion Date

3. Certification Statement, to be completed by the Authorized Representative (as defined in Section A):

   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	( ) - Ext: Phone

Return this form to:

Waco Metropolitan Area Regional Sewerage System (WMARSS)
Lisa Locaynia
Pretreatment/Environmental Compliance Supervisor
P.O. Box 2570
Waco, Texas 76702
Phone (254) 299-2446
Email LisaL@wacotx.gov