

# City of Irving

## Wastewater Discharge Permit Application

*Note: Please read all the instructions provided in the packet **prior** to completing this permit application.*

### SECTION A - GENERAL INFORMATION

1. Facility Name: \_\_\_\_\_

2. Operator Name: \_\_\_\_\_

Is the operator identified above the owner of the facility? Yes  No

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

3. Date established operations at present site: \_\_\_\_\_

4. Facility Address:

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

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

5. Business Mailing Address:

Street or P.O. Box: \_\_\_\_\_

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

6. Designated signatory authority (authorized representative) of the facility:  
Attach similar information for each authorized representative. See instructions for definitions.

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

Title: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

7. Legally responsible individual:

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

Title: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Provide a certified statement that this individual is responsible for compliance with federal, state and local laws and ordinances as related to wastewater discharge. Also, submit a copy of this person's driver's license and a recent color photograph.

8. Designated Facility Contact:

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

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

9. Is the company incorporated? Yes  No

10. Certified registered agent:

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

Title: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

11. Name and address of owner or parent company:

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

Title: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

12. Name and address of President and Vice-President:

President: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Vice-President: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

13. If not a corporation, list the names and titles of the two senior executives:

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

Title: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

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

Title: \_\_\_\_\_

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

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

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.)

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- 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
- Meat Products Manufacturing
- 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
- None of the above

A facility with processes inclusive in these business areas **may be** covered by Environmental Protection Agency's (EPA) categorical pretreatment standards and may be determined a "categorical user".



**SECTION C - WATER SUPPLY**

1. Water Sources: (Check all that apply.)

- Private Well
- Surface Water
- Municipal Water Utility (Specify City): \_\_\_\_\_
- Other (Specify): \_\_\_\_\_

2. Name on the water bill:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Water service account number(s): \_\_\_\_\_

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

Type	Average Water Usage (gallons per day)	Indicate Estimated (E) or Measured (M)
Contact cooling water		
Non-contact cooling water		
Boiler Feed/Blow-Down		
Process		
Sanitary		
Air pollution control		
Contained in product		
Plant and equipment washdown		
Irrigation and lawn watering		
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 :

If "Yes", list all water service account number(s) for which this business is charged for sewage:

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If "No", have you applied for a sanitary sewer hookup? Yes  No

b. **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, descriptive location, and flow of each facility sewer that connects to the City's sewer system. Attach additional sheets if needed.

Sewer Size	Descriptive Location of Sewer Connection or Discharge Point	Average Flow (gallons per day)

**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", proceed to Section I.

2. Provide the following information on wastewater flow rate (**do not include sanitary wastewater flows**). Volumes may be estimated.

a. Times of discharge:

	Number of Hours per Day Discharged (e.g., 8 hours per day)	Hours of Discharge (e.g., 9 a.m. to 5 p.m.)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

b. Peak hourly flow rate (gallons per hour) \_\_\_\_\_

c. Maximum daily flow rate (gallons per day) \_\_\_\_\_

d. Annual daily average (gallons per day) \_\_\_\_\_

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 \_\_\_\_\_ gallons per day

c. Time(s) of batch discharges

	Hours of Discharge (e.g., 9 a.m. to 5 p.m.)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

d. Flow rate \_\_\_\_\_ gallons per minute

e. Percent of total discharge that is batch 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 unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream. If the flow volume is estimated, it must be labeled as estimated. Number each unit process having wastewater discharges to the city sewer. Use these same numbers in correlation when showing the unit processes in the building layout in Section H.

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:** 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. Indicate if discharges are estimated.

Ref. No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, both)

**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. Indicate if discharges are estimated.

Ref. No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, both)

Ref. No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, both)

Ref. No.	Dilution Flows	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, both)





**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. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (unregulated) pollutants, 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 blank beside the pollutant. Include all pollutants known to be on site even if it is not found in the wastewater discharge stream. Indicate, on a separate sheet, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136 and that samples are tested for total amounts rather than dissolved amounts.

**New dischargers** should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing the appropriate letter in the blank beside the pollutant: P (expected to be present), S (may be present) or O (will not be present).

Total Toxic Organics (TTO), 40 CFR Part 122, Table II  
(includes volatiles, base neutrals, acid extractables and pesticides)

Parameter <b>Volatiles</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P, S, O
1. Acrolein						
2. Acrylonitrile						
3. Benzene						
4. Bromoform						
5. Carbon tetrachloride						
6. Chlorobenzene						
7. Chlorodibromo-methane						
8. Chloroethane						
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-tetrachloroethane						
22. Tetrachloroethylene						
23. Toluene						
24. 1,2-trans-dichloroethylene						

Parameter <b>Volatiles</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P, S, O
25. 1,1,1-trichloroethane						
26. 1,1,2-trichloroethane						
27. Trichloroethylene						
28. Vinyl chloride						

Parameter <b>Acid extractables</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
29. 2-chlorophenol						
30. 2,4-dichlorophenol						
31. 2,4-dimethylphenol						
32. 4,6-dinitro-o-cresol						
33. 2,4-dinitrophenol						
34. 2-nitrophenol						
35. 4-nitrophenol						
36. p-chloro-m-cresol						
37. Pentachlorophenol						
38. Phenol						
39. 2,4,6-trichlorophenol						

Parameter <b>Base Neutrals</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
40. Acenaphthene						
41. Acenaphthylene						
42. Anthracene						
43. Benzidine						
44. Benzo(a)anthracene						
45. Benzo(a)pyrene						
46. 3,4-benzo-fluoranthene						
47. Benzo(ghi)perylene						
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 ether						
54. Butylbenzyl phthalate						

Parameter <b>Base Neutrals</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
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. Fluroranthene						
71. Fluorene						
72. Hexachlorobenzene						
73. Hexachlorobutadiene						
74. Hexachlorocyclo-pentadiene						
75. Hexachloroethane						
76. Indeno(1,2,3-cd)pyrene						
77. Isophorone						
78. Naphthalene						
79. Nitrobenzene						
80. N-nitrosodimethylamine						
81. N-nitrosodi-n-propylamine						
82. N-nitrosodiphenylamine						
83. Phenanthrene						
84. Pyrene						
85. 1,2,4-trichlorobenzene						

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Parameter <b>Pesticides</b>	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
86. Aldrin						
87. Alpha-BHC						
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	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P, S, O
1. Antimony, Total						
2. Arsenic, Total						
3. Beryllium, Total						
4. Cadmium, Total						
5. Chromium, Total						
6. Copper, Total						
7. Cyanide, Total						

40 CFR Part 122, Appendix D, Table III (continued)  
(metals, cyanide and total phenols)

Parameter	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P, S, O
8. Lead, Total						
9. Mercury, Total						
10. Nickel, Total						
11. Selenium, Total						
12. Silver, Total						
13. Thallium, Total						
14. Zinc, Total						
15. Phenols, Total						

40 CFR Part 122, Appendix D, Table IV  
(Conventional and Non-conventional Pollutants)

Parameter	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
1. Bromide						
2. Color						
3. Oil and Grease						
4. Radioactivity						
5. Sulfate						
6. Sulfide						
7. Sulfite						
8. Barium, Total						
9. Boron, Total						
10. Cobalt, Total						
11. Molybdenum, Total						
12. Manganese, Total						
13. Tin, Total						
14. Titanium, Total						

Other Pollutants of Concern

Parameter	Units	Detection Limit	Maximum Daily Value	Average Value	Number of Analysis	P,S,O
1. Asbestos						
2. Diazinon						
3. 2,3,7,8-tetrachlorodibenzo-p-dioxin(TCDD)						

## SECTION G - TREATMENT

1. Is any form of wastewater treatment practiced at this facility?  
(See list in question Number 3 of this section.)

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?  
(See list in question Number 3 of this section)

Yes  No  If "Yes", describe: \_\_\_\_\_

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 separation
- 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 rates, design capacity, physical size, and operating procedures for each treatment facility checked in question 3 of this section. Attach additional sheets if needed.

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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.

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7. Do you have a treatment operator? Yes  No

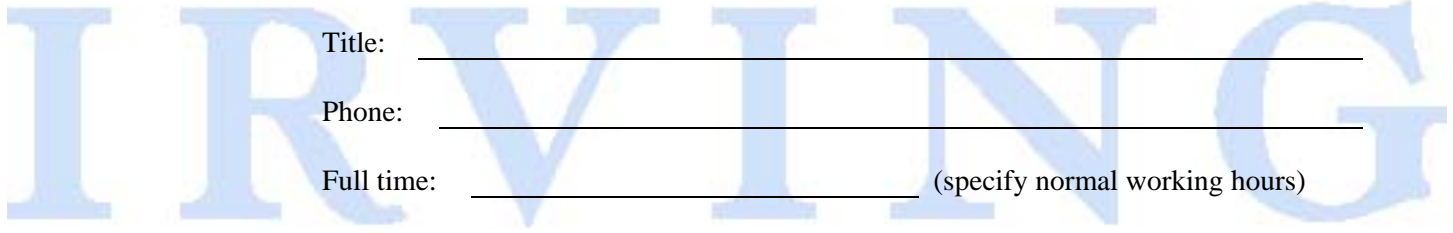
If "Yes", Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify normal working hours)

Part time: \_\_\_\_\_ (specify normal working 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.  Tue.  Wed.  Thu.  Fri.  Sat.  Sun.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Shifts per work day							

Employees per shift	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1st							
2nd							
3rd							

Shift start and end times	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
1st							
2nd							
3rd							

2. Indicate whether the business activity is:

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

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments:

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3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal - Check the months of the year during which discharge occurs:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments:

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

Yes  No

If "Yes", indicate reasons and periods when shutdown occurs:

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

Raw Materials	Mass/Volume per day

6. List types and quantity, in daily units, of chemicals used or planned for use. (Attach list if needed.) Include copies of manufacturer's Material Safety Data Sheets (if available) for all chemicals identified.

Chemical	Quantity

7. **Building Layout:** Attach a scale drawing of 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 as well as proposed sampling locations. A blueprint or drawing of the facilities showing the above items may be attached in lieu of a newly developed drawing.

**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, 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.)

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2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes  No  (If "Yes", where do they discharge to?)

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3. If you have chemical storage containers, bins, or ponds in manufacturing areas, an accidental spill could 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 City's collection system?

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

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

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(Attach additional sheets if needed.)

**SECTION J - NON-DISCHARGED WASTES**

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

- Yes  (If "Yes", please describe below. Attach additional sheets if needed.)  
 No  (If "No", skip the remainder of Section J.)

Waste Generated	Quantity (per year)	Disposal Method
1.		
2.		
3.		
4.		
5.		

2. Indicate which wastes identified above are disposed at an off-site treatment facility and which are disposed on-site. Attach additional sheets if needed.

Waste	On-site	Off-site
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>

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

Generated Wastes	Disposal Facility
1.	
2.	
3.	
4.	
5.	

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers. (Attach additional sheets if needed.)

<p>a. Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Permit #: _____</p>	<p>b. Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Permit #: _____</p>
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5. Have you been issued any Federal, State, or local environmental permits?

Yes  (If "Yes", please list the permit(s) type and number below) No

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

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**SECTION L - CERTIFICATION STATEMENT**

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 gathered and evaluated 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

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