

**El Paso Water Utilities  
Public Service Board**

**Application for  
Industrial Wastewater Discharge Permit**

Please read all instructions, which are imbedded in the application, prior to completing this application. Attach additional sheets and diagrams whenever necessary. Failure to supply all information requested in this application will delay processing. Falsification of information provided on this application is sufficient grounds for service termination. If there are any questions, please contact Lorena Moon at (915)594-5731.

When completed, please mail the application to the following address. Be sure to make a photocopy to keep for your records.

Mail completed application to:

Pretreatment Manager  
El Paso Water Utilities - Public Service Board  
P.O. Box 511  
El Paso, TX 79961

Note: This application consists of 14 Pages, Sections A through L. The application must be returned with all sections and pages.

## SECTION A - GENERAL INFORMATION

1. Facility discharging wastewater:  
Facility Name: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_
  
2. Owner or Chief Executive Officer of discharging facility  
Person's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_
  
3. Designated signatory authority for the facility:  
Person's Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_
  
4. Is the designated PSB contact person the same as listed in 3 above?  
[ ] Yes - [Please skip to **SECTION B**]  
[ ] No PSB Contact Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / State / Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Facsimile Number: \_\_\_\_\_

## SECTION B - BUSINESS ACTIVITY

1. If your facility uses or will use processes in any of the industrial categories or activities listed below, regardless of whether or not they use water or generate wastewater, place a check beside the category of business activity which applies [Please check all that apply]:

- |   |  |
|---|--|
| <input type="checkbox"/> Aluminum Forming                             | <input type="checkbox"/> Metal finishing                 |
| <input type="checkbox"/> Asbestos Manufacturing                       | <input type="checkbox"/> Nonferrous metals forming       |
| <input type="checkbox"/> Battery Manufacturing                        | <input type="checkbox"/> Nonferrous metals manufacturing |
| <input type="checkbox"/> Can Making                                   | <input type="checkbox"/> Organic chemicals manufacturing |
| <input type="checkbox"/> Carbon Black                                 | <input type="checkbox"/> Paint and ink formulating       |
| <input type="checkbox"/> Coil Coating                                 | <input type="checkbox"/> Paving/roofing materials mfg    |
| <input type="checkbox"/> Copper Forming                               | <input type="checkbox"/> Pesticides formulating          |
| <input type="checkbox"/> Drum Recycling                               | <input type="checkbox"/> Pesticides manufacturing        |
| <input type="checkbox"/> Electric/electronic components manufacturing | <input type="checkbox"/> Petroleum refining              |
| <input type="checkbox"/> Electroplating                               | <input type="checkbox"/> Pharmaceutical manufacturing    |
| <input type="checkbox"/> Fertilizer Manufacturing                     | <input type="checkbox"/> Plastic/synthetic materials mfg |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)        | <input type="checkbox"/> Porcelain enamel coating        |
| <input type="checkbox"/> Glass Manufacturing                          | <input type="checkbox"/> Pulp, paper and fiberboard mfg  |
| <input type="checkbox"/> Grain Mills                                  | <input type="checkbox"/> Rubber manufacture              |
| <input type="checkbox"/> Inorganic Chemicals                          | <input type="checkbox"/> Soap/detergent manufacturing    |
| <input type="checkbox"/> Iron and Steel                               | <input type="checkbox"/> Steam electric generation       |
| <input type="checkbox"/> Leather Tanning and Finishing                | <input type="checkbox"/> Sugar processing                |
| <input type="checkbox"/> Textile mill                                 | <input type="checkbox"/> Timber products                 |

Note: A facility performing such processes may be required to meet requirements under one or more of the categorical pretreatment standards defined in 40 CFR Part 403 by the Environmental Protection Agency (EPA). These facilities are termed "Categorical Users."

If Pretreatment Standards under the applicable category (categories) are production based, information on average production rates will be required.

3. Provide the Standard Industrial Classification Code(s) (SIC) Code for the facility. If more than one Code is applicable list in descending order of importance.
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
4. Give a detailed description of all operations at this facility or planned for this facility that result in the generation of wastewater other than from sanitary uses. (Attach separate sheet if necessary.)
5. List all the different types of products you produced during the last calendar year, if applicable, or all products that you intend to produce during the life of the facility:

6. Production Information:

Product	Units Per Day (past calendar year)		Units Per Day (estimates this calendar year)	
	<u>Average</u>	<u>Maximum</u>	<u>Average</u>	<u>Maximum</u>

7. For Categorical Industrial Users subject to monitor for total toxic organics, please provide the following information:

- a. Does or will the facility use any of the toxic organics listed under the applicable categorical pretreatment standards published by EPA?

☐ Yes

☐ No

- b. Categorical Industrial Users are required to complete and submit to the PSB a Baseline Monitoring Report (BMR). Has a baseline monitoring report (BMR) been submitted to the EPA or to the PSB?

☐ Yes (Please indicate the date of the submittal.)

☐ No

Does the BMR include TTO information?

☐ Yes

☐ No

If a BMR has not been submitted, please note that one must be developed and submitted to the PSB at least 180 days prior to the date discharge of wastewater is anticipated.

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

☐ Yes

☐ No

Report from monitoring for TTO, or certification statement in lieu of monitoring if TTO are not used, will be required under some standards of Categorical Industrial User.

### SECTION C - WATER SUPPLY

1. Check as many water sources as are applicable for process and potable water supplies:  
☐ Private Well  
☐ Municipal Water Utility - El Paso Water Utilities/Public Service Board  
☐ Other [Please specify]
2. Please list average water usage on premises.

Estimates may be used if necessary; however, this information is crucial, estimates must be as accurate as possible, and may be verified by PSB personnel. Enter the average usage in gallons per day. Mark either (E) for estimated value and (M) for measured value. The information and calculations used to arrive at the above numbers must be submitted on attached pages. Also, state any assumptions made during the development of the water consumption numbers. If the facility has more than one water supply meter (or source), excluding fire lines, the use figures above must represent both meters (or sources).

TYPE	GPD	E/M	COMMENT
Contact Cooling			
Non-contact cooling			
Boiler Feed			
Process			
Sanitary			
Air Pollution Control			
Contained in product			
Plant/Equipment Washdown			
Irrigation/Lawn			
Other (Specify)			
Other (Specify)			
Other (Specify)			
TOTAL			

3. Please indicate the number of employees of each type shown below. This information will be used to verify the sanitary flow rate listed above. Include seasonal and weekend staffing which may have an impact on average volumes.

<u>Type</u>	<u>Number</u>
Field service employees	_____
Office workers	_____
Production workers (no shower access)	_____
Production workers (shower access)	_____

## **SECTION D - SEWER INFORMATION**

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1. Does the facility referenced in this application currently discharge process wastewater (not from sanitary uses) to the PSB sewage collection system?  
[ ] Yes [Please skip to question D5]  
[ ] No
  
2. Have you applied for a sewer connection?  
[ ] Yes [Attach a copy of your installation contract]  
[ ] No
  
3. Are you connected to an on-site or private sanitary sewer treatment facility such as a septic tank?  
[ ] Yes  
[ ] No - [Please explain your sewer system]
  
4. If applicable, provide the name of the septic waste hauler(s) you normally use to transport your septic waste or stored sewage. List the company permit numbers where applicable. Contact your hauler for the permit information.
  
5. Does, (or will) this facility discharge wastewater from any source other than from restrooms into the PSB's sewage collection and treatment system?  
[ ] Yes  
[ ] No - [Please skip to **SECTION H**]
  
6. When did discharge begin or when is discharge anticipated to begin?

## SECTION E - WASTEWATER DISCHARGE INFORMATION

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1. Provide the following information on wastewater flow rate. Estimates may be used if necessary; however, this information is crucial, estimates must be as accurate as possible, and will be verified by PSB personnel.
  - a. Typical hours per day in which process discharge occurs:  
M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ SAT \_\_\_\_ SUN \_\_\_\_
  - b. Please check the following response which best matches your current or anticipated process wastewater discharge pattern  
☐ Continuous  
☐ Day shift only  
☐ Day plus evening shift  
☐ By batch or lot
  
2. Provide the wastewater flow rates in gallons per day if known or estimated:
  - a. Peak hourly flow rate:
  - b. Maximum daily flow rate:
  - c. Annual daily average:
  
3. 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 waste streams. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used to estimate flow, please indicate this.
  
4. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?  
Flow metering ☐ Yes ☐ No ☐ Planned by \_\_\_\_\_ date.  
Sampling ☐ Yes ☐ No ☐ Planned by \_\_\_\_\_ date.  
pH metering ☐ Yes ☐ No ☐ Planned by \_\_\_\_\_ date.
  
5. Are any process changes or expansions planned that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge. If so, please attach an explanation of the effects of the changes on the wastewater discharged and an estimated time for commencement and completion of the changes.  
☐ Yes  
☐ No



## SECTION F - CHARACTERISTICS OF DISCHARGE

Industrial users that discharge wastewater other than from sanitary sources are required to submit data for all pollutants that are regulated specific to each process. Use the tables provided in this section to report analytical results. **DO NOT LEAVE BLANKS.** Indicate whether 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 reported values for each parameter. Indicate the location sampled and analytical method used. Please attach laboratory reports when available.

Parameter	Unit	Value	P/S/O	Comment
aluminum				
antimony				
arsenic				
barium				
beryllium				
cadmium				
chromium				
cobalt				
copper				
lead				
mercury				
molybdenum				
nickel				
selenium				
silver				
thallium				
Uranium				
Vanadium				
Zinc				
other (specify)				
other (specify)				

## **SECTION G - TREATMENT**

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1. Is any form of wastewater treatment (see list below) practiced or planned at this facility?  
If planned, please list date by which change will take place and explain what change will occur.  
☐ Yes  
☐ No - [Please skip to **SECTION H**]
  
2. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

<input type="checkbox"/> Air flotation	<input type="checkbox"/> Ion exchange
<input type="checkbox"/> Aeration	<input type="checkbox"/> pH adjustment/neutralization
<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Ozonation
<input type="checkbox"/> Chemical precipitation	<input type="checkbox"/> Reverse osmosis
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Screening
<input type="checkbox"/> Electrodialysis	<input type="checkbox"/> Sedimentation
<input type="checkbox"/> Filtration	<input type="checkbox"/> Solvent separation
<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Spill protection
<input type="checkbox"/> Grease or oil separation	<input type="checkbox"/> Biological treatment
<input type="checkbox"/> Grease or sand trap or sump-[Please answer question G8]	
<input type="checkbox"/> Other [specify]	
  
3. For each process checked above, please provide further information such as equipment manufacture, pollutant loadings, flow rates, design capacity, physical size, and operating procedures.
  
4. Attach a process flow diagram the existing or planned treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design/operating conditions.
  
5. 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.
  
6. Do you have a treatment operator?  
☐ Yes -      Name:  
                         Title:  
                         Work phone:  
☐ No
  
7. Do you have a written operational and maintenance information for your treatment equipment?  
☐ Yes  
☐ No
  
8. Note, grease and sand traps and sumps must be periodically pumped out to remove accumulated grease and solids. Please list the firm(s) used or planned for use to service grease traps.

## SECTION H - FACILITY OPERATION CHARACTERISTICS

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1. Please indicate the facility Hours of Operation.
2. Does your facility normally work in shifts?  
☐ Yes  
☐ No - [Please skip question H3]
3. Normal work Days  
☐ Mon - Sun  
☐ Mon - Sat  
☐ Mon - Fri  
☐ Other (specify)
4. Normal shift starts:  
☐ 7:30am - 3:30pm - 11:30pm  
☐ 7:00am - 3:00pm - 12:00am  
☐ Other (Specify)
5. Number of employees per shift:

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____
6. Indicate whether the business activity is:  
☐ Continuous through the year, or  
☐ Seasonal - Circle the months of the year during which activity occurs or is more intense:  
  
J   F   M   A   M   J   J   A   S   O   N   D
7. List types of raw materials used or planned for use in the facility.
8. Please attach a list of Manufacturer's Safety Data Sheets (MSDS) for all chemicals used in the facility.
9. Please provide a scale drawing of the facility. Note, if facility plans are voluminous, please only attach a plan view mechanical drawing.

## **SECTION I - SPILL PREVENTION**

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1. Do you have chemical storage containers, bins, or ponds at your facility?  
☐ Yes  
☐ No [Please skip to question I3]
2. Are hazardous chemicals used or stored on the premises?  
☐ Yes  
☐ No
3. Please describe the chemical storage facilities and show them on a diagram in relation to the unit processes and to all drains and sewer locations.
4. Do you have floor drains in your manufacturing or chemical storage area(s)?  
☐ Yes  
☐ No
5. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill cause a discharge to any of the following? (check all that apply).  
☐ an onsite disposal or treatment system  
☐ public sanitary sewer system  
☐ storm drain  
☐ to ground or underground  
☐ other  
☐ not applicable [Check only if there is no possible discharge to any of the above]
6. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the PSB's sewage collection system?  
☐ Yes [Please enclose a copy with the application]  
☐ No [Note, a plan may be required by the PSB prior to discharge permit issuance]
7. If applicable, please describe any previous spill events reported to the TCEQ, EPA, El Paso Fire Department and/or the El Paso City/County Health and Environmental District and any methods or procedures implemented to prevent recurrence.
8. Does the facility have a Slug Discharge Control Plan?  
☐ Yes [Please enclose a copy of the with the Application.]  
☐ No

## **SECTION J - NON-DISCHARGED WASTES**

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1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?  
☐ Yes  
☐ No - [Please skip to **SECTION K**]
2. Please describe the type and quantity of any waste liquid and/or sludge generated which are not disposed of in the sanitary sewer system.
3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the nature of the waste and the name of the facility that receives the wastes.
4. If any outside firm removes any of the above wastes from your facility, or transports them from your facility, list the name(s), address(es) and permit or TCEQ/EPA license numbers of all waste haulers used.
5. Have you been issued any Federal (EPA), State (TCEQ), or local (Fire Department/City County Health and Environmental District) environmental permits?  
☐ Yes [Please attach copies of all permits]  
☐ No
6. Do you use, operate or maintain radioactive materials within the facility, or do you plan to do so.  
☐ Yes [Please provide a copy of your Texas Department of Health license]  
☐ No

### SECTION K - COMPLIANCE

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?  
Yes    ☐ - [Please skip to **SECTION L**]  
No      ☐  
NA     ☐ - [Mark only if not yet discharging, then skip to **SECTION L**]
2. 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?
3. 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	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

## SECTION L: AUTHORIZATION AND CERTIFICATION

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1. The following certification statement shall apply to this permit application form:

*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.*

2. In the spaces below, please print name and title of Authorized Signatory, and affix the date signed. Please sign in the space provided for a signature.

Person's name:

Title:

Date:

Signature: \_\_\_\_\_