El Paso Water Utilities
Public Service Board

Application for Renewal
Industrial Wastewater Discharge Permit

Application for Renewal for Industrial Wastewater Discharge Permit must be completed and submitted to the Industrial Pretreatment office at minimum ninety (90) days prior to expiration of existing permit.

Please read all instructions, which are embedded 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 on this application is sufficient grounds for service termination. Please contact Lorena Moon at (915)594-5731 if there are any questions. When completed, please mail the application to the following address. Be sure to keep a photocopy for your records.

Mail the 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 10 Pages, Sections A through J. 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 of 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. Give a detailed description of all operations at this facility including primary products or services. (Use additional sheets if necessary):

2. Give a detailed description of all operations at this facility which result in generation of wastewater (other than from sanitary uses).

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

   _____
   _____
   _____
   _____

4. List all the different types of products produced during the last calendar year, if applicable, or all products that you intend to produce during the life of the facility:

   _____
   _____
   _____
   _____

5. Have there been any changes or additions the activities performed at this facility since the last Application for Wastewater Discharge Permit? If so, what changes or additions have been made?

6. Are any process changes or additions currently under construction or planned for the facility?
   [ ] Yes [If Yes, please explain. Use additional sheets if necessary]
   [ ] No

7. Are any of the compounds in the list below used at the facility? (Please circle all compounds used).

Acenaphthene	2,4-Dimethylphenol	Pentachlorophenol	Aldrin
Acrolein	2,4-Dinitrotoluene	Phenol	Dieldrin
Acrylonitrile	2,6-Dinitrotoluene	Bis (2-ethylhexyl) phthalate	Chlordane (technical mixture and metabolites)
Benzene	1,2-Diphenylhydrazine	Butyl benzyl phthalate	4,4-DDT
Benzidine	Fluoranthene	Di-n-butyl phthalate	4,4-DDE (p,p-DDX)
Carbon tetrachloride (tetrachloromethane)	4-Chlorophenyl phenyl ether	Di-n-octyl phthalate	4,4-DDD (p,p-TDE)
Chlorobenzene	4-Bromophenyl phenyl ether	Diethyl phthalate	Alpha-endosulfan
1,2,4-Trichlorobenzene	Bis (2-chloroisopropyl) ether	Dimethyl phthalate	Beta-endosulfan
Hexachloroethane	Bis (2-chloroethoxy) methane	1,2-Benzanthracene	Endosulfan sulfate
1,1-Dichloroethane	Methylene chloride (dichloromethane	(benzo(a)anthracene)	Endrin
1,1,2-Trichloroethane	Methyl chloride (chloromethane)	N-nitrosodi-n-propylamine	Endrin aldehyde
1,1,2,2-Tetrachloroethane	Methyl bromide (bromomethane)	Benzo(a)pyrene (3,4-benzopyrene)	Heptachlor
Chloroethane	Bromoform (tribromomethane)	3,4-Benzofluoranthene (benzo(b)fluoranthene)	Heptachlor epoxide
Bis (2-chloroethyl) ether	Dichlorobromomethane	11,12-Benzofluoranthene	(BHC-hexachlorocyclohexane)
2-Chloroethyl vinyl ether (mixed)	Dichlorobromomethane	(benzo(k)fluoranthene)	Alpha-BHC
2-Chloronaphthalene	Chlorodibromomethane	Chrysene	4,4-DDE (p,p-DDX)
2,4,6-Trichlorophenol	Hexachlorobutadiene	Acenaphthylene	Alpha-BHC
Parachlorometa cresol	Hexachlorocyclopentadien	Anthracene	Beta-BHC
Chloroform (trichloromethane)	Isophorone	1,12-Benzoperylene (benzo(ghi)perylene)	PCB-1242 (Arochlor 1242)
2-Chlorophenol	Naphthalene	Fluorene	PCB-1254 (Arochlor 1254)
1,2-Dichlorobenzene	Nitrobenzene	Phenanthrene	PCB-1221 (Arochlor 1221)
1,3-Dichlorobenzene	2-Nitrophenol	1,2,5,6-Dibenzanthracene	PCB-1232 (Arochlor 1232)
1,4-Dichlorobenzene	4-Nitrophenol	(dibenzo(a,h)anthracene)	PCB-1248 (Arochlor 1248)
3,3-Dichlorobenzidine	2,4-Dinitrophenol	Indeno(1,2,3-cd) pyrene (2,3-o-phenlene pyrene)	PCB-1260 (Arochlor 1260)
1,1-Dichloroethylene	4,6-Dinitro-o-cresol	Pyrene	PCB-1016 (Arochlor 1016)
1,2-Trans-dichloroethylene	N-nitrosodimethylamine	Tetrachloroethylene	Toxaphene
2,4-Dichlorophenol	N-nitrosodiphenylamine	Toluene	2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)
1,2-Dichloropropane	Hexachlorobutadiene	Trichloroethylene	
1,3-Dichloropropylene (1,3-dichloropropene)	N-nitrosodi-n-propylamine	Vinyl chloride (chloroethylene)	

8. Product Volume:

Product	Units per day (past calendar year) Average	Maximum	Units per day (estimates this calendar year) Average	Maximum

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 numbers provided. If the facility has more than one water supply meter (or source), excluding fire lines, figures must represent both meters (or sources).

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

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Does the facility referenced in this application currently discharge process (not from sanitary uses) wastewater to the PSB sewage collection system?
   [ ] Yes [Please skip to question D4]
   [ ] No

2. 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]

3. If applicable, provide the name of the transporter(s) normally used to transport your septic waste or stored sewage. List the company permit numbers where applicable. Contact your hauler for the permit information.

4. Please provide the following information on wastewater discharge.
   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

5. 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: _____

6. Does wastewater generated from sanitary uses and wastewater generated from other activities within the facility flow into the same manhole (same plumbing line) or are the wastestreams separate?

7. If wastewater generated in activities at the facility is treated, does it combine with other wastestreams (e.g., from sanitary sources, boiler blowdown, cooling tower overflow, etc.)?

   [ ] Yes
   [ ] No

8. Describe the location where samples are obtained to demonstrate compliance with Wastewater Discharge Permit Limits.

9. Do you have, or do you 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.

10. 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.

[ ] Yes [If yes, attach an explanation of the planned changes for wastewater discharge, including flows, and an estimated time for commencement and completion of the project.]

[ ] No

SECTION E - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?
   [ ] Yes
   [ ] No - [Please skip to E4]

2. Treatment devices or processes used for treating wastewater or sludge (check as many as appropriate).
   [ ] Air flotation
   [ ] Aeration
   [ ] Centrifuge
   [ ] Chemical precipitation
   [ ] Chlorination
   [ ] Electrodialysis
   [ ] Filtration
   [ ] Flow equalization
   [ ] Grease or oil separation
   [ ] Grease or sand trap or sump - [Please answer question E6]
   [ ] Other [specify]
   [ ] Ion exchange
   [ ] pH adjustment / neutralization
   [ ] Ozonation
   [ ] Reverse osmosis
   [ ] Screening
   [ ] Sedimentation
   [ ] Solvent separation
   [ ] Spill protection
   [ ] Biological treatment

3. Attach a process flow diagram for the existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design/operating conditions.

4. Are any changes in treatment or disposal methods for the wastewater discharge to the sanitary sewer currently under construction or planned for the next two years?
   [ ] Yes [If yes, please provide detailed description including estimated completion dates]
   [ ] No

5. Do you have a treatment operator?
   [ ] Yes - Name: _____
   Title: _____
   Work phone: _____
   [ ] No

6. Do you have grease traps, sand traps or sumps which are periodically pumped out to remove accumulated grease and solids.
   [ ] Yes Type of Waste: _____
   Name of Service Company: _____
   Name/Location of Disposal Site: _____
   Type of Waste: _____
   Name of Service Company: _____
   Name/Location of Disposal Site: _____
   [ ] No

SECTION F - FACILITY OPERATION CHARACTERISTICS

1. Normal work Days
   [ ] Mon - Sun
   [ ] Mon - Sat
   [ ] Mon - Fri
   [ ] Other (specify)

2. Hours of Operation

3. Does your facility normally work in shifts?
   [ ] Yes
   [ ] No - [Please skip question F5]

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 the business activity occurs or is more intense:

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

7. Please attach a list of raw materials used or planned for use in the facility.

8. Please attach a list of Safety Data Sheets (SDS) for all chemicals used in the facility and indicate how each is used.

9. Please provide a scale drawing of the facility. Note, if facility plans are voluminous, please only attach a plan view mechanical drawing.

SECTION G - SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility?
   [ ] Yes
   [ ] No [Please skip to question G3]

2. 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.

3. Do you have floor drains in manufacturing or chemical storage area(s)?
   [ ] Yes
   [ ] No

4. 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]

5. Do you have a Slug Discharge Control Plan which details prevention mechanisms for 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]

6. 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.

SECTION H – WASTES NOT DISCHARGED

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?
   [ ] Yes
   [ ] No - [Please skip to **SECTION I**]

2. Please describe the type and quantity of any waste liquid and/or sludge generated which are not disposed in the sanitary sewer system.

3. 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.

4. 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 which receives the wastes.

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 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 I - COMPLIANCE

1. Was a Baseline Monitoring Report required when the original Wastewater Discharge Permit was issued?

   [ ] Yes Date submitted: _____

   [ ] No [Please skip to question C1]

2. When was a 90-Day Compliance Report Due? _____

   Was the Report Submitted? Date submitted: _____

3. Does the existing Permit require compliance with Best Management Practices, management plans (such as a TOMP), other management plan, or pollution prevention alternatives?
   Yes [ ]
   No [ ]

4. Are all applicable Federal, State, or local pretreatment standards, including requirements under Best Management Practices, management plans, or pollution prevention alternatives being met on a consistent basis?
   Yes [ ] - [Please skip to **SECTION J**]
   No [ ]

5. 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?

6. 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		

SECTION J: AUTHORIZATION AND CERTIFICATION

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 for knowing violations.

2. In the spaces below, please print name and title of authorized signatory agent, and the date signed. Please sign in the space provided for a signature.

Person's name: _____

Title: _____

Date: _____

Signature: _____