

# CITY OF BRYAN

## Industrial Waste Survey and Permit Application

*Attention: Please read all attached instructions prior to completing this application.*

### SECTION A – GENERAL INFORMATION

1. Facility Name:

a. SIC Code (s):

b. Operator Name:

c. 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.

Name:

Address:

2. Facility Address

Street Address:

City:      State:      Zip:

3. Business Mailing Address

Street Address or P. O. Box:

City:      State:      Zip:

4. Authorized Representative:

Name:

Title:

Address:

City:      State:      Zip:

Telephone No.:

Email:

5. Designated Facility Contact:

Name:

Title:

Telephone No.:

Email:

## 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):

### Industrial Categories with Categorical Standards

<input type="checkbox"/>	Dairy Products (Part 405)	<input type="checkbox"/>	Oil & Gas Extraction (Part 435)
<input type="checkbox"/>	Grain Mills (Part 406)	<input type="checkbox"/>	Mineral Mining & Processing (part 436)
<input type="checkbox"/>	Canned/Preserved Food Processing (Part 407)	<input type="checkbox"/>	Centralized Waste Treatment (Part 437)
<input type="checkbox"/>	Canned/Preserved Seafood Processing (Part 408)	<input type="checkbox"/>	Metal Products & Machinery (Part 438)
<input type="checkbox"/>	Sugar Processing (part 409)	<input type="checkbox"/>	Pharmaceutical Manufacturing (Part 439)
<input type="checkbox"/>	Textile Mills (Part 410)	<input type="checkbox"/>	Ore Mining & Dressing (Part 440)
<input type="checkbox"/>	Cement Manufacturing (Part 411)	<input type="checkbox"/>	Transportation Equipment Cleaning (Part 442)
<input type="checkbox"/>	Concentrated Animal Feeding Operations (Part 412)	<input type="checkbox"/>	Paving & Roofing Materials (Part 443)
<input type="checkbox"/>	Electroplating (Part 413)	<input type="checkbox"/>	Waste Combustors (Part 444)
<input type="checkbox"/>	Organic Chemicals, Plastics, Synthetic Fibers (Part 415)	<input type="checkbox"/>	Landfills (Part 445)
<input type="checkbox"/>	Inorganic Chemicals Manufacturing (Part 415)	<input type="checkbox"/>	Paint Formulating (Part 446)
<input type="checkbox"/>	Soap & Detergent Manufacturing (Part 417)	<input type="checkbox"/>	Ink Formulating (Part 447)
<input type="checkbox"/>	Fertilizer Manufacturing (Part 418)	<input type="checkbox"/>	Concentrated Aquatic Animal Production (Part 451)
<input type="checkbox"/>	Petroleum Refining (Part 419)	<input type="checkbox"/>	Gum & Wood Chemicals Manufacturing (Part 454)
<input type="checkbox"/>	Iron & Steel Manufacturing (Part 420)	<input type="checkbox"/>	Pesticide Chemicals (Part 455)
<input type="checkbox"/>	Nonferrous Metals Manufacturing (Part 421)	<input type="checkbox"/>	Explosives Manufacturing (Part 457)
<input type="checkbox"/>	Phosphate Manufacturing (Part 422)	<input type="checkbox"/>	Carbon Black Manufacturing (Part 458)
<input type="checkbox"/>	Steam Electric Power Generating (Part 423)	<input type="checkbox"/>	Photographic (Part 459)
<input type="checkbox"/>	Ferroalloy Manufacturing (Part 424)	<input type="checkbox"/>	Hospitals (Part 460)
<input type="checkbox"/>	Leather Tanning & Finishing (Part 425)	<input type="checkbox"/>	Battery Manufacturing (Part 461)
<input type="checkbox"/>	Glass Manufacturing (Part 426)	<input type="checkbox"/>	Plastics Molding & Forming (Part 463)
<input type="checkbox"/>	Asbestos Manufacturing (Part 427)	<input type="checkbox"/>	Metal Molding & Casting (Part 464)
<input type="checkbox"/>	Rubber Manufacturing (Part 428)	<input type="checkbox"/>	Coil Coating (Part 465)
<input type="checkbox"/>	Timber Products Processing (Part 429)	<input type="checkbox"/>	Porcelain Enameling (Part 466)
<input type="checkbox"/>	Pulp, Paper, & Cardboard (Part 430)	<input type="checkbox"/>	Aluminum Forming (Part 467)
<input type="checkbox"/>	Builders' Paper & Paperboard Mills (Part 431)	<input type="checkbox"/>	Copper Forming (Part 468)
<input type="checkbox"/>	Metal Products (Part 432)	<input type="checkbox"/>	Electrical & Electronic Components (Part 469)
<input type="checkbox"/>	Metal Finishing (Part 433)	<input type="checkbox"/>	Nonferrous Metals Forming & Metal Powders (Part 471)
<input type="checkbox"/>	Coal Mining (Part 434)	<input type="checkbox"/>	Other:

A facility with processes inclusive in these business areas may be covered by the United States Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. Refer to the above-referenced parts of Chapters 40 of the Code of Federal Regulations to determine if such regulations apply to your facility. Such facilities are termed "Categorical Users".

2. Give A Brief Description Of All Operations At This Facility Including Primary Products or Services. (Attach additional sheets if necessary):
  
3. Indicate Applicable North America Industrial Classification Standard (NAICS) for All Processes (If more than one applies, list in descending order of importance):
  - a.
  - b.
  - c.
  - d.
  - e.
  - f.
  
4. Product Volume:

TYPE OF PRODUCT or BRAND NAME	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

**SECTION C – WATER SUPPLY INFORMATION**

1. Water Sources: (Check as many as are applicable)
  - Private Well
  - Surface Water
  - Municipal Water Utility (Specify City):
  - Other:

2. Customer Name on the Utility Account:

Address:

City:            State:            Zip:

3. Utility Account Number:

4. List Average Water Usage on Premises: (New facilities may estimate)

TYPE	AVERAGE Water Usage (GPD)	INDICATE Estimated (E) or Measured (M)
Contact Cooling Water		
Non-Contact Cooling Water		
Boiler Feed		
Process		
Sanitary		
Air Pollution Control (air scrubber)		
Contained in product		
Plant & Equipment Wash Down		
Irrigation & Lawn Watering		
Other		
<b>TOTAL</b>		

**SECTION D – SEWER INFORMATION**

1. a. Existing Facilities:

Is the Facility Presently Connected to the City Sanitary Sewer System?

Yes: Sanitary Sewer Account Number:

No: Have You Applied for a Sanitary Sewer Connection?     YES     NO

b. For a New Business:

(i). Will You be Occupying an Existing Vacant Building?     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 City Sanitary Sewer?     YES     NO

2. List Size, Descriptive Location, and Flow of Each Facility Sewer, which Connects to the City’s Sewer System. (If more than three, attach additional information on another sheet.)

Sewer Size	Descriptive Location of Sewer Connection /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 City Sewer System?

Yes      If “YES”, complete the remainder of the application.

No         If “NO”, skip to Section I.

2. Provide the Following Information on Wastewater Flow Rate. *(New facilities may estimate)*

	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Holiday
Avg. Discharge Duration (Number of Hours per Day)								
Maximum Discharge Duration (Number of Hours per Day)								
Wastewater Discharge Start Time								
Wastewater Discharge End Time								

- a. Peak Hourly Flow Rate (gph):
- b. Maximum Daily Flow Rate (gpd):
- c. Annual Daily Average (gpd):

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:
- c. Time of Batch Discharges (days/week):                      at (hours of day):
- d. Flow Rate (gpm):
- e. Percent of Total Discharge for the Facility:

4. Date Facility Commenced Discharging Wastewater to Public Sewer System:

5. 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 waste streams. Include the average daily volume and maximum daily volume of each waste stream *(New facilities may estimate)*. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the city sewer system. Use these numbers when showing these unit processes in the building layout in Section H. This drawing must be certified by a State Registered Professional Engineer. *(Show the schematic flow diagram on separate sheet(s) and attach to application)*

6. Provide plans and specifications on pretreatment devices/units and control manhole. This drawing must be certified by a State Registered Professional Engineer. *(Provide plans and specifications on separate sheet and attach to application)*

**ATTENTION**

**Facilities that Checked Activities in Question 1 of Section B, Industrial Categories, are Considered Categorical Industrial Users and Should Skip to Question 8**

7. 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)*

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, None)

**ATTENTION**

**Answer Questions 8, 9, and 10 ONLY if you are subject to Categorical Pretreatment Standards**

8. Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number for the process schematic that corresponds to each process. *(New facilities should provide estimates for each discharge)*

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, None)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (Batch, Continuous, None)

9. For Categorical Users subject to Total Organic (TTO) Requirements.
- 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 copy)  NO

10. Categorical Users. Report Submitted? Existing Users: 180-Day Baseline Monitoring Report or New Sources: 90-Day Report

YES  NO Date Submitted:

11. Do You Have, or Plan to Have, Automatic Sampling Equipment or Continuous Wastewater Flow Metering Equipment at this Facility?

Current: Flow Metering	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Planned: Flow Metering	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Sampling Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

If so, Please Indicate the Present or Future Location of this Equipment on the Sewer Schematic and Describe the Equipment Below:

12. 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 11*)

13. Briefly Describe These Changes and Their Effects on the Wastewater Volume and Characteristics: (Attach additional sheets if needed)

14. Are any Materials or Water Reclamation Systems in Use or Planned?

YES  NO (*Skip question 13*)

15. Briefly Describe Recovery Process, Substance Recovered, Percent Recovered, and the Concentration in the Spent Solution. Submit a Flow Diagram for Each Process: (Attach additional sheets if needed)

## **SECTION F – CHARACTERISTICS OF DISCHARGE**

The purpose of this section is to determine if any wastestreams required pretreatment and if existing or proposed pretreatment systems are adequate. Any wastewater analytical data submitted must be based on 40 CFR Part 136 approved test methods.



For new industrial users that do not have access to site specific analytical data, historical data from another business with a similar process or other evidence documenting the potential waste concentrations may be accepted as long as the information is sufficient to determine the need for pretreatment. New industrial users should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a “P” (expected to be present), “S” (may be present), or “O” (will not be present) under the average reported values.

Permittees currently operating under a City of Bryan Wastewater Discharge Permit shall 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 reported values. Permittees may reference a recent self-monitoring report in lieu completing the table for the known pollutant contributions provided each of the five conditions are met:

- The referenced report contains analytical results that are representative of proposed discharges;
- The data in the referenced report is less than three years old;
- Current plans do not include changes to existing process; and
- Current plans do not include the addition of new processes.

Reference self-monitoring reports submitted:

- Report #1:
- Report #2:
- Report #3:
- Report #4:

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				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									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
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									
Ethylbenzene									
Fluoranthene									
4-Chlorophenyl phenyl ether									
4-Bromophenyl phenyl ether									
Bis (2-chlorisopropyl) ether									
Bis (2-chlorethoxy) methane									
Methylene chloride									
Methyl chloride									
Methyl bromide									
Bromoform									
Dichlorobromomethane									
Chlorodibromomethane									
Hexachlorobutadiene									
Hexachlorocyclopentadiene									
Isophorone									
Naphthalene									
Nitrobenzene									
Nitrophenol									
2-Nitrophenol									
4-Nitrophenol									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
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									
Di-n-butyl phthalate									
Di-n-octyl phthalate									
Diethyl phthalate									
Dimethyl phthalate									
Benzo (a) anthracene									
Benzo (a) pyrene									
3,4-benzofluoranthene									
Benzo (k) Fluoranthane									
Chrysene									
Acenaphthylene									
Anthracene									
Benzo (ghi) perylene									
Fluorene									
Phenanthrene									
Dibenzo (a,h) anthracene									
Indeno (1,2,3-cd) pyrene									
Pyrene									
Tetrachloroethylene									
Toluene									
Trichloroethylene									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
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									
PCB-1260									
PCB-1016									
Toxaphene									
Asbestos									
Acidity									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Alkalinity									
Bacteria									
BOD - 5 day									
COD									
Chloride									
Chlorine									
Fluoride									
Hardness									
Magnesium									
NH3-N									
Oil & Grease									
TSS									
TOC									
Kjeldahl N									
Nitrate N									
Nitrite N									
Organic N									
Orthophosphate P									
Phosphorous									
Sodium									
Specific Conductivity									
Sulfate (SO4)									
Sulfide (S)									
Sulfite (SO3)									
Antimony									
Arsenic									
Barium									
Beryllium									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Cadmium									
Chromium									
Copper									
Cyanide									
Lead									
Mercury									
Nickel									
Selenium									
Silver									
Thallium									
Zinc									
Acetaldehyde									
Allyl Alcohol									
Allyl Chloride									
Amyl Acetate									
Aniline									
Benzonitrile									
Benzyl Chloride									
Butyl Acetate									
Butylamine									
Captan									
Carbaryl									
Carbofuran									
Carbon Disulfide									
Chlorpyrifos									
Coumaphos									
Cresol									
Crotonaldehyde									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Cyclohexane									
2,4-D									
Diazinon									
Dicamba									
Dichlobenil									
Diclone									
2,2-Dichloroprpic Acid									
Dichlorvos									
Diethyl Amine									
Dimethyl Amine									
Dinitrobenzene									
Diquat									
Disfoton									
Diuron									
Disulfoton									
Epichorohydrin									
Ethion									
Ethylene Diamine									
Ethylene Dibromide									
Formaldehyde									
Furfural									
Guthion									
Isoprene									
Isopropanolamine									
Dodecybenesulfonate									
Kelthane									
Kepone									
Malathion									



Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Mercaptodimethur									
Methoxychlor									
Methyl Mercaptan									
Methyl Methacrylate									
Methyl Parathion									
Mevinphos									
Mexacarbate									
Monethyl Amine									
Monmethyl Amine									
Naled									
Naphenic Acid									
Nitotolune									
Parathion									
Phenosulfanate									
Phosgene									
Propargite									
Propylene Oxide									
Pyrethrins									
Quinoline									
Resorcinol									
Strontium									
Strychnine									
Styrene									
2,4,5-T									
TDE									
2,4,5-TP									
Trichlorofan									
Triethanolamine									

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Dodecylbenzenesulfonate									
Trethylamine									
Trimethylamine									
Uranium									
Vanadium									
Vinyl Acetate									
Xylene									
Xylenol									
Zirconium									

## SECTION G – TREATMENT

1. Is any Form of Wastewater Treatment (see listed below) Practiced at This Facility?

YES  NO

2. Is any Form of Wastewater Treatment (or Changes to a Existing Wastewater Treatment) Planned for this Facility within the Next Three Years?

YES  NO

3. 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"/> Ozonation                      |
| <input type="checkbox"/> Centrifuge                      | <input type="checkbox"/> Reverse Osmosis                |
| <input type="checkbox"/> Chemical precipitation          | <input type="checkbox"/> Screen                         |
| <input type="checkbox"/> Chlorination                    | <input type="checkbox"/> Sedimentation                  |
| <input type="checkbox"/> Cyclone                         | <input type="checkbox"/> Septic tank                    |
| <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, type: | <input type="checkbox"/> Sump                           |
| <input type="checkbox"/> Grease trap                     | <input type="checkbox"/> Biological treatment, type:    |
| <input type="checkbox"/> Grinding filter                 | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Grit Removal                    | <input type="checkbox"/> Ion exchange                   |
| <input type="checkbox"/> Neutralization, pH correction   |   |
| <input type="checkbox"/> Other chemical treatment, type: |   |
| <input type="checkbox"/> Other physical treatment, type: |   |
| <input type="checkbox"/> Other, type:                    |   |

4. Describe the Pollutant Loadings, Flow Rates, Design Capacity, Physical Size, and Operation Procedures of each Treatment Facility Checked Above.

5. Attach a Process Flow Diagram for each Existing Treatment System. Include Process Equipment, By-Products, By-Products 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

Name:      Title:

Full-Time     Part-Time      Specify Hours:

8. Do You Have a Written 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

	1 <sup>st</sup> Shift	2 <sup>nd</sup> Shift	3 <sup>rd</sup> Shift	Other:
	Start:	Start:	Start:	Start:
	End:	End:	End:	End:
	Approximate Number of Employees per Shift			
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

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:

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

COMMENTS:

3. Indicate Whether the Facility Discharge is:

Continuous through the year, or

Seasonal – Check 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?

YES  NO

If “Yes”, indicate reasons and period when shutdown occurs:

5. Provide the following information regarding the raw materials and chemicals used in the processes. Include Copies of Manufacturer’s Safety Data Sheets (if Available) for All Chemicals Listed. (Attach additional sheet if needed):

Chemical or Actual Name	Purpose	Daily Quantity Used		Quantity Stored On-Site
		Avg.	Max.	

6. Building Layout: Draw to scale 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 and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

**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 or Chemical Storage Area(s)?

YES  NO If “YES”, Where 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).

- Onsite Disposal System                       Sanitary Sewer System  
 Storm Drain/Environment                       Other:

4. Do You Have an Accidental Spill Prevention Plan (ASPP) to Prevent Spills of Chemicals or Slug Discharges from Entering the City’s Sanitary Sewer System?

- YES (Please enclose a copy with the application)  
 NO  
 N/A No floor drains and/or the facility discharge(s) only domestic wastes.

**SECTION J – Non-Discharged Wastes**

1. Are any Waste Liquids or Sludges Generated and Not Disposed of in the City’s Sanitary Sewer System?

- YES, please describe below                       NO, skip the remainder of Section J.

Examples of type of waste/substance includes alkaline cleaners, organic solvents, treatment sludges, caustics, distillation residues, reactive materials, pesticides, plating solutions, and heavy metal hauled off-site for disposal or reclamation.

ID	Type of Waste/Substance	Receiving Firm or Facility	Off-site Disposal?	Frequency	Quantity (per year)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Under the column *ID*, enter the ID number corresponding to the Type of Waste/Substance noted in the table above. Use multiple ID numbers if one transporter is used to disposal of more than one waste type.

ID	Transporter Name	Transporter Permit No.	Disposal Facility Name	Disposal Facility Permit No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

2. Has Your Facility Been Issued any Federal, State, or Local Environmental Permits?

YES  NO

If "YES", please list the permit(s):

TCEQ Notice of Registration:

TCEQ Stormwater Permit:

TCEQ Air Emissions Permit:

Hazardous Materials Permit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION K – AUTHORIZATION SIGNATURES & AGREEMENTS

COMPLIANCE CERTIFICATION:

1. Are 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.

<u>Milestone Activity</u>	<u>Completion Date</u>
_____	_____
_____	_____

**PERMIT AGREEMENT**

TO THE CITY OF BRYAN, TEXAS

THE UNDERSIGNED BEING THE ENTER TITLE OF AUTHORIZED REPRESENTATIVE  
OF

THE PROPERTY LOCATED AT ENTER FACILITY ADDRESS DOES

HEREBY REQUEST A PERMIT TO ENTER "INSTALL' IF NEW/"USE" IF EXISTING AN  
INDUSTRIAL

SEWER CONNECTION SERVING THE ENTER FACILITY NAME

WHICH ENGAGED IN ENTER BUISNESS FUNCTION OF FACILITY

AT THE SAID LOCATION, APPLICANT AGREES TO MEET ALL REQUIREMENTS AND  
PROVIDE ALL MATERIAL AND INFORMATION LISTED BELOW:

- 1. A map of the property showing accurately all sewers and drains.
- 2. A complete schedule of all process waters and raw industrial waste produced or expected to be produced before pretreatment (if any) at said property, including a description of the character of each waste to be discharged to the public sewer.
- 3. Plans and specifications covering all pretreatment facilities for waste treatment proposed to be performed on the waste under this Permit with a full description (laboratory analysis) maximum rate of discharges to the public.
- 4. Plans and specifications of the grease, oil, and sand/grit interceptors and control manhole.
- 5. Copies of all laboratory reports along with any other required reports.



6. To operate and maintain any waste pretreatment facilities as may be required as a condition of the acceptance into the public sewer on the industrial waste involved, in an efficient manner at all times, and at no expense to the city.
7. To cooperate with the Controlling Authority (City of Bryan, Texas or individuals representing the city) in inspecting, sampling, and study of the industrial waste and any facilities providing pretreatment.
8. To notify the Controlling Authority immediately in the event of any accident, negligence, or other occurrence that occasions discharge to the public sewerage system of any waste or process water not covered by this Permit, and any waste in excess of the limits set forth in this permit and applications.
9. To accept and abide by all provisions of the Industrial Waste Ordinance of the City of Bryan, Texas, and all pertinent ordinances or regulations that may be adopted in the future.
10. To accept and pay, when billed, the sewer service charge and industrial waste surcharge is over and above the published water and sewer rates as set for in the Chapter 28 of the Code of Ordinances.
11. To permit the Controlling Authority immediate entry to the premises, including operational areas, pretreatment facilities, etc., for inspection, sampling, etc., in accordance with the Industrial Waste Ordinance.
12. Provide the Controlling Authority, upon request, information and data on nature of operations, operational shifts, products produced, or services performed, chemicals used in process, and offsite disposal of waste.
13. To notify the Controlling Authority, immediately of proposed or implemented changes in the nature, quality, or character of the discharge.
14. To accept and pay, at the time of application, a discharge permit processing fee as set by the Controlling Authority.

**AUTHORIZED REPRESENTATIVE STATEMENT:**

**Note to Signing Official:** This is to be signed by an authorized representative of your firm after adequate completion of this form and review of the information by the signing official.

*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.*

Enter Name \_\_\_\_\_  
(Printed Name)

Enter Title \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Enter Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**PERMIT REQUIRED:**

To the best of your knowledge and understanding of the information and data submitted, within this Survey/Application, require this establishment to be permitted to discharge its waste stream into the City of Bryan sewage collection and treatment system.

YES       NO

If "NO", please specify:

\_\_\_\_\_  
(Controlling Authority Signature)

\_\_\_\_\_  
(Date)