

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 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.

Name & Title:

Address:

2. Facility Address:

Street:

City, State, Zip:

3. Business Mailing Address:

Street or P. O. Box:

City, State, Zip:

4. Designated signatory authority of the facility:

[Attach similar information for each secondary authorized representative]

- Name:
- Title:
- Address:
- City, State, Zip:
- Phone #:

5. Designated facility contact:

- Name:
- Title:
- 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**).

Industrial Categories

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Adhesives | <input type="checkbox"/> | Metal Finishing |
| <input type="checkbox"/> | Aluminum Forming | <input type="checkbox"/> | Nonferrous Metals Forming |
| <input type="checkbox"/> | Asbestos Manufacturing | <input type="checkbox"/> | Nonferrous Metals Manufacturing |
| <input type="checkbox"/> | Auto & Other Laundries | <input type="checkbox"/> | Ore Mining |
| <input type="checkbox"/> | Battery Manufacturing | <input type="checkbox"/> | Organic Chemicals Manufacturing |
| <input type="checkbox"/> | Can Making | <input type="checkbox"/> | Paint & Ink Formulating |
| <input type="checkbox"/> | Carbon Black | <input type="checkbox"/> | Paving and Roofing Manufacturing |
| <input type="checkbox"/> | Centralized Waste Treatment | <input type="checkbox"/> | Pesticides Manufacturing |
| <input type="checkbox"/> | Coal Mining | <input type="checkbox"/> | Petroleum Refining |
| <input type="checkbox"/> | Coil Coating | <input type="checkbox"/> | Pharmaceutical |
| <input type="checkbox"/> | Copper Forming | <input type="checkbox"/> | Photographic Supplies |
| <input type="checkbox"/> | Electric & Electronic Components | <input type="checkbox"/> | Plastic and Synthetic Materials |
| <input type="checkbox"/> | Electroplating | <input type="checkbox"/> | Plastics Processing Manufacturing |
| <input type="checkbox"/> | Experimental Facility | <input type="checkbox"/> | Porcelain Enamel |
| <input type="checkbox"/> | Explosives Manufacturing | <input type="checkbox"/> | Printing & Publishing |
| <input type="checkbox"/> | Feedlots | <input type="checkbox"/> | Pulp, Paper, and Fiberboard |
| <input type="checkbox"/> | Fertilizer Manufacturing | <input type="checkbox"/> | Research and Development |
| <input type="checkbox"/> | Foundries (Metal Molding and Casting) | <input type="checkbox"/> | Rubber |
| <input type="checkbox"/> | Glass Manufacturing | <input type="checkbox"/> | Soap and Detergent Manufacturing |
| <input type="checkbox"/> | Grain Mills | <input type="checkbox"/> | Steam Electric |
| <input type="checkbox"/> | Gum & Wood Chemicals | <input type="checkbox"/> | Sugar Processing |
| <input type="checkbox"/> | Inorganic Chemicals | <input type="checkbox"/> | Textile Mills |
| <input type="checkbox"/> | Iron & Steel | <input type="checkbox"/> | Timber Products |
| <input type="checkbox"/> | Leather Tanning & Finishing | <input type="checkbox"/> | Transportation Equipment Cleaning
(interior of tank) |
| <input type="checkbox"/> | Mechanical Products | | |

Other Business Activities

- | | | | |
|--------------------------|------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Beverage Bottler | <input type="checkbox"/> | Food/Edible Products Processor |
| <input type="checkbox"/> | Dairy Products | <input type="checkbox"/> | Slaughter/Meat Packing/Rendering |

Note: A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These 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]:*

SECTION C – Water Supply (continued)

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		
TOTAL		

SECTION D – Sewer Information

1. a. For an existing business:

Is the building presently connected to the City sanitary sewer system?

Yes: Sanitary sewer account number:

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 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 or Discharge Point	Average Flow (GPD)

SECTION E – Wastewater Discharge Information

1. Does (or will) this facility discharge any wastewater other than from restrooms to the 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”, skip to Section I.

2. Provide the following information on wastewater flow rate.
(New facilities may estimate)

a. Hours/Day Discharged (e.g., 8 hours/day):

M: T: W: Th: F: S: Su:

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

M: T: W: Th: F: S: Su:

c. Peak hourly flow rate (GPH):

d. Maximum daily flow rate (GPD):

e. 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 (GPD):

c. Time of batch discharges (days/week): at (hours of day):

d. Flow rate (gallons per minute):

e. Percent of total discharge:

4. Date facility commenced discharging wastewater to City sanitary sewer:

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 community sewer. 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]*

SECTION E – Wastewater Discharge Information (continued)

5. 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 7.*

6. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. **(New facilities should provide estimates for each discharge)**

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 7, 8, and 9 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

7. For 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)

SECTION E – Wastewater Discharge Information (continued)

8. *For Categorical Users subject to Total Toxic Organics (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
9. Existing Users – 180-Day Baseline Monitoring Report or New Sources - 90-Day Report Submitted? YES NO
Date Submitted:
10. 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:

11. 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 12)
12. Briefly describe these changes and their effects on the wastewater volume and characteristics *[Attach additional sheets if needed]*:
13. Are any materials or water reclamation systems in use or planned?
 YES NO, (skip question 14)
14. 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

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 (non-regulated) 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 column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure the methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New Dischargers 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.

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
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	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
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					
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					
2,4-Dinitrophenol					
4,6-Dinitro-o-cresol					

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

Pollutant	Detection Level Used	Maximum Daily Value	Average of Analyses	Number of Analyses	Units
Asbestos					
Acidity					
Alkalinity					
Bacteria					
CBOD - 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					
Cadmium					
Chromium					
Copper					
Cyanide					
Lead					
Mercury					
Nickel					
Selenium					
Silver					
Thallium					
Zinc					

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"/> Other chemical treatment, type: |
| <input type="checkbox"/> Ion exchange | <input type="checkbox"/> Other physical treatment, type: |
| <input type="checkbox"/> Neutralization, pH correction | <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 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 (check)	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thur.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.	<input type="checkbox"/> Sun.								
Shifts per Day															
Staff / Shift	1 st														
	2 nd														
	3 rd														
Shift Start & End Times		Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End
	1 st														
	2 nd														
	3 rd														

2. Indicate whether the business activity is:

- Continuous through the year, or
 Seasonal – Circle or highlight 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 – Circle or highlight 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. List types and amounts (mass or volume per day) of raw materials used or planned for use [Attach additional sheet if needed] :

TYPE	Amount	TYPE	Amount

SECTION H – Facility Operational Characteristics (continued)

1. List types and quantity of chemicals used or planned for use [*Attach additional sheet if needed*]. Include copies of Manufacturer’s Safety Data Sheets (if available) for all chemicals identified:

CHEMICAL	Quantity	CHEMICAL	Quantity

2. 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**).

- | | |
|---|--|
| <input type="checkbox"/> onsite disposal system | <input type="checkbox"/> city sanitary sewer system (e.g. through a floor drain) |
| <input type="checkbox"/> storm drain | <input type="checkbox"/> other, specify: |
| <input type="checkbox"/> to ground | <input type="checkbox"/> not applicable, <i>no possible discharge to any of the above routes</i> |

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

- YES – [Please enclose a copy with the application]
- NO
- N/A, *Not applicable since 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 reoccurrence.

SECTION J – Non-Discharged Wastes

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

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

Waste Generated	Quantity/Year	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

Waste Generated	Disposal Off Site or On Site

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

Waste Generated	Facility

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

Name & Address	Permit #

5. Have you been issued any Federal, State, or local environmental permits?
 YES NO

If yes, please list the permit(s):

SECTION K – Authorization Signatures & Agreements

COMPLIANCE CERTIFICATION:

- 1) Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

YES NO Not yet discharging

a) If No:

- i) 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.
- ii) 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

Completion Date

PERMIT AGREEMENT

TO THE CITY OF BRYAN, TEXAS

THE UNDERSIGNED BEING THE Applicant's Title OF THE PROPERTY LOCATED AT address of facility DOES HEREBY REQUEST A PERMIT TO install/use AN INDUSTRIAL SEWER CONNECTION SERVING Name of Business WHICH ENGAGES IN nature of operations.

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 lab reports along with each quarterly Self-Monitoring Report.
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 and his representatives in they're 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 official 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.

(Print Name)	(Title)	
(Signature)	(Date)	(Phone #)
(Driver License #)	(Home Address)	
(Emergency Phone #)	(City)	(State) (Zip)

City of Bryan Representative:

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)