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 Nancy Nye 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).

<table>
<thead>
<tr>
<th>Compound</th>
<th>2,4-Dimethylphenol</th>
<th>Pentachlorophenol</th>
<th>Aldrin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acrolein</td>
<td>2,4-Dinitrotoluene</td>
<td>Phenol</td>
<td>Dieldrin</td>
</tr>
<tr>
<td>Acrylonitrile</td>
<td>2,6-Dinitrotoluene</td>
<td>Bis (2-ethylhexyl) phthalate</td>
<td>Chlordane (technical mixture and metabolites)</td>
</tr>
<tr>
<td>Benzene</td>
<td>1,2-Diphenylhydrazine</td>
<td>Butyl benzyl phthalate</td>
<td>4,4-DDT</td>
</tr>
<tr>
<td>Benzinide</td>
<td>Fluoranthene</td>
<td>Di-n-butyl phthalate</td>
<td>4,4-DDD (p,p-DDX)</td>
</tr>
<tr>
<td>Carbon tetrachloride (tetrachloromethane)</td>
<td>4-Chlorophenyl phenyl ether</td>
<td>Di-octyl phthalate</td>
<td>4,4-DDD (p,p-TDE)</td>
</tr>
<tr>
<td>Chlorobenzene</td>
<td>4-Bromophenyl phenyl ether</td>
<td>Diethyl phthalate</td>
<td>Alpha-endosulfan</td>
</tr>
<tr>
<td>1,2,4-Trichlorobenzene</td>
<td>Bis (2-chloroisopropyl) ether</td>
<td>Dimethyl phthalate</td>
<td>Beta-endosulfan</td>
</tr>
<tr>
<td>Hexachloroethane</td>
<td>Bis (2-chloroethoxy) methane</td>
<td>1,2-Benzanthracene</td>
<td>Endosulfan sulfate</td>
</tr>
<tr>
<td>1,1-Dichloroethane</td>
<td>Methylene chloride (dichloromethane)</td>
<td>(benzo(a)anthracene)</td>
<td>Endrin</td>
</tr>
<tr>
<td>1,1,2,2-Tetrachloroethane</td>
<td>Methyl chloride (chloromethane)</td>
<td>N-nitrosodi-n-propyamine</td>
<td>Endrin aldehyde</td>
</tr>
<tr>
<td>Chloroethane</td>
<td>Methyl bromide (bromomethane)</td>
<td>Benzo(a)pyrene (3,4-benzopyrene)</td>
<td>Heptachlor</td>
</tr>
<tr>
<td>Chloroform (trichloromethane)</td>
<td>Bromoform (tribromomethane)</td>
<td>3,4-Benzofluoranthene (benzo(b)/fluoranthene)</td>
<td>Heptachlor epoxide</td>
</tr>
<tr>
<td>Bis (2-chloroethyl) ether</td>
<td>Dichlorobromomethane</td>
<td>11.12-Benzofluoranthene</td>
<td>(BHC-hexachlorocyclohexane)</td>
</tr>
<tr>
<td>2-Chloroethyl vinyl ether (mixed)</td>
<td>Dichlorobromomethane</td>
<td>(benzo(k)/fluoranthene)</td>
<td>Alpha-BHC</td>
</tr>
<tr>
<td>Chlorophenol</td>
<td>Chlorodibromomethane</td>
<td>Chrysene</td>
<td>4,4-DDE (p,p-DDX)</td>
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<tr>
<td>1,3-Dichlorobenzene</td>
<td>Hexachlorobutadiene</td>
<td>Acenaphthylene</td>
<td>Alpha-BHC</td>
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<tr>
<td>Chloroform (trichloromethane)</td>
<td>Naphthalene</td>
<td>Fluorene</td>
<td>PCB-1254 (Aroclor 1254)</td>
</tr>
<tr>
<td>1,2-Dichlorobenzene</td>
<td>Nitrobenzene</td>
<td>Phenanthrene</td>
<td>PCB-1221 (Aroclor 1221)</td>
</tr>
<tr>
<td>1,3-Dichlorobenzene</td>
<td>2-Nitrophenol</td>
<td>1,2,5,6-Dibenzanthracene</td>
<td>PCB-1232 (Aroclor 1232)</td>
</tr>
<tr>
<td>1,4-Dichlorobenzene</td>
<td>4-Nitrophenol</td>
<td>(dibenzo(a,h)anthracene)</td>
<td>PCB-1248 (Aroclor 1248)</td>
</tr>
<tr>
<td>3,3-Dichlorobenzidine</td>
<td>2,4-Dinitrophenol</td>
<td>Indeno(1,2,3-cd) pyrene (2,3-o-phenylene pyrene)</td>
<td>PCB-1260 (Aroclor 1260)</td>
</tr>
<tr>
<td>1,1-Dichloroethylene</td>
<td>4,6-Dinitro-o-cresol</td>
<td>Pyrene</td>
<td>PCB-1016 (Aroclor 1016)</td>
</tr>
<tr>
<td>1,2-Trans-dichloroethylene</td>
<td>N-nitrosodimethylamine</td>
<td>Tetrachloroethylene</td>
<td>Toxaphene</td>
</tr>
<tr>
<td>2,4-Dichlorophenol</td>
<td>N-nitrosodiphenylamine</td>
<td>Toluene</td>
<td>2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)</td>
</tr>
<tr>
<td>1,2-Dichloropropane</td>
<td>Hexachlorobutadiene</td>
<td>Trichloroethylene</td>
<td></td>
</tr>
<tr>
<td>1,3-Dichloropropylene (1,3- dichloropropane)</td>
<td>N-nitrosodi-n-propyamine</td>
<td>Vinyl chloride (chloroethylene)</td>
<td></td>
</tr>
</tbody>
</table>
8. **Product Volume:**

<table>
<thead>
<tr>
<th>Product</th>
<th>Units per day (past calendar year)</th>
<th>Units per day (estimates this calendar year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average</td>
<td>Maximum</td>
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</tbody>
</table>


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).

<table>
<thead>
<tr>
<th>TYPE</th>
<th>GPD</th>
<th>E/M</th>
<th>COMMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Cooling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncontact cooling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiler Feed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sanitary</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Air Pollution Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contained in product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant/Equipment Washdown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irrigation/Lawn</td>
<td></td>
<td></td>
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<tr>
<td>Other (Specify)</td>
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<td></td>
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<tr>
<td>Other (Specify)</td>
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<tr>
<td>Other (Specify)</td>
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<tr>
<td><strong>TOTAL</strong></td>
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</tr>
</tbody>
</table>
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
   [ ] Ion exchange
   [ ] Aeration
   [ ] pH adjustment / neutralization
   [ ] Centrifuge
   [ ] Ozonation
   [ ] Chemical precipitation
   [ ] Reverse osmosis
   [ ] Chlorination
   [ ] Sedimentation
   [ ] Electrodialysis
   [ ] Screening
   [ ] Flow equalization
   [ ] Spill protection
   [ ] Filtration
   [ ] Solvent separation
   [ ] Grease or oil separation
   [ ] Biological treatment
   [ ] Grease or sand trap or sump - [Please answer question E6]
   [ ] Other [specify]

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  
     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:

<table>
<thead>
<tr>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thr</th>
<th>Fri</th>
<th>Sat</th>
<th>Sun</th>
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<tr>
<td>1st</td>
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<td>2nd</td>
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<td>___</td>
</tr>
<tr>
<td>3rd</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>#</th>
<th>MILESTONE ACTIVITY</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
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<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>
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: ________________________________________________________________