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Industry:		
-	Date of Application:	

CITY OF CARROLLTON PERMIT TO DISCHARGE TO THE SANITARY SEWER APPLICATION FORM

Note: Please read all instructions before completing this application.

SECTION A: GENERAL INFORMATION

1.	Facility Name:						
	Operator's Name:	Operator's Name:					
	Date operations or service started	d at this site:					
	Is the operator also the owner of	the facility?	[] Yes [] No				
	· •	If no, provide the name and address of the owner and submit a copy of any documents (contracts, etc.) indicating the operator's scope of responsibility for the facility:					
	Name:						
	Street:						
	City:	State:	Zip:				
2.	Facility Address:						
	Street:						
	City:	State:	Zip:				
3.	Business Address:						
	Street or P.O. Box:						
	City:	State:	Zip:				

4.	Designated signatory authority of the facility:				
	Name:				
	Title:				
	Address:				
	City: State: Zip:				
	Phone number:Email:				
	Note: The signatory authority is a person such as a president, vice-president partner or director, or an individual authorized by such a person as having overall responsibility for environmental matters for the company as specified in writing .				
5.	Designated Facility Contact:				
	Name:				
	Title:				
	Phone number:Email:				
	Note: The designated facility contact is a person who is at the facility during normal working hours and is available to assist City personnel or their representatives.				
SEC	TION B: BUSINESS ACTIVITY				
1.	Indicate below if your facility employs or will be employing processes described by the following categories, even if they generate no wastewater, waste sludge or hazardous wastes. Mark all that apply to your entire facility.				
	Industrial Categories [] Aluminum Forming [] Asbestos Manufacturing [] Battery Manufacturing [] Can Making [] Carbon Black [] Coal Mining [] Coal Coating [] Copper Forming [] Electric and Electronic Components Manufacturing [] Electroplating [] Feedlots				

2. Give a brief description of all operations at this facility, including primary products or services (attach additional sheets if necessary):

Primary products and/or services

 oddets and o			

No. of Employees:

5.

Shifts and Employees:

No. of Shifts:

Shift Hours & Employees Per Shift:

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SECTION C: WATER SUPPLY

1.	Water Sources (indicate all that apply):		
	 [] Private Well [] Surface Water [] Municipal Water Utility (Specif [] Other (Specify): 		
2.	Name on the facility's water bill:		
	Street:City:	State:	Zip:
3.	Water service account number(s):		
1.	List average water usage on premises (n	new facilities may estin	nate):
	Type	Average Water Usage (GPD)	Estimated (E) or Measured (M)
	a. Contact cooling water		
	b. Non-contact cooling water		
	c. Boiler Feed/blow-down		
	d. Process		
	e. Sanitary (25 gal/person)		
	f. Air pollution control		
	g. Contained in product		
	h. Plant and equipment washdown		
	i. Irrigation and lawn watering		
	j. Other:		
	k. TOTAL of a-j		

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1.

2.

Industry: _	
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SECTION D: SEWER INFORMATION

a.	For an existing bu	usiness:	
	[] Yes: Sanitar	esently connected to the public sanitary say sewer account numberou applied for a sanitary sewer hookup?	
b.	For a new busines	ss:	
	Will you be occupark)? [] Yes	bying an existing vacant building (such a	as in an industrial
	•	for a building permit if a new facility w Yes [] No [] N/A	rill be
	Will you be conne	ected to the public sanitary sewer systen	1?
	's sewer system (if m	ation and flow of each wastewater line conore than four, attach additional informa	
Line	Size (in inches)	Location of Sewer Connection or Discharge Point	Flow (GPD)

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e.

Industry:		
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SECTION E: WASTEWATER DISCHARGE INFORMATION

Note: New facilities may estimate flows in this section. 1. Does (or will) this facility discharge any wastewater other than domestic wastes (from restrooms) to the City sewer? Yes: complete the remainder of this application. [] No: proceed to Section I. 2. Provide the following information on wastewater flow rate: Hours/day discharge occurs: a. M _____ T ____ W ____ T ____ F ____ Sat Sun b. Hours of discharge (ex.- 9 am - 5 p.m.): M _____ T ____ W ____ T ____ F ____ Sat _____Sun ____ Peak hourly flow rate (gallons/hour): _____ c. Maximum daily flow rate (gallons/day): d. e. Annual daily average (gallons/day): 3. If batch discharge occurs or will occur, indicate: a. Number of batch discharges per day: Average volume of batch (gallons): b. Expected time(s) of discharge: c. d. Flow rate (gallons/minute):

Percent of total industrial discharge:

4. Schematic Flow Diagram- Provide a flow chart of all industrial processes conducted in the facility. Show the pathways of all materials, products, wastes and wastewater from the start of the activities to their completion. Include the average daily volume and maximum daily volume of each wastestream. If estimates are used for flow data, this must be indicated. Number each process having wastewater discharges to the city sewer. Use these numbers in the building layout in Section H. This drawing should be certified by a qualified, authorized representative.

Note: Facilities that checked activities in question 1 of Section B may be considered Categorical Industrial Users and should skip to question 6.

5. For Non-Categorical Users only: Provide the wastewater discharge flows and type of discharge (batch, continuous, or both) for each plant process. Include the reference number from the flow chart that corresponds to each process.

Ref. No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge

ANSWER QUESTIONS 6 AND 7 ONLY IF YOU MAY BE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

6. For Categorical Users: Provide the wastewater discharge flows and type (continuous, batch or both) for each process. Include the reference number from the flow chart that corresponds to each process.

Ref.		Average	Maximum	
No.	Categorical Process	Flow (GPD)	Flow (GPD)	Type of dicharge
		, ,	,	71

Issue Da Page 9 o	te: Feb 200 f 24	96		Industry:Dat	e of Application:
Ref.		n-Categorical	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge
—— 7.	page	11, Section F, n ving information:	umbers 1 - 110		TO) requirements, see ers), please provide the
		under the categ	-	t standards publish	ned by the EPA?
	b.	_	concentrations pre		nitoring Report) that
	c.		ganic Managemer	nt Plan (TOMP) be	en developed?
		If yes, submit a	copy along with t	his application.	

Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?							
Current:	Flow Metering Sampling Equipment	[] Yes [] No [] Yes [] No					
Planned:	Flow Metering Sampling Equipment	[] Yes [] No [] Yes [] No					
	cate the present or future loca and describe the equipment be	tion of this equipment on the sewe	er				
could alter as well as a	wastewater volumes or chara ir or water pollution treatments	planned during the next three yeteristics? Consider production p t processes that may affect the dis	rocesses charge.				
Are any ma	terials or water reclamation s	ystems in use or planned?					
If yes, briefly describe recovery processes, substances recovered, percent recovery and the concentration in the spent solutions. Refer to the process flow chart:							

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11.	Do you have a written Pollution Prevention Plan (P2 Plan)? [] Yes [] No If yes, submit a copy with this form.
12.	Are any steps currently or planned for addressing waste minimization?
	[] Yes [] No
	If yes, please describe:

SECTION F: CHARACTERISTICS OF DISCHARGE

The tables in this section are for determining what pollutants are associated with your facility's wastewater. If you currently hold a permit and are renewing it with this application, provide the requested information on all parameters for which monitoring has been performed in the past three years. For all other pollutants, indicate whether they are known to be present (P), suspected to be present (S), or known to be absent (A). DO NOT LEAVE BLANKS!

If you are applying for a permit for the first time, indicate P, S, or A (see above) in the following tables.

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Total Toxic Organics (TTO's), 40 CFR Part 122, Table II

(includes Volatiles, Base Neutrals, Acid Extractibles, and Pesticides)

Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
Volatiles							
1. Acrolein							
2. Acrylonitrile							
3. Benzene							
4. Bromoform							
5. Carbon tetrachloride							
6. Chlorobenzene							
7. Chlorodibromomethane							
8. Chloroethane							
9. 2-chloroethylvinyl ether							
10. Chloroform							
11. Dichlorobromomethane							
12. 1,1-dichloroethane							
13. 1,2-dichloroethane							
14. 1,1-dichloroethylene							
15. 1,2-dichloropropane							
16. 1,3-dichloropropylene							
17. Ethylbenzene							
18. Methyl bromide							
19. Methyl chloride							
20. Methylene chloride							
21. 1,1,2,2-tetrachlorethane							
22. Tetrachloroethylene							
23. Toluene							
24. 1,2-trans-dichloroethylene							
25. 1,1,1-trichloroethane							

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	Parameter	Location	Method	Detection Limit	Maximum Daily Value (with units)	Average Value (with units)	Number of Analyses	P; S; A
26.	1,1,2-trichloroethane							
27.	Trichloroethylene							
28.	Vinyl chloride							
	Acid Extractibles							
29.	2-chlorophenol							
30.	2,4-dichlorophenol							
31.	2,4-dimethylphenol							
32.	4,6-dinitro-o-cresol							
33.	2,4-dinitrophenol							
	2-nitrophenolane							
35.	4-nitrophenolane							
36.	p-chloro-m-cresol							
37.	Pentachlorophenol							
38.	Phenol							
39.	2,4,6-trichlorophenol							
	Base Neutrals							
40.	Acenaphthene							
41.	Acenaphthylene							
42.	Anthracene							
43.	Benzidine							
44.	Benzo (a) anthracene							
45.	Benzo (a) pyrene							
46.	3,4-benzofluoranthene							
47.	Benzo (ghi) perylene							
48.	Benzo (k) fluoranthene							
49.	Bis (2-chloroethoxy) methane							
50.	Bis (2-chloroethyl) ether							
51.	Bis (2-chloroisopropyl) ether							
52.	Bis (2-ethylhexyl) phthalate							
53.	4-bromophenyl phenyl ether							
54.	Butlbenzyl phthalate							
55.	2-chloronaphthalene							
56.	4-chlorophenyl phenyl ether							
57.	Chrysene							
58.	Dibenzo (a,h) anthracene							
59.	1,2-dichlorobenzene							
60.	1,3-dichlorobenzene							
61.	1,4-dichlorobenzene							
62.	3,3-dichlorobenzidine							
63.	Diethyl phthalate							
64.	Dimethyl phthalate			ental Services De				

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Parameter	Location	Method	Detection Limit	Daily Value	 Number of Analyses	P; S; A
65. Di-n-butyl phthalate						
66. 2,4-dinitrotoluene						
67. 2,6-dinitrotoluene						
68. Di-n-octyl phthalate						
69. 1,2-diphenylhydrazine						
70. Fluororanthene						
71. Fluorene						
72. Hexachlorobenzene						
73. Hexachlorobutadiene						
74. Hexachlorocyclopentadiene						
75. Hexachloroethane						
76. Indeno (1,2,3-cd) pyrene						
77. Isophorone						
78. Napthalene						
79. Nitrobenzene						
80. N-nitrosodimethylamine						
81. N-nitrosodi-n-propylamine						
82. N-nitrosodiphenylamine						
83. Phenanthrene						
84. Pyrene						
85. 1,2,4-trichlorobenzene						
Pesticides						
86. Aldrin						
87. Alpha-BHC						
88. Beta-BHC						
89. Gamma-BHC						
90. Delta-BHC						
91. Chlordane						
92. 4,4'-DDT						
93. 4,4'-DDE						
94. 4,4'-DDD						
95. Dieldrin						
96. Alpha-endosulfan						
97. Beta-endosulfan						
98. Endosulfan sulfate						
99. Endrin						
100. Endrin aldehyde						
101. Heptachlor						
102. Heptachlor epoxide						
103. PCB-1242						

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Parameter	Location	Limit	Maximum Daily Value (with units)	Value	P; S; A
104. PCB-1254					
105. PCB-1221					
106. PCB-1232					
107. PCB-1248					
108. PCB-1260					
109. PCB-1016					
110. Toxaphene					

40 CFR Part 122, Appendix D, Table III

(metals, cyanide and total phenols)

				l 	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			Detection		Average	Number	
Parameter	Location	Method	Limit	Daily Value		of	P; S; A
				(with units)	(with units)	Analyses	
1. Antimony, Total							
2. Arsenic, Total							
3. Barium, Total							
4. Beryllium, Total							
5. Cadmium, Total							
6. Chromium, Total							
7. Copper, Total							
8. Cyanide, Total							
9. Lead, Total							
10. Mercury, Total							
11. Nickel, Total							
12. Selenium, Total							
13. Silver, Total							
14. Thallium, Total							
15. Zinc, Total							
16. Phenols, Total							
17. Nitrite N							
18. Organic N							
19. Orthophosphate P							
20. Phosphorus							
21. Sodium							
22. Specific Conductance							
23. Sulfate							
24. Sulfide							
25. Sulfite		_		_			_

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Other Pollutants of Concern

	Parameter	Location	Method	Maximum Daily Value (with units)	 Number of Analyses	P; S; A
1.	Asbestos					
2.	Diazinon					
3.	Molybdenum, Total					
4.	2,3,7,8-tetrachlorodibenzo-p- dioxin (TCDD)					

SECTION G: TREATMENT

1.	Is any form of wastewater treatment practiced at this facility?
	[] Yes [] No
	If yes, indicate which is used:
	 [] Air flotation [] Centrifuge [] Chemical precipitation [] Chlorination [] Cyclone [] Filtration [] Flow equalization [] Grease or oil separation, type:
	[] Grease trap[] Grinding filter[] Grit removal
	 [] Ion exchange [] Neutralization, pH adjustment [] Ozonation [] Reverse osmosis
	[] Screen[] Sedimentation[] Septic tank
	[] Solvent separation[] Spill protection
	 Sump Biological treatment, type:
	Other physical treatment, type: Other, type:

Phone number:

5.

Do you have manual on the correct operation of your treatment equipment?

Full time (specify hours):

Part time (specify hours):

6.

1.	Shift i	nform	ation:					
Work	Days:				[] Wed.	 		[] Sun.
Emplo per shift: Shift start a		2nd _ 3rd _				 		
end tii								
2.	[]C	Continu	other the but nous through al- explain	gh the year	·			
3.	[]C	Continu	ether the fa nous through al- explain	gh the year	C			
4.	[] Y	es [] No		t down for		ce or other	reason?

Do you have a written maintenance schedule for your treatment equipment?

Issue Date: Feb 2006 Industry: ___ Date of Application: Page 19 of 24 List types and amounts (mass or volume per day) of raw materials used or planned 5. for use (attach sheets if necessary): 6. List types and quantities of chemicals used or planned for use (attach sheets if Include copies of Manufacturer's Safety Data Sheets for ALL necessary). chemicals identified: Quantity Chemical

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7. Building Layout- Attach a scale map drawing of the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered processes (from the flow chart), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A blueprint of the facilities showing the above items may be attached in lieu of a newly developed drawing.

SECTION I: SLUG AND SPILL PREVENTION

and cleaning ers to a sewer tal containers
ers to a sewe
ers to a sewe
reas?
ds result in a
ain)
es
•

system (the sanitary sewe	scharges from entering the Co	Prevention Plan to prevent ontrol Authority's collection
[] Yes [] No [] Not applicable, since there the facility discharges or	
If yes, please submit a cop	py along with this application	
Please describe below any prevent their reoccurrence	y previous spill events and rese.	medial measures taken to
Are any waste liquids or s sewer system?	GED WASTES sludges generated and not dis	posed of in the sanitary
[] Yes [] No (if no	o, skip the remainder of this so	ection)
[] Yes [] No (if no If yes, please describe:	o, skip the remainder of this so	ection)
	o, skip the remainder of this so Quantity (per year)	ection) Disposal Method
If yes, please describe:	-	
If yes, please describe:	-	
If yes, please describe:	-	
If yes, please describe:	-	

11 Jos, pross	se complete the following		-3/-
Waste	Disposal Company	Address	Permit No
			_
			_
			_
			_
			_
Have you b	een issued any local, state	e or federal environment	al permits?
[] Yes	[] No		
If yes, pleas	se list them:		
	licable local, state and fedon a consistent basis?	leral pretreatment standa	ards and requiren
being met o			

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a.	What additional operations and a considered to bring the facility into treatment technology or practices be facility into compliance.	maintenance procedures are being compliance? Also, list additional sing considered in order to bring the
b.	Provide a schedule for bringing the fa events planned along with reasonable	
	Milestone Activity	Completion Date

Note: 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.

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ndustry:		
•	Data of Applications	

SECTION K: AUTHORIZED SIGNATURES

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, and the City of Carrollton Ordinance Number 1092, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. A business confidentiality claim may be asserted for other data and information by placing on (or attaching to) the information a cover sheet, stamped or typed legend or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential." Confidential portions of otherwise nonconfidential documents should be clearly identified by the business, and may be submitted separately to facilitate identification, handling and storage in a separate restricted access file by the Authority. If the business desires confidential treatment only until a certain data or until the occurrence of a certain event, the notice shall so state.

Authorized Representative Statement:

I, the undersigned applicant, being an authorized representative of the herein named company, do hereby request a Permit to establish a discharge of or to continue to discharge industrial waste at the location indicated herein and do agree to comply with the City Ordinance Number 534 and 1092 and all their amendments.

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.

Name(s)	Title(s)	Title(s)		
Signature	Date	Phone number		
SUBSCRIBED AND SWO	ORN TO BEFORE ME I	BY Affiant, on this day		
Of	, A.D.			
	Notary Pub	olic in and for the State of Texas		