



**Application for Renewal
Industrial Wastewater Discharge Permit**

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

Please read all instructions, which are imbedded 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. If there are any questions, please contact Nancy Nye at (915)594-5731. 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
P.O. Box 511
El Paso, TX 79961

Note, this application consists of Sections A through J and includes 10 pages. 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: _____
E-mail Address: _____

4. Is the designated contact person the same as listed in 3 above?
 Yes - [Please skip to **SECTION B**]
 No
Contact Name: _____
Title: _____
P.O. Box: _____
Street Address: _____
City / State / Zip: _____
Phone Number: _____
Facsimile Number: _____
E-mail Address: _____

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 the generation of wastewater other than from sanitary uses.

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

4. Are any process changes or additions currently under construction or planned for your facility in the next two years?

Yes [If Yes, please explain. Use additional sheets if necessary]

No

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
 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 El Paso Water 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 water consumption numbers. If the facility has more than one water supply meter (or source), excluding fire lines, the use figures above must represent all meters (or sources).

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

SECTION D - WASTEWATER DISCHARGE INFORMATION

1. Does the facility referenced in this application currently discharge process (not from restrooms) wastewater to the El Paso Water 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) used routinely to transport septic tank waste or stored sewage. List the company permit numbers where applicable. Contact the transporter 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. Do you have, or 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.

7. Are any process changes or expansions planned during the next two 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 [If yes, attach an explanation of the changes planned, including flows and an estimated time for commencement and completion of the project.]
 No

SECTION E - TREATMENT

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

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

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

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

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

- 6. Do you have grease traps, sand traps or sumps which are periodically pumped out to remove accumulated grease and solids? Please provide copies of manifests used to document disposal of waste for the last year of pump outs / service to grease trap/sump.
 Yes
Type of Waste: _____
Name of Service Company: _____
Name/Location of Disposal Site: _____
Type of Waste: _____
Name of Service Company: _____
Name/Location of Disposal Site: _____
 No

SECTION F - FACILITY OPERATION CHARACTERISTICS

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

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

3. Normal shift starts:
 7:30am - 3:30pm - 11:30pm
 7:00am - 3:00pm - 12:00am
 Other (Specify)

4. Number of employees per shift:

	Mon	Tue	Wed	Thr	Fri	Sat	Sun
1st	_____	_____	_____	_____	_____	_____	_____
2nd	_____	_____	_____	_____	_____	_____	_____
3rd	_____	_____	_____	_____	_____	_____	_____

5. 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

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

7. Please attach a list of Safety Data Sheets (SDS) for all chemicals used in the facility or, attach any other listing of chemicals supplied to other regulating agencies such as the Fire Department.

8. 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 your 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 El Paso Water sewage collection system?
 Yes [Please enclose a copy with the application]
 No [Note, a plan may be required by El Paso Water 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 - NON-DISCHARGED WASTES

1. Are any waste liquids or sludge 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 of 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. Please provide copies of manifests used to document disposal of waste for the last year of pump outs / service to grease trap/sump.

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. Please provide copies of manifests that document waste disposal for the most recent 6 month period.

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, operate 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 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: _____