



**GARLAND**

**INDUSTRIAL WASTE DISCHARGE  
PERMIT (IWDP) RENEWAL APPLICATION**

Industrial Pretreatment Program  
Technical Services Department  
2500 E. Centerville Rd.  
Garland, TX 75040  
Tel. 972-205-2714 Fax. 972-278-6772

**INSTRUCTIONS:**

- Unless stated otherwise, all items are to be filled out completely. The application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting N/A.
- Depending upon the data provided, additional information may be required. Please read all questions and information prior to completing this application.

**SECTION A: GENERAL INFORMATION**

1. Facility Name:		
2. Facility Address:		
City:	State:	Zip Code:
Facility Telephone:		Facility Fax:
3. Mailing Address (if different than facility address):		
City:	State:	Zip Code:
Industry Contact Information (who to contact about the application & permit):		
<i>This individual will be responsible for receiving all correspondence from the City of Garland regarding the permit.</i>		
4. Representative name:		Title:
Address:		
City:	State:	Zip Code:
Telephone:		Fax:
E-mail Address:		
5. Designated Signatory Authority for the facility:		
Note: (Responsible Official and Duly Authorized Form (see attachment #1) must be submitted with the completed application)		
Responsible Official #1:		
Name:		Title:
Responsible Official #2:		
Name:		Title:
Duly Authorized Representative #1:		
Name:		Title:
6. Registered Agent for the industry on file with the Texas Secretary of State		
Note: (Citations issued to the facility will be sent to the registered agent on file)		
Legal Name of the facility:		
Registered Agent Name:		
Address:		
City:	State:	Zip Code:

## SECTION B: BUSINESS ACTIVITY

If the facility conducts or will be conducting 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 or business activity. (Check all that apply)

New Source

Existing Source

### 1. INDUSTRIAL CATEGORIES

Aluminum Forming*	Nonferrous Metals Manufacturing
Asbestos Manufacturing	Paint and/or Ink Formulating
Battery Manufacturing	Phosphating or Passivating
Can Making*	Pesticides/Herbicides Manufacturing/Repackaging
Chemical Manufacturing (inorganic)	Printed Circuit Board Manufacturing
Chemical Manufacturing (organic)	Pharmaceutical
Coil Coating*	Plastic and Synthetic Materials Manufacturing
Copper Forming*	Plastics Processing/Manufacturing
Electric and Electronic Components Manufacturing*	Porcelain Enamel
Electroplating*	Pulp, Paper, and Fiberboard Manufacturing
Fertilizer Manufacturing	Rubber
Foundries (Metal Molding & Casting)*	Soap and Detergent Manufacturing
Glass Manufacturing	Steam Electric
Industrial Laundry	Sugar Processing
Iron & Steel*	Semi-Conductor Manufacturing
Leather Tanning & Finishing	Timber Products
Metals Finishing*	Other
Nonferrous Metals Forming	Other

*\*Subject to Total Toxic Organics (TTO) reporting requirements--see page 6*

A facility with processes inclusive in these business areas may be covered by the United States Environmental Protection Agency's categorical pretreatment standards. These facilities may be 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 all applicable SIC & NAICS code(s) for the facility:

SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_  
SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_

4. List all permits (Federal, State, local) held by your company:

Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_

5. Product Quantity:

Product	Past calendar year Amounts (pieces, lbs., units, etc.) <i>specify per day, month, or year</i>	Estimate this calendar year Amounts (pieces, lbs., units, etc.) <i>specify per day, month, or year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of days in reporting period (if units are not per day) \_\_\_\_\_

**SECTION C: WATER SUPPLY**

1. Water Source: *(Check as many as are applicable)*

Municipal Water Utility (Specify City): \_\_\_\_\_

Other (Specify): \_\_\_\_\_

2. Name on the water utility bill: \_\_\_\_\_

3. Water utility account number(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List average water usage for all activities conducted at the facility:

	Average Water Usage (gallons per day)	Estimate (E) or Measured (M)	Avg. Wastewater discharged (gallons per day)	Estimate (E) or Measured (M)
a. Contact cooling water	_____	_____	_____	_____
b. Non-contact cooling water	_____	_____	_____	_____
c. Boiler feed/blowdown	_____	_____	_____	_____
d. Sanitary (estimate 25 gallons/person)	_____	_____	_____	_____
e. Contained in product	_____	_____	_____	_____
f. Plant & equipment washdown	_____	_____	_____	_____
g. Irrigation & lawn watering	_____	_____	_____	_____
h. Process	_____	_____	_____	_____
i. Other	_____	_____	_____	_____
j. Other	_____	_____	_____	_____
Total of a-j	_____		_____	

**SECTION D: SEWER INFORMATION**

1. List size, descriptive location, and flow of each facility sewer line which connects to the City's sewer system. (list all connections). If flow meters are not utilized, calculate 80% of consumption and submit as the flow.

Sewer size (inches)	Descriptive location of sewer connection or discharge point	Average Flow (gallons/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION E: WASTEWATER DISCHARGE INFORMATION**

1. Does this facility discharge any wastewater other than restrooms to the City sewer?

*Yes, complete the remainder of the applicaton.*

*No, Skip to Section G.*





If yes, indicate the present or future location of the equipment on the schematic flow diagram and describe the equipment below.

9. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the wastewater discharge.

Yes

No, skip question #10

10. Briefly describe these changes and their effects on wastewater volume and characteristics:  
(Attach additional sheets if needed)

11. Are any materials or water reclamation systems in use or planned?

Yes

No, skip question #12

12. Briefly describe the 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).

Do you have a Pollution Prevention (P2) Plan

Yes, submit a copy with this application      No

Are there any steps currently or planned for addressing waste minimization?

Yes      No

If yes, please describe:

## 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. Provide the requested information on all parameters for which monitoring has been performed in the past three (3) years. *Copies of laboratory reports must be submitted upon request.* 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.

<b>POLLUTANT</b>	Process Unit No.	Number of Analyses	Method Used	Detection Level used [ug/L]	Maximum Daily Value [ug/L]	Avg. Daily Value [ug/L]
pH						
BOD <sub>5</sub>						
BOD <sub>7</sub>						
Oil and Grease						
TSS						
Sulfide (S)						
Arsenic						
Cadmium						
Chromium						
Copper						
Cyanide						
Lead						
Mercury						
Molybdenum						
Nickel						
Silver						
Zinc						
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						













**POLLUTANT**

Vanadium

Vinyl acetate

Xylene

Xylenol

Zirconium

Process Unit No.	Number of Analyses	Method Used	Detection Level used [ug/L]	Maximum Daily Value [ug/L]	Avg. Daily Value [ug/L]

## SECTION G: TREATMENT

1. Is any form of wastewater treatment listed below practiced at this facility?

*Check as many as appropriate*

Air flotation	Flow Equalization	pH adjustment
Centrifuge	Grease separation	Ozonation
Chemical Precipitation	Oil separation	Reverse osmosis
Chlorination	Grease trap	Screening
Cyclone	Grinding filter	Sedimentation
Evaporation	Grit removal	Solvent separation/recovery
Filtration	Ion Exchange	

Biological treatment, type: \_\_\_\_\_

Other Chemical treatment, type: \_\_\_\_\_

Other Physical treatment, type: \_\_\_\_\_

Other, type: \_\_\_\_\_

Other, type: \_\_\_\_\_

2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

Yes, describe: \_\_\_\_\_

No

3. Describe the pollutant loading, flow rates, design capacity, physical size, and operating procedures for each treatment facility checked above. *(Attach additional sheets if needed)*

4. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste & by-product volumes, design & operating conditions.

5. 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.

6. Do you have a treatment operator? Yes No

(If yes) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Full time: \_\_\_\_\_ (specify work hours)  
 Part time: \_\_\_\_\_ (specify work hours)

7. Do you have a written operating manual of your treatment equipment?

Yes No

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

Yes No

**SECTION H: FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift information

Indicate the hours of operation for each day of the week.

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Indicate the number of employees and start/end time per shift for each day of the week.

	M	T	W	Th	F	SAT	SUN
1st shift							
start time							
end time							
2nd shift							
start time							
end time							
3rd shift							
start time							
end time							

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.

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

Comments:





7. Building Layout - Submit a blueprint or drawing, to scale, the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit process (from the schematic flow diagram), chemical storage areas, public sewers, and each facility sewer line connected to the public sewer. Number each sewer and show existing and proposed sampling locations. Also include any and all sand traps, grease traps, oil interceptors, and control manholes.

All items must be included in the submittal.

**SECTION I: SPILL PREVENTION**

1. Do you have chemical storage containers, bins, or ponds at the facility?

Yes      If yes, please complete the chart below      No

Type	Location	Contents	Size	Method of Cleaning	Frequency of Cleaning

Indicate in a diagram or comment on the proximity of these containers to a sewer system or storm drain.

2. Do you have floor drains in your manufacturing or chemical storage area(s)?

Yes      If yes, where do they discharge to?      No

3. If you have chemical storage containers, bins, or ponds in the manufacturing area, could a spill lead to a discharge to: (check all that apply)

- On-site disposal system
- Public sanitary system (e.g. floor drain)
- Storm drain
- To ground

Other, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not applicable, no possible discharge to any of the above routes



**SECTION K: AUTHORIZED SIGNATURES**

The named applicant (front page) does hereby make application for a permit to discharge industrial wastewater into the City of Garland Sanitary Sewer System serving the property listed on the front page of this application and further more agrees to comply with the wastewater standards stipulated in Chapter 22, Article VIII of the Garland City Code, and the conditions set forth in the Wastewater Discharge Permit.

Authorized Representative Statement:

I agree to meet all requirements of the Industrial Waste Ordinance Permit and 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 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.

Permittee/Authorized Signature Authority

Name (signature) \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date \_\_\_\_\_