

CITY OF HONDO INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

After supplying all required information, the completed permit application should be returned to the City's Public Works office electronically at the following address:

esalazar@hondo-tx.org and copied to:

mark.roetzel@cdsmuery.com

Note to Signing Official: Information and data provided in this application (which identify the discharge) are in accordance with Title 40 of the Code of Federal Regulation Part 403 and Hondo City Code. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and in applicable sections of the City Code. Applicant shall identify all information requested to be confidential. Should a wastewater discharge permit be required for your facility, the information in this application will be used to issue the permit.

SECTION A. GENERAL INFORMATION

1. Company Name: _____

Facility Address: _____

Mailing Address: _____ Legal Description: _____

2. Name(s) and Official Title(s) of Owner and/or Operator(s): _____

Address: _____

Is the person identified in 2, the owner of the facility? If not provide the name and address of the landlord and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

3. Authorized Representative Name: _____

Title: _____ Address: _____

Telephone No.: _____ Email Address: _____ Date of Birth: _____

4. Check one: Existing Discharge. Date of original discharge: _____
 Proposed Discharge. Anticipated start date of discharge: _____

SECTION A. GENERAL INFORMATION (Cont'd)

5. "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."

Date

Signature of Official (Seal if Applicable)

SECTION B. PRODUCT OR SERVICE INFORMATION

1. Provide a narrative description of the primary manufacturing or service authority conducted at the facility and any other manufacturing service activities associated with it and the applicable Standard Industrial Classification / North American Industry Classification System Code(s) (SIC / NAICS No.):

2. Principle Raw Materials Used: _____

3. Principal Products Produced: _____

4. Check all activities and indicate SIC / NAICS No(s). if known, at your facility:

A. Categorical Industries

- Aluminum Forming
- Battery Manufacturing
- Coil Coating
- Electroplating
- Electrical/Electronics
- Leather Tanning/Finishing
- Metal Finishing
- Printed Circuit Board
- Electrolysis
- Other
- Anodizing
- Coating
- Milling
- Pharmaceutical
- Transportation & Equipment Cleaning
- Centralized Waste Treatment

B. Other Industrial Activities

- Flammables/Explosives
- Food Preparation Services
- Laboratory
- Laundry, Cleaning
- Machine Shop
- Medical Care
- Painting Finishing
- Paint or Ink Formulation
- Photographic Processing
- Plastics Processing
- Printing
- Repair Shop/Garage
- Research
- Rubber Processing
- Steam/Power Generation
- Warehousing
- Bottlers

- Food Manufacturing
- Asphalt Products

SECTION C. PLANT OPERATION CHARACTERISTICS

1. Do major processes result in wastewater discharge in a batch or continuous flow?

Batch Continuous Both

Describe the average number of batches per 24-hour day: _____ week _____ month _____

Size & duration of batch discharge: _____

2. Are your processes subject to seasonal variation? Yes No

If yes, explain variation and indicate the month(s) of peak operations: _____

Jan Feb March April May June July Aug Sept Oct Nov Dec

3. Shift Information:

a. Number of shifts per workday: 1 2 3 b. Avg. number of workdays per month: _____

c. Avg. no. Employee(s) per Shift

Start / End Time	MON	TUE	WED	THUR	FRI	SAT	SUN
1st							
2nd							
3rd							

Additional Information: _____

4. Describe any water recycling, and/or water treatment or conditioning conducted at your facility:

Describe any materials recycling conducted at your facility: _____

5. Does the facility have a current Slug Control Plan? Yes No

If yes, submit the plan with the completed permit application.

SECTION D. WATER CONSUMPTION AND WATER LOSS

1. Incoming water source(s):

Hondo Water System Private Well Other _____

Please Specify

If a private well, is it metered? Yes No

2. Water bill addressee: _____

3. Water service account number(s) and service address: _____

4. Average monthly water consumption:

a. Previous 12 months _____ gal/mo. (from Water Utility bills, or estimated for new)

b. Volume from well _____ gal/mo. (for on-site private wells)

5. List water consumption within the plant:

	Description	Estimated Avg. Volume (gallons per day)
Cooling water		
Boiler feed		
Sanitary (domestic) wastes		
Production process 1		
Production process 2		
Production process 3		
Plant and equipment wash-down		
Irrigation and lawn watering		
Air pollution control unit		
Other (specify)		

6. List average volume of discharge or water losses to:

	Description	Estimated Avg. Volume (gallons per day)
Hondo sewer		
Direct discharge to a watercourse		
Municipal Separate Storm Sewer		
Ground		
On-site septic sewer facility		
Wastehauler		
Evaporation		
Contained in product		
Other (specify)		
		Total

SECTION E. SEWER INFORMATION

1. Attach scale drawings of site plans, floor plans and internal plumbing plans showing the location of all internal sewers including size, connection and locations. The site plan must also indicate locations of

various processes, cooling towers, administrative facilities, storage areas, alleys, and other pertinent physical structures. Also show the location of all possible sampling points for these sewers.

- List plant sewers shown in Item 1, with outlet or connection to public sewer, size and flow; assign sequential reference number to each sewer (if more than 3, attach additional information on another sheet).

Reference No.	Location of Sewer connection or discharge point	Size (in inches)	Flow in gallons per day
1.			
2.			
3.			
Total	Should equal discharge to Hondo sewer		

SECTION F. WASTEWATER DISCHARGE INFORMATION

- Indicate the quantities discharged from the processes below in **gallons per day**. (Attach Process Schematics as needed). The quantities are to be given for each sewer receiving the discharge.

DISCHARGE QUANTITY BY SEWER REFERENCED IN E-2

TYPE Process	Ref. #1	Ref.#2	Ref.#3				Total
Process A							
Process B							
Process C							
Sanitary							
Boiler							
Cooling							
Plant & Equipment Wash-down							
Other (Specify)							
TOTAL							

Total should equal discharge to Hondo sewer in chart 6.

- If this is a first time application and if any wastewater analyses have been performed on the wastewater discharges from your facilities attach a copy of the most recent data to this questionnaire. Be sure to include the dates and methods of collection and analysis, the laboratory performing analysis, and the specific location(s) from which wastewater samples were collected.
- Priority Pollutant Information: Check the appropriate box by chemical listed below, whether it is “Known to be Present - Yes,” or “Known to be Absent - No” in the facilities manufacturing or service activity or generated as a by-product. Attach copies of Material Safety Data Sheets (MSDS) for all raw chemicals or chemical products purchased, stored or used in your facility at or above 5 gallons. If organics are being used, submit all MSDS. If you are unable to identify the chemical constituents of products that are discharged in your wastewater, attach copies of the Materials Safety Data Sheets for such products.

Please check parameters known to be present in discharge, either Yes or No.

I. METALS	Yes	No		Yes	No
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	47. Ether, bis (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	48. Ether, bis (2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	49. Ether, bis (2-chloroisopropyl)	<input type="checkbox"/>	<input type="checkbox"/>
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	50. Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	51. Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	52. Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	53. Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>			
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>			
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>			
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>			
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>			
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>			
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>			
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>			

II. PHENOLS AND CRESOLS	Yes	No		Yes	No
16. Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	54. Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	55. Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
18. Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	56. Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>
19. Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	57. Benzidine	<input type="checkbox"/>	<input type="checkbox"/>
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	58. Benzidine, 3, 3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	59. Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	60. Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>
23. Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>			
24. Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>			
25. m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>			
26. o-Cresol, 4, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>			

III. MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS & PHTHALATES)	Yes	No		Yes	No
27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	61. Methane, bromo	<input type="checkbox"/>	<input type="checkbox"/>
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	62. Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>
29. Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	63. Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>
30. Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	64. Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>
31. Benzene, 1, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	65. Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>
32. Benzene, 1, 2, 4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	66. Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>
33. Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	67. Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>
34. Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	68. Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
35. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	69. Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>
36. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	70. Methane, dichlorodifluoro	<input type="checkbox"/>	<input type="checkbox"/>
37. Toluene, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	71. Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>
38. Toluene, 2, 6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>			

IV. PCB & RELATED COMPOUNDS	Yes	No		Yes	No
39. PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	72. Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
40. PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	73. Ethane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
41. PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	74. Ethane, 1, 1, 1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
42. PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	75. Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
43. PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	76. Ethane, 1, 1, 2, 2-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
44. PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	77. Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
45. PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	78. Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>
46. 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	79. Ethene, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
			80. Ethene, 1, 2(trans)-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
			81. Ethene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>
			82. Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
			83. Propane, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
			84. Propane, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
			85. Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
			86. Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
			87. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>

V. ETHERS	Yes	No		Yes	No
			87. Phthalate, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>
			88. Phthalate, diethyl	<input type="checkbox"/>	<input type="checkbox"/>
			89. Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>

**VI. NITROSAMINES & OTHER NITROGEN
-CONTAINING COMPOUNDS**

VII. ORGANICS

VIII. POLYCYCLIC AROMATIC HYDROCARBONS

IX. PHTHALATE ESTERS

- 90. Phthalate, di-n-octyl
- 91. Phthalate, bis (2-ethylhexyl)
- 92. Phthalate, butyl benzyl

X. POLYCYCLIC AROMATIC HYDROCARBONS

- 93. Acenaphthene
- 94. Acenaphthylene
- 95. Anthracene
- 96. Benzo (a) anthracene
- 97. Benzo (b) fluoranthene
- 98. Benzo (k) fluoranthene
- 99. Benzo (g,h,i) perylene
- 100. Benzo (a) pyrene
- 101. Chrysene
- 102. Dibenzo (a,h) anthracene
- 103. Fluoranthene
- 104. Fluorene
- 105. Indeno (1, 2, 3-cd) pyrene
- 106. Napthalene
- 107. Phenanthrene
- 108. Pyrene

XI. PESTICIDES

- 109. Acrolein
- 110. Aldrin
- 111. BHC (Alpha)
- 112. BHC (Beta)
- 113. BHC (Gamma) or Lindane
- 114. BHC (Delta)
- 115. Chlordane
- 116. DDD
- 117. DDE
- 118. DDT
- 119. Idrin
- 120. Endosulfan (Alpha)

- 121. Endosulfan (Beta)
- 122. Endosulfan Sulfate
- 123. Endrin
- 124. Heptachlor
- 125. Heptachlor expoxide
- 126. Isophorone
- 127. TCDD (or Dioxin)
- 128. Toxaphene

XII. CONVENTIONAL AND NON-CONVENTIONAL POLLUTANTS

- 129. Bromide
- 130. Chlorine, Total Residual
- 131. Color
- 132. Fecal Coliform
- 133. Fluoride
- 134. Nitrate-Nitrite
- 135. Nitrogen, Total Organic
- 136. Oil and Grease
- 137. Phosphorus, Total
- 138. Radioactivity
- 139. Sulfate
- 140. Sulfide
- 141. Sulfite
- 142. Surfactants
- 143. Aluminum, Total
- 144. Barium, Total
- 145. Boron, Total
- 146. Cobalt, Total
- 147. Iron, Total
- 148. Magnesium, Total
- 149. Molybdenum, Total
- 150. Manganese, Total
- 151. Tin, Total
- 152. Titanium, Total

SECTION F. WASTEWATER INFORMATION (Cont'd)

4. For all chemical products used at your facility and/or identified as "Known Present," please list and provide the following data for each: (attach additional sheets if needed).

Trade/Product Name	Monthly Usage (lbs. or gal)	Estimated discharge to sanitary sewer (lbs. or gal. / month)
--------------------	--------------------------------	--

5. Is any form of wastewater pretreatment utilized at your facility ? Yes No
 If "yes", check as many as appropriate.

- | | |
|--|--|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Silver recovery |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screens (Hydro-sieve, etc.) |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Solvent separation |
| <input type="checkbox"/> Flow equalization tank | <input type="checkbox"/> Spill protection |
| <input type="checkbox"/> Grease or oil separation | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Grease trap | <input type="checkbox"/> Biological treatment, type _____ |
| <input type="checkbox"/> Grit removal | <input type="checkbox"/> Rainwater diversion or storage |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Other chemical treatment type _____ |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Other, give description below. |

Brief Description: _____

SECTION G. OTHER WASTES

1. Are any liquid wastes or sludges being generated that are not disposed of in the sewer system?

Yes No

2. Indicate wastes generated by your facility and check the appropriate box to classify:

Waste(s)	Present		Disposal Method		(Estimated Gal. or Pounds/Year)
	Y	N	On Site	Off Site	
Acid and Alkalies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Metal Sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inks/Dyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organic Compounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plating Wastes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pretreatment Sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solvents/Thinners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil and/or Grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Submit the most recent receipts and/or waste manifests with this application.

3. On-Site Storage: Yes No Method: Drum Roll-off Container Tank

Other (specify): _____

b. Typical duration of storage: _____ Days

c. Typical volume of waste stored: _____ Pounds _____ Gallons

- d. Is storage site
- self-contained
 - wastes segregated
 - protected from a reaction

Explain: _____

4. On-Site Disposal: Yes No

Disposal Method: Reclamation Land Disposal Incineration Other

SECTION G. OTHER WASTES (Cont'd)

5. Off-Site Disposal: Yes No

Off-Site facility receiving waste _____

Name of Facility _____

Facility Operator _____

Facility Location _____

Address _____

City/State _____ Zip _____ Phone _____

6. Waste hauled off-site by: Industry Waste-hauler Other

**Wastehauler information*

Company name / Contact person

Address

City/State

Zip

Phone

Vehicle License Number: _____

Environmental Protection Agency
Registration No.: _____

TCEQ Registration No.: _____

**List as many as necessary*

SECTION H. LIST OTHER ENVIRONMENTAL CONTROL PERMITS

Including any TPDES permits held for any discharge to storm drain or surface course:

Permit no.	Facility Name	Outfall description / no.

SECTION I. PRETREATMENT AND POLLUTION PREVENTION (P2)

1. Describe any wastewater treatment equipment or processes in use:

2. Describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion:

3. Pollution Prevention (P2)

Describe any pollution prevention activities that have taken place during the past five (5) to ten (10) years such as:

- a) Closed Loop system _____

- b) Chemical Substitutions _____

- c) Water Conservation _____

- d) Process Changes _____

- e) Recycling _____

- f) Better Industrial Housekeeping _____
- g) Secure Chemical Storage Areas _____

- h) Floor Drains Closed Off _____

- i) Retaining Walls Built to Catch Spills, etc. _____

- j) Other Pollution Prevention P2 Activities _____

4. Do you dispose of any chemicals, solvents, sludges, or hazardous materials as a result of your processes?

Yes No

If so, provide a description of each material, giving the composition, annual quantity, and means of disposal. _____

5. If a private hauler is used to haul sludges/residuals, provide name and EPA Identification Number.

6. Where is the ultimate disposal site for sludges/residuals?

7. Do you have copies of manifests for waste hauled off site? Yes No

8. Do you have a spill prevention, containment and control plan (SPCC) for your facility? Yes No

9. Do you have a solvent management plan for your facility? Yes No

10. Do you have a certified operator for your pretreatment facility? Yes No

If yes: Name _____

Address _____

Certification Number _____