



CITY OF LONGVIEW INDUSTRIAL WASTE PERMIT APPLICATION FORM

NOTE: This application must be filled out completely and accurately. Please read all attached instructions prior to completing this application.

SECTION A - GENERAL INFORMATION

1. Facility Name: _____

a. Operator Name: _____

b. Is the operator identified in 1.a., the owner of the facility?

Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:

Street:

City: _____ State: _____ Zip: _____

3. Business Mailing Address:

Street:

City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:

[Attach similar information for each authorized representative]

Name:

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

5. Designated facility contact:

Name: _____

Title: _____

Phone #: _____

SECTION B - BUSINESS ACTIVITY

1. If your facility employs or will be employing 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 of business activity (check all that apply).

Industrial Categories*

| | | |
|--------------------------|---|------------|
| <input type="checkbox"/> | Aluminum Forming: | 40 CFR 467 |
| <input type="checkbox"/> | Asbestos Manufacturing: | 40 CFR 427 |
| <input type="checkbox"/> | Battery Manufacturing: | 40 CFR 461 |
| <input type="checkbox"/> | Can Making: | 40 CFR 465 |
| <input type="checkbox"/> | Carbon Black: | 40 CFR 458 |
| <input type="checkbox"/> | Cement Manufacturing: | 40 CFR 411 |
| <input type="checkbox"/> | Coal Mining: | 40 CFR 434 |
| <input type="checkbox"/> | Coil Coating: | 40 CFR 465 |
| <input type="checkbox"/> | Copper Forming: | 40 CFR 468 |
| <input type="checkbox"/> | Electric and Electronic Components Manufacturing: ... | 40 CFR 469 |
| <input type="checkbox"/> | Electroplating: | 40 CFR 413 |
| <input type="checkbox"/> | Feedlots: | 40 CFR 412 |
| <input type="checkbox"/> | Fertilizer Manufacturing: | 40 CFR 418 |
| <input type="checkbox"/> | Foundries (Metal Molding and Casting): | 40 CFR 464 |
| <input type="checkbox"/> | Glass Manufacturing: | 40 CFR 426 |
| <input type="checkbox"/> | Grain Mills: | 40 CFR 406 |
| <input type="checkbox"/> | Inorganic Chemicals: | 40 CFR 415 |
| <input type="checkbox"/> | Iron and Steel: | 40 CFR 420 |
| <input type="checkbox"/> | Leather tanning and Finishing: | 40 CFR 425 |
| <input type="checkbox"/> | Metal Finishing: | 40 CFR 433 |
| <input type="checkbox"/> | Nonferrous Metals Forming: | 40 CFR 471 |
| <input type="checkbox"/> | Nonferrous Metals Manufacturing: | 40 CFR 421 |
| <input type="checkbox"/> | Organic Chemicals Manufacturing: | 40 CFR 414 |
| <input type="checkbox"/> | Paint and Ink Formulating: | 40 CFR 446 |
| <input type="checkbox"/> | Paving and Roofing Manufacturing: | 40 CFR 443 |
| <input type="checkbox"/> | Pesticides Manufacturing: | 40 CFR 455 |
| <input type="checkbox"/> | Petroleum Refining: | 40 CFR 419 |
| <input type="checkbox"/> | Pharmaceutical: | 40 CFR 439 |
| <input type="checkbox"/> | Photographic: | 40 CFR 459 |
| <input type="checkbox"/> | Plastic and Synthetic Materials Manufacturing: | 40 CFR 414 |
| <input type="checkbox"/> | Plastics Processing Manufacturing: | 40 CFR 463 |
| <input type="checkbox"/> | Porcelain Enamel: | 40 CFR 467 |
| <input type="checkbox"/> | Pulp, Paper, and Fiberboard Manufacturing: | 40 CFR 430 |
| <input type="checkbox"/> | Rubber: | 40 CFR 428 |
| <input type="checkbox"/> | Soap and Detergent Manufacturing: | 40 CFR 417 |
| <input type="checkbox"/> | Steam Electric: | 40 CFR 423 |
| <input type="checkbox"/> | Sugar Processing: | 40 CFR 409 |
| <input type="checkbox"/> | Textile Mills: | 40 CFR 410 |
| <input type="checkbox"/> | Timber Products: | 40 CFR 429 |
| <input type="checkbox"/> | Transportation Equipment Cleaning: | 40 CFR 442 |

*A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users".

PERMIT APPLICATION FORM

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

3. Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance.):

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

4. PRODUCT VOLUME:

| PRODUCT (Brand-name) | PAST CALENDAR YEAR | | ESTIMATE THIS CALENDAR YEAR | |
|-------------------------|----------------------------------|---------|----------------------------------|---------|
| | Amounts Per Day (Daily Units) | | Amounts Per Day (Daily Units) | |
| | Average | Maximum | Average | Maximum |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

SECTION C - WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private Well
- Surface Water
- Municipal Water Utility (Specify City): _____
- Other (Specify): _____

2. Name on the water bill:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. a. Water service account number(s): _____

- b. Date commenced discharge: _____

4. List average water usage on premises:
 [New facilities may estimate]

| TYPE | Average Water Usage (G.P.D.) | Indicate Estimated (E) or Measured (M) |
|---------------------------------|------------------------------|--|
| a. Contact cooling water | _____ | _____ |
| b. Non-contact cooling water | _____ | _____ |
| c. Boiler feed | _____ | _____ |
| d. Process | _____ | _____ |
| e. Sanitary | _____ | _____ |
| f. Air pollution control | _____ | _____ |
| g. Contained in product | _____ | _____ |
| h. Plant and equipment washdown | _____ | _____ |
| i. Irrigation and lawn watering | _____ | _____ |
| j. Evaporation | _____ | _____ |
| k. Other | _____ | _____ |
| l. TOTAL OF a - k | _____ | _____ |
| | _____ | _____ |

SECTION D - SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

[] Yes: Sanitary sewer account number: _____
 [] No: Have you applied for a sanitary sewer hookup? [] Yes [] No

b. For a new business:

- (i). Will you be occupying an existing vacant building (such as in an industrial park)? [] Yes [] No
- (ii). Have you applied for a building permit if a new facility will be constructed? [] Yes [] No
- (iii). Will you be connected to the public sanitary sewer system? [] Yes [] No

c. Within ninety (90) days following the date for final compliance with applicable Pretreatment Standards or Requirements or, in the case of a New Source, following commencement of the introduction of wastewater into the POTW, any User subject to Pretreatment Standards and Requirements shall submit to the Water Quality Division a report indicating the nature and concentration of all pollutants in the discharge from the regulated process which are limited by Pretreatment Standards and Requirements and the average and maximum daily flow for these process units in the User facility which are limited by such Pretreatment Standards or Requirements. The report shall state whether the applicable Pretreatment Standards or Requirements are being met on a consistent basis and, if not, what additional operations and maintenance and/or pretreatment is necessary to bring the User into compliance with the applicable Pretreatment Standards or Requirements. This statement shall be signed by an authorized representative of the Industrial User, and certified by a registered professional engineer.

When is or when will be the date you commence(d) discharge to the City's sewer system?

2. List size, descriptive location, and flow of each facility sewer that connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

| Sewer Size | Descriptive Location of Sewer Connection or Discharge Point | Average Flow (G.P.D.) |
|------------|---|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION E - WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

Yes If the answer to this question is “yes”, complete the remainder of the application.

No If the answer to this question is “no”, skip to Section J.

2. Provide the following information on wastewater flow rate.
(New facilities may estimate.)

a. Hours/Day discharged (e.g., 8 hours/day):

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|-----|--|-----|--|
| M | | T | | W | | T | | F | | Sat | | Sun | |
|---|--|---|--|---|--|---|--|---|--|-----|--|-----|--|

b. Hours of discharge (e.g., 9 a.m. to 5 p.m.):

| | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|--|-----|--|-----|--|
| M | | T | | W | | T | | F | | Sat | | Sun | |
|---|--|---|--|---|--|---|--|---|--|-----|--|-----|--|

c. Peak hourly flow rate (G.P.D.): _____

d. Maximum daily flow rate (G.P.D.): _____

e. Annual daily average (G.P.D.): _____

3. If batch discharge occurs or will occur, indicate:
[New facilities may estimate]

a. Number of batch discharges per day _____

b. Average discharge per batch in GPD _____

c. Time of batch discharges _____ (days of week) at _____ (hours per day)

d. Flow rate _____ (gallons per minute)

e. Percent of total discharge _____

4. Schematic Flow diagram - For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout in Section H. **This drawing must be certified by a state registered Professional Engineer.**

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

PERMIT APPLICATION FORM

5. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

| No. | Regulated Description | Average Flow (G.P.D.) | Maximum Flow (G.P.D.) | Type of Discharge (batch, continuous, none) |
|-------|-----------------------|-----------------------|-----------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS:

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

| No. | Regulated Process | Average Flow (G.P.D.) | Maximum Flow (G.P.D.) | Type of Discharge (batch, continuous, none) |
|-------|-------------------|-----------------------|-----------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| No. | Unregulated Process | Average Flow (G.P.D.) | Maximum Flow (G.P.D.) | Type of Discharge (batch, continuous, none) |
|-------|---------------------|-----------------------|-----------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| No. | Dilution | Average Flow (G.P.D.) | Maximum Flow (G.P.D.) | Type of Discharge (batch, continuous, none) |
|-------|----------|-----------------------|-----------------------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PERMIT APPLICATION FORM

7. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

- Yes
- No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

- Yes
- No

c. Has a toxic organics management plan (TOMP) been developed?

- Yes - Please attach a copy.
- No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

| | | | | |
|----------|--------------------|------------------------------|-----------------------------|------------------------------|
| Current: | Flow Metering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Planned: | Flow Metering | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| | Sampling Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three 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
- No, (skip question 10)

PERMIT APPLICATION FORM

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

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

Yes
 No, (skip question 12)

12. Briefly describe 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.)

SECTION F - CHARACTERISTICS OF DISCHARGE

1. All new industrial users are required to submit monitoring data of their effluent including priority listed in 40 CFR Part 122, Appendix D, Tables II & III. Sample location and method of analysis should be included. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used. Current Users may be required to submit monitoring data from Tables II & III. They should contact Water Quality at (903) 753-4870 for more information.
2. **New dischargers** should include a list of pollutants that will be present or are suspected to be present in proposed waste streams.

SECTION G - TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

Yes
 No

PERMIT APPLICATION FORM

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. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).

- 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 correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked.

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

PERMIT APPLICATION FORM

6. 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.

7. Do you have a treatment operator? Yes No

(If Yes,) Name: _____

Title: _____

Phone: _____

Full Time: _____ (specify hours)

Part Time: _____ (specify hours)

8. Do you have a contract with a State approved lab? Yes No

(If Yes,) Name: _____

Address: _____

Phone: _____

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

Yes No

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

Yes No

SECTION H - FACILITY OPERATION CHARACTERISTICS

1. Shift Information

| Work Days | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
|----------------------|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| Shifts per work day: | 1st | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Empl's per shift: | 2nd | _____ | _____ | _____ | _____ | _____ | _____ |
| | | 3rd | _____ | _____ | _____ | _____ | _____ | _____ |
| Shift start and | 1st | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | 2nd | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

PERMIT APPLICATION FORM

end times: 3rd _____

2. Indicate whether the business activity is:

- Continuous through the year, or
- Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS:

3. Indicate whether the facility discharge is:

- Continuous through the year, or
- Seasonal - Circle the months of the year during which the business activity occurs:

J F M A M J J A S O N D

COMMENTS:

4. Does operation shut down for vacation, maintenance, or other reasons?

- Yes, indicate reasons and period when shut down occurs:

No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

PERMIT APPLICATION FORM

6. List types and quantity of chemicals used or planned for use (attach a list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

| Chemical | Quantity |
|----------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

7. **Building Layout** - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. **Number each sewer** and show existing and proposed sampling locations. This drawing **must** be certified by a State Registered Professional Engineer.

A blue print or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I - HAZARDOUS WASTES

1. Are there any hazardous wastes used, stored, or disposed of at your facility?

- Yes, please describe below
 No

SECTION J - POLLUTION PREVENTION (P₂)

Please list any Pollution Prevention (P2) activities that have been adopted by your facility.
Use additional pages if needed.

SECTION K - SPILL PREVENTION

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

Yes No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

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

Yes No If yes: To which location do they discharge? _____

PERMIT APPLICATION FORM

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

- an onsite disposal system
- public sanitary sewer system (i.e., through a floor drain)
- storm drain
- other, specify:
- not applicable, no possible discharge to any of the above routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals and/or a slug discharge control plan to control slug discharges from entering the Control Authority's collection systems?

- Yes - **[please enclose a copy with the application]**
- No
- N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

5. Please describe below any previous spill events and remedial measures taken to prevent their recurrence.

SECTION L - NON-DISCHARGED WASTES

1. Are any waste liquids or sludges generated and **not** disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section L.

| Waste Generated | Quantity (per year) | Disposal Method |
|-----------------|---------------------|-----------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

PERMIT APPLICATION FORM

- 2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

- 3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

- 4. If an outside firm removes any of the above checked wastes, state the name (s) and address (es) of all waste haulers:

a.

b.

Permit No. (If applicable)

Permit No. (If applicable)

- 5. Have you been issued any Federal, State, or local environmental permits?

Yes

No

If yes, please list the permits (s):

SECTION M - COMPLIANCE CERTIFICATION

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes [] No [] Not yet discharging []

2. **If not:**

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technologies or practices being considered in order to bring the facility into compliance.

b. 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.

| Milestone | Completion Date |
|-----------|-----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PERMIT APPLICATION FORM

Authorized Representative Statement

I certify under penalty of law that this document and all attachments were prepared under my direct 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

Signature

Date

Phone