

**El Paso Water Utilities  
Public Service Board**

**Application for Renewal  
Industrial Wastewater Discharge Permit**

**Application for Renewal for Industrial Wastewater Discharge Permit must be completed and submitted to the Industrial Pretreatment office at minimum 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 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 Engineer Associate  
El Paso Water Utilities - Public Service Board  
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**

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



**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 Utilities/Public Service Board  
 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 PSB 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 both 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**

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1. Does the facility referenced in this application currently discharge process (not from restrooms) wastewater to the PSB 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 septic waste hauler(s) you normally use to transport your septic waste or stored sewage. List the company permit numbers where applicable. Contact your hauler 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 planned changes for wastewater discharge, including flows, and an estimated time for commencement and completion of the project.]  
 No

**SECTION E - TREATMENT**

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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  Ion exchange  
 Aeration  pH adjustment / neutralization  
 Centrifuge  Ozonation  
 Chemical precipitation  Reverse osmosis  
 Chlorination  Screening  
 Electrodialysis  Sedimentation  
 Filtration  Solvent separation  
 Flow equalization  Spill protection  
 Grease or oil separation  Biological treatment  
 Grease or sand trap or sump - [Please answer question E6]  Other [specify]
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.  
 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**

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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 Manufacturer's Safety Data Sheets (MSDS) 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**

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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 PSB's sewage collection system?  
 Yes [Please enclose a copy with the application]  
 No [Note, a plan may be required by the PSB prior to discharge permit issuance]
  
6. If applicable, please describe any previous spill events reported to the TNRCC, 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 I - COMPLIANCE**

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1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?  
Yes  - [Please skip to SECTION J]  
No
2. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance?
3. 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 ACTIVITY	DATE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**SECTION J: AUTHORIZATION AND CERTIFICATION**

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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: \_\_\_\_\_