

City of Brownwood  
ATTN: Pretreatment Coordinator  
C/O Director of Public Works  
P.O. Box 1389  
Brownwood, Tx 76804

PERMIT/QUESTIONNAIRE APPLICATION

**Section A – General Information**

A – 1 Company name, mailing address, and telephone number:


A – 2 Address of Facility if different from above:


A – 3 Person authorized to represent this Facility in official/legal dealings with Local, State and Federal Authorities:

Name:
Title:
Phone:

A – 4 An alternate person to contact concerning this Facility:

Name:
Title:
Phone:

A – 5 Identify the type of business conducted (auto repair, restaurant, machine shop, painting, warehousing, etc....):


A – 6 Date operations began at this Facility: \_\_\_\_\_

**\*\*\*NOTE TO SIGNING OFFICIAL\*\*\*** In accordance with Title 40 of the Code of Federal Regulations Part 403, section 403.14, information, and data provided in this permit/questionnaire application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your Facility, the information in this permit/questionnaire application will be used to issue such.

This is to be signed by an authorized official of your Facility after completion of this form and review of the information by the signing official. The authorized representative must meet the following criteria:

- (1) If the user is a corporation, the term “authorized representative of the user” means:
  - a. The president, secretary, treasurer, or a vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or
  - b. The manager of one or more manufacturing, production or operation facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for individual wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) If the user is a partnership or sole proprietorship, the term “authorized representative of the user” means a general partner or proprietor, respectively;
- (3) If the user is a Federal, State, or Local governmental facility, the term “authorized representative of the user” means a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or such official’s designee.

Any of the individuals described in subsections (1) through (3) of this definition may designate another authorized representative, provided that such authorization is in writing, that the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and that the written authorization is submitted to the Director.

I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS DOCUMENT AND ATTACHMENTS. BASED UPON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION REPORTED HEREIN, I BELIEVE THAT THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINES AND/OR IMPRISONMENT.

Print name of signing Official:
Signature of signing Official:
Date:

A – 7 Water/Wastewater supply Information:

Indicate the source of water supply and destination of liquid (sewer) wastes. Check all that apply.

<input type="checkbox"/>	Municipal Water (city)
<input type="checkbox"/>	Private Well
<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Municipal Sewer (city)
<input type="checkbox"/>	Other (specify)

If the Facility is on City water and/or sewer services, provide the name of person and the address of Utility Bill is forwarded to:

Name:
Address:

Account number on City Utility Bill:

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A – 8 Provide a brief description of the services provide by your Facility:


A – 9 North American Industrial Classification System (NAICS CODE) or Standard Industrial Code (SIC) for your Facility. Can be found at [www.naics.com](http://www.naics.com). Click on “Find Your NAICS Code”.

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A – 10 Indicate what type of usage this Facility averages (**check all that apply**). Usage can be determined by checking the consumption on your water bill, measured in thousands (2=2000), or divided by the average number of operating days per month.

TYPE	AVERAGE GALLONS	CIRCLE WHICH ONE APPLIES	
Domestic Wastes (Restrooms, showers, etc.)		Estimate	Measured
Cooling water, non-contact		Estimate	Measured
Boiler, Tower blow-down		Estimate	Measured
Cooling water contact		Estimate	Measured
Process		Estimate	Measured
Equipment/Wash down		Estimate	Measured
Air Pollution Control Unit		Estimate	Measured
Other (specify)		Estimate	Measured

TOTAL GALLONS PER DAY \_\_\_\_\_

A – 11 Wastes are discharged to: (Check all that apply)

TYPE	AVERAGE GALLONS	CIRCLE WHICH ONE APPLIES	
Sanitary Sewer		Estimate	Measured
Storm Sewer		Estimate	Measured
Storm Water Runoff to Sanitary Sewer		Estimate	Measured
Surface Water		Estimate	Measured
Ground Water		Estimate	Measured
Waste Hauler		Estimate	Measured
Evaporation		Estimate	Measured
Other (specify)		Estimate	Measured

TOTAL GALLONS PER DAY \_\_\_\_\_

A – 12 Is a Spill Prevention Control and Countermeasure Plan prepared for the Facility? YES/NO/NA  
If so, enclose a copy of the plan.

A – 13 Has a Baseline Monitoring Report (BMR) and 90-day Compliance Report been submitted for this facility? YES/NO/NA

**Section B – Facility Operation Characteristics**

B – 1 Number of shifts worked per 24 hour day \_\_\_\_\_  
Average number of employees per shift \_\_\_\_\_

B – 2 Hours of Facility operation: \_\_\_\_\_ to \_\_\_\_\_  
Indicate days that are non-process, (days that normal production or service work does not occur)

Are there days that are designated as clean up or wash down days? YES/NO/NA  
If so, list those days: \_\_\_\_\_

B – 3 Products used or produced at your Facility:


By-Products produced:


B – 4 Raw materials, Chemicals, Process Additives used:


B – 5 List those products that have the potential to be discharged to the sanitary sewer system. For each product that enters or has the potential to enter the sanitary sewer system, include the SDS (safety data sheet) and a completed product use information sheet.


B – 6 Discharge of liquid wastes:

Process Description	Expected times of discharge (start time to end time)	Average Daily Volume (gal/day)	Maximum Daily Volume (gal/day)	Type of Discharge (batch or continuous)

If batch discharges occur: \_\_\_\_\_ Average number of batches per 24 hours  
 \_\_\_\_\_ Time/day of batch discharges

B – 7 Is production and/or service work subject to seasonal variation? YES/NO/NA

B-8 Indicate production levels for the past calendar year and estimates for the current calendar year:

Type of Product or Brand Name	Past Calendar Year Daily Quantities (with		Estimate This Calendar Year Daily Quantities (with units)	
	Average	Maximum	Average	Maximum

B – 9 Any process changes/expansions planned in the next three years? YES/NO/NA  
 If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

B – 10 Enclose a site plan, with details to show all sewer, sewer connections, drains, equipment connected to the water supply or sewer, location of all chemical storage areas, underground and above ground storage tanks, location of backflow prevention devices.

**Section C – Wastewater Information**

C – 1 If your Facility processes in any of the 34 Industrial categories or business activities listed below and any of these processes generate wastewater or sludge, **check all that apply**.

ALUMINUM FORMING	LEATHER TANNING AND FINISHING
BATTERY MANUFACTURING	METAL FINISHING
CAN MAKING	NONFERROUS METALS FORMING AND METAL POWDERS
CARBON BLACK	NONFERROUS METALS MANUFACTURING
CENTRALIZED WASTE TREATMENT	OIL AND GAS EXTRACTION
COAL MINING	ORGANIC CHEMICALS, PLASTICS, AND SYNTHETIC FIBERS
COIL COATING	PAINT FORMULATING
CONCENTRATED ANIMAL FEEDING (CAFO)	PAVING AND ROOFING MANUFACTURING
COPPER FORMING (Part 468)	PESTICIDE CHEMICALS
ELECTRICAL AND ELECTRONIC COMPONENTS	PETROLEUM REFINING
ELECTROPLATING	PHARMACEUTICAL MANUFACTURING
FERTILIZER MANUFACTURING	PORCELAIN ENAMEL
FOUNDRIES (METAL MOLDING AND CASTING)	PULP, PAPER, AND PAPERBOARD
GLASS MANUFACTURING	RUBBER
GRAIN MILLS	SOAP AND DETERGENT MANUFACTURING
INK FORMULATING	STEAM ELECTRIC GENERATION
INORGANIC CHEMICALS	TIMBER PRODUCTS PROCESSING
IRON AND STEEL	TRANSPORTATION EQUIPMENT CLEANING
	WASTE COMBUSTERS

If your facility employs or will be employing processes in any of the industrial categories or business activities listed above (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity.

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards, 40 CFR Chapter I, Subchapter N, Parts 405-471. These facilities are termed "categorical users."

If checked any of the above, please fill out ALL of Section A, B, and C on Priority Pollutants in Section C-6.

Other business activity:

DAIRY PRODUCTS	FOOD & EDIBLE PRODUCTS
SLAUGHTER/MEAT PACKING/RENDERING	BEVERAGE BOTTLER

C – 2 **For Categorical Industrial Users (CIUs)** subject to Total Toxic Organics (TTO) requirements, does (or will) the facility use any of the toxic organics that are listed under the TTO list of applicable categorical pretreatment standards published by the United States Environmental Protection Agency?

Yes  No

C – 3 Pretreatment devices/processes used for handling and/or treating wastewater or sludge:  
 Check all that apply.

	DEVICE	TYPE AND SIZE IF APPLICABLE
<input type="checkbox"/>	AIR FLOTATION	
<input type="checkbox"/>	CENTRIFUGE	
<input type="checkbox"/>	CHEMICAL PRECIPITATION	
<input type="checkbox"/>	CHLORINATION	
<input type="checkbox"/>	CYCLONE	
<input type="checkbox"/>	FILTRATION	
<input type="checkbox"/>	FLOW EQUALIZATION	
<input type="checkbox"/>	GREASE & OIL SEPARATION	
<input type="checkbox"/>	GREASE TRAP	
<input type="checkbox"/>	GRIT REMOVAL	
<input type="checkbox"/>	ION EXCHANGE	
<input type="checkbox"/>	NEUTRALIZATION, pH ADJUSTMENT	
<input type="checkbox"/>	OZONATION	
<input type="checkbox"/>	REVERSE OSMOSIS	
<input type="checkbox"/>	SCREEN	
<input type="checkbox"/>	SEDIMENTATION	
<input type="checkbox"/>	SEPTIC TANK	
<input type="checkbox"/>	SOLVENT SEPARATION	
<input type="checkbox"/>	SPILL PROTECTION	
<input type="checkbox"/>	SUMP	
<input type="checkbox"/>	BIOLOGICAL TREATMENT	
<input type="checkbox"/>	RAINWATER DIVERSION OR STORAGE	
<input type="checkbox"/>	OTHER CHEMICAL TREATMENT	
<input type="checkbox"/>	OTHER PHYSICAL TREATMENT	
<input type="checkbox"/>	OTHER (SPECIFY)	
<input type="checkbox"/>	NO PRETREATMENT PROVIDED	

YES/NO/NA (circle one) Backflow prevention device was tested?

Date \_\_\_\_\_ Backflow prevention device was tested. (Enclose copies of tests)

C – 4 If any wastewater analysis has been performed on the wastewater discharge from your facility that has not been previously submitted, attach a copy of the most recent data with this questionnaire/application. Be sure to include the date of the analysis, name of laboratory, chain of custody, and location(s) from which sample(s) were taken. Attach sketch, plans, etc.....

C-5 Best Management Practices

Check if your application will include the submittal of one of the following Best Management Practices (BMP) for approval:

<input type="checkbox"/>	TOXIC ORGANIC MANAGEMENT PLAN	SLUG DISCHARGE CONTROL PLAN
<input type="checkbox"/>	OTHER POLLUTION PREVENTION ALTERNATIVE:	

Note: In order to apply for approval to utilize a BMP in lieu of sampling for certain compounds, the BMP must be submitted with this application.

**PRIORITY POLLUTANTS INFORMATION MUST BE COMPLETED FOR ALL FACILITES ON THESE NEXT PAGES!**

C-6 Priority Pollutant Information:

Indicate by placing an (X) in the appropriate box by each listed chemical whether it is “KNOWN PRESENT”, “SUSPECTED PRESENT”, “KNOWN ABSENT”, or “SUSPECTED ABSENT”, in manufacturing, service activity or generated as a by-product.

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
<b>A. Priority Pollutants</b>				
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				
1,1,2,2-Tetrachloroethane				
Chloroethane				
Bis(2-chloroethyl)ether				
2-Chloroethyl vinyl ether				
2-Chloronaphthalene				
2,4,6-Trichlorophenol				
Parachlorometa cresol				
Chloroform				
2-Chlorophenol				
1,2-Dichlorobenzene				
1,3-Dichlorobenzene				
1,4-Dichlorobenzene				
3,3-Dichlorobenzidine				
1,1-Dichloroethylene				
1,2-Trans-dichloroethylene				
2,4-Dichlorophenol				
1,2-Dichloropropane				
1,2-Dichloropropylene				
2,4-Dimethylphenol				
2,4-Dinitrotoluene				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
2,6-Dinitrotoluene				
1,2-diphenylhydrazine				
Ethylbenzene				
Fluoranthene				
4-Chlorophenyl phenyl ether				
4-Bromophenyl phenyl ether				
Bis(2-chloroisopropyl)ether				
Bis(2-chloroethoxy)methane				
Methylene chloride				
Methyl chloride				
Methyl bromide				
Bromoform				
Dichlorobromomethane				
Chlorodibromomethane				
Hexachlorobutadiene				
Hexachlorocyclopentadiene				
Isophorone				
Naphthalene				
Nitrobenzene				
2-Nitrophenol				
4-Nitrophenol				
2,4-Dinitrophenol				
4,6-Dinitro-o-cresol				
N-Nitrosodimethylamine				
N-Nitrosodiphenylamine				
N-Nitrosodi-n-propylamine				
Pentachlorophenol				
Phenol				
Bis(2-ethylhexyl)phthalate				
Butyl benzyl phthalate				
Di-n-butyl phthalate				
Di-n-octyl phthalate				
Diethyl phthalate				
Dimethyl phthalate				
Benzo(a)anthracene				
Benzo(a)pyrene				
3,4-Benzofluoranthene				
Benzo(k)fluoranthene				
Chrysene				
Acenaphthylene				
Anthracene				
Benzo(ghi)perylene				
Fluorene				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
Phenanthrene				
Dibenzo(a,h)anthracene				
Indeno(1,2,3-cd)pyrene				
Pyrene				
Tetrachloroethylene				
Toluene				
Trichloroethylene				
Vinyl chloride				
Aldrin				
Dieldrin				
Chlordane				
4,4-DDT				
4,4-DDE				
4,4-DDD				
Alpha-Endosulfan				
Beta-Endosulfan				
Endosulfan sulfate				
Endrin				
Endrin aldehyde				
Heptachlor				
Heptachlor epoxide				
Alpha-BHC				
Beta-BHC				
Gamma-BHC (Lindane)				
Delta-BHC				
PCB-1016				
PCB-1221				
PCB-1232				
PCB-1242				
PCB-1248				
PCB-1254				
PCB-1260				
Toxaphene				
Antimony				
Arsenic				
Asbestos				
Beryllium				
Cadmium				
Chromium				
Copper				
Cyanide				
Lead				
Mercury				
Nickel				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
Selenium				
Silver				
Thallium				
Zinc				
2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)				
<b>B. Toxic Pollutants Regulated under 30 TAC 307</b>				
Aluminum				
Barium				
Bis(chloromethyl)ether				
Carbaryl				
Chlorpyrifos				
Cresols				
2,4-D				
Danitol				
Demeton				
Diazinon				
Dicolfol				
Dioxin/Furans				
Diuron				
Fluoride				
Guthion				
Hexachlorophene				
Malathion				
Methoxychlor				
Methyl Ethyl Ketone				
Mirex				
Nitrate-Nitrogen				
N-Nitrosodiethylamine				
N-Nitro-di-n-butylamine				
Nonylphenol				
Parathion				
Pentachlorobenzene				
Pyridine				
1,2-Dibromoethane				
1,2,4,5-Tetrachlorobenzene				
2,4,5-TP (Silvex)				
Tributyltin				
2,4,5-Trichlorophenol				
TTHM (Total Trihalomethanes)				
<b>C. Pollutants in 40 CFR Part 122, Appendix D, Table 5</b>				
Acetaldehyde				
Allyl alcohol				
Allyl chloride				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
Amyl acetate				
Aniline				
Benzonitrile				
Benzyl chloride				
Boron				
Bromide				
Butyl acetate				
Butylamine				
Captan				
Carbazole				
Carbofuran				
Carbon disulfide				
Chlorine				
Cobalt				
Coumaphos				
Crotonaldehyde				
Cyclohexane				
N-Decane				
Dicamba				
Dichlobenil				
Dichlone				
2,2-Dichloropropionic acid				
Dichlorvos				
Diethyl amine				
Dimethyl amine				
Dinitrobenzene				
Diquat				
Disulfoton				
Epichlorohydrin				
Ethion				
Ethylene diamine				
Ethylene dibromide				
Formaldehyde				
Furfural				
Iron				
Isoprene				
Isopropanolamine Dodecylbenzenesulfonate				
Kepone				
Magnesium				
Manganese				
Mercaptodimethur				
Methyl mercaptan				
Methyl methacrylate				
Methyl parathion				

CHEMICAL COMPOUND	KNOWN PRESENT	SUSPECTED PRESENT	KNOWN ABSENT	SUSPECTED ABSENT
Mevinphos				
Mexacarbate				
Molybdenum				
Monoethyl amine				
Monomethyl amine				
Naled				
Napthenic acid				
Nitrotoluene				
Phenolsulfanate				
Phosgene				
Propargite				
Propylene oxide				
Pyrethrins				
Quinoline				
Resorcinol				
Strontium				
Strychnine				
Styrene				
Tin				
Titanium				
2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)				
TDE (Tetrachlorodiphenylethane)				
Trichlorofan				
Triethanolamine dodecylbenzenesulfonate				
Triethylamine				
Trimethylamine				
Uranium				
Vanadium				
Vinyl acetate				
Xylenes				
Xylenol				
Zirconium				

**Section D – Other Wastes**

D – 1 Are any liquid wastes or sludges from this facility disposed of by means other than discharge to the sewer system? YES/NO

D – 2 These wastes may be best described as: (check all that apply)

X	WASTE	ESTIMATE GALLONS/POUNDS PER YEAR
	Acids/Alkalis	
	Grit/Sand	
	Heavy Metal Sludges	

	Ink/Dyes	
	Oil and/or Grease	
	Organic Compounds	
	Paints	
	Pesticides	
	Plating Wastes	
	Sludges	
	Solvents/Thinners	
	Other hazardous wastes (specify)	
	Other wastes (specify)	

D – 3 For the above checked wastes, does your facility practice any of the following?

	On site storage		Off site storage
	On site disposal		Off site disposal

Briefly describe the method(s) of storage or disposal checked.


D – 4 Provide Name, Address, Phone number and Registration number for all Waste Haulers (including garbage pickup) used by your facility.


Attach a copy of the manifests for any wastes that were picked up from your facility in the PREVIOUS SIX MONTHS. (Grease traps, oil filters, solvent cleaners, oils, etc.)

D – 5 Are there any underground or above ground storage tanks located on the facility property? YES/NO  
 \_\_\_ Underground                      \_\_\_ Above ground                      (check one if applicable)

If yes, provide location, size, and Texas Commission on Environmental Quality or Railroad Commission Registration number, if registered. Attach a sketch or plan.


Release detection system (for underground storage tanks)? YES/NO

**Section E – Regulation Information**

E – 1 Are you presently regulated by any State or Federal Agency? YES/NO

If so, provide the name of the Agency, permit number (if applicable) and the contact person for the Agency. (EX. Storm water, Air, etc.)


E – 2 Submit the following documents along with this Questionnaire/Application. Indicated in bold are **REQUIRED** documents for every facility.

	<b>Site Plan</b>
	Wastewater Analysis
	<b>SDS sheets for products that do, or have the potential to enter the sanitary sewer</b>
	<b>Manifests for any wastes hauled in the previous 6 months</b>
	Backflow preventor test report
	Spill Prevention Plan
	<b>Planned expansion or process change plans</b>