Wastewater Discharge Permit Application

This application is required in conjunction with any proposed discharge of industrial wastewater to the City of Lockhart's (City) sanitary sewer system. All sections of this application must be completed before it will be accepted by the City. Unauthorized revisions to or modifications of this form may invalidate the application.

Completing this application will meet the Baseline Monitoring Requirements for Significant Industrial Users. Automotive repair shops, analytical laboratories, bakeries, carwashes, daycare facilities, doctor & dentist offices, grocery stores, laundry facilities, restaurants (& similar food service establishments), schools, photo processors, print shops and silk screen operations may instead complete a **Wastewater Discharge Permit Application For General Industrial Users** if the proposed processes are not subject to federal categorical pretreatment standards **and** if the expected discharge rate is less than 10,000 gallons per day. Applicants proposing to discharge wastes from remediation project activities must instead complete the **Wastewater Discharge Permit Application for Remediation Projects**. The proposed discharge of any process wastewater from a descale operator fixed-site facility would require the completion of the enclosed application in addition to the completion of an **Application For Temporary Descale Permit** for each site at which a descale operation will be conducted (this temporary permit application is required whether the descale operator fixed-site facility includes a wastewater discharge or not).

For assistance, call the Wastewater Department, Monday-Friday during normal business hours at (512) 398-3615. All of the applications noted above are available on the city website at: http://www.lockhart-tx.org

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Mail completed application to:

City of Lockhart
Water/Wastewater Superintendent
PO Box 239
Lockhart, Texas 78644

A. Identifying Information

Operator Information (operates the facility described in the application)			
Name (legal name of person, company or entity)		Title (if applicable)	
Address of Site Discharging Wastewater		**Business Mailing Address**	
Site Address		Mailing Address	
City, State	Zip Code	City, State	Zip Code

Owner Information (owns the facility described in the application)			
Name (legal name of person, company or entity)		Title (if applicable) ( ) - ext.	
E-mail Address		Telephone No. ( ) - ext.	
Mailing Address		24-Hour Emergency Phone Number ( ) -	
City, State	Zip Code	Fax Number	

Contact Information			
Name (person)		Title ( ) - ext.	
E-mail Address		Telephone No. ( ) - ext.	
Mailing Address		24-Hour Emergency Phone Number ( ) -	
City, State	Zip Code	Fax Number	

If the operator is not the owner of the facility, submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility and attach to this application as **Exhibit H.**

B. General Information

1. Indicate pertinent identification numbers and permits (attach additional sheets if necessary):

Standard Industrial Classification (SIC):	(1°)
Standard Industrial Classification (SIC):	(2°)
Standard Industrial Classification (SIC):	(3°)
Standard Industrial Classification (SIC):	(4°)
Water Source (i.e. private well, municipal water utility, etc.):	
Water Service Provider:	
Wastewater Service Provider:	
Wastewater Service Acct. Number:	
Water Meter Number(s):	
Wastewater Discharge Permit:	Permit No.
Other Environmental Control Permits Issued for the Applicant Site	
TCEQ Notice of Registration:	Permit No.
TCEQ Stormwater Permit:	Permit No.
TCEQ Air Emissions Permit:	Permit No.
Stormwater Permit:	Permit No.
Hazardous Materials Permit:	Permit No.
Permit Type:	Permit No.
Permit Type:	Permit No.
Permit Type:	Permit No.
Permit Type:	Permit No.

2. Identify an authorized representative and, if applicable, a duly authorized representative as the designated signatory authority of the facility.

   The authorized representative may be:

   a. A responsible corporate officer, if the industrial user submitting the reports required by this permit is a corporation. For the purposes of this section, a responsible corporate officer means:

      1.) A president, secretary, treasurer, or 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

      2.) The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned to the manager in accordance with corporate procedures.

   b. A general partner or proprietor, if the industrial user submitting reports required by this permit is a partnership or sole proprietorship, respectively.

   c. By the director or highest official appointed or designated to oversee the operations of the facility, if the industrial user submitting reports required by this permit is a federal, state or local government entity or other institutional organization (i.e. churches, schools, non-profit agencies...etc.).

The duly authorized representative may be a person specified by the authorized representative identified below if the specified person holds a position with responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

Authorized Representative		
Printed Name		Signature ( ) - ext.
Title		Telephone No. ( ) - ext.
Mailing Address ,		24-Hour Emergency Phone Number ( ) -
City, State	Zip Code	Fax Number

Duly Authorized Representative		
Printed Name		Signature ( ) - ext.
Title		Telephone No. ( ) - ext.
Mailing Address ,		24-Hour Emergency Phone Number ( ) -
City, State	Zip Code	Fax Number

C. Business Activity

1. Identify the type of business, activity or service conducted at this facility. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):

2. 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 With Categorical Standards

- ☐ Dairy Products Processing (Part 405)
- ☐ Grain Mills (Part 406)
- ☐ Canned & Preserved Fruits and Vegetables Processing (Part 407)
- ☐ Canned & Preserved Seafood Processing (Part 408)
- ☐ Sugar Processing (Part 409)
- ☐ Textile Mills (Part 410)
- ☐ Cement Manufacturing (Part 411)
- ☐ Concentrated Animal Feeding Operations (CAFO) (Part 412)
- ☐ Electroplating (Part 413)
- ☐ Organic Chemicals, Plastics, & Synthetic Fibers (Part 414)
- ☐ Inorganic Chemicals Manufacturing (Part 415)
- ☐ Soap & Detergent Manufacturing (Part 417)
- ☐ Fertilizer Manufacturing (Part 418)
- ☐ Petroleum Refining (Part 419)
- ☐ Iron & Steel Manufacturing (Part 420)
- ☐ Nonferrous Metals Manufacturing (Part 421)
- ☐ Phosphate Manufacturing (Part 422)
- ☐ Steam Electric Power Generating (Part 423)
- ☐ Ferroalloy Manufacturing (Part 424)
- ☐ Leather Tanning & Finishing (Part 425)
- ☐ Glass Manufacturing (Part 426)
- ☐ Asbestos Manufacturing (Part 427)
- ☐ Rubber Manufacturing (Part 428)
- ☐ Timber Products Processing (Part 429)
- ☐ Pulp, Paper, & Paperboard (Part 430)
- ☐ Builders' Paper & Paperboard Mills (Part 431)
- ☐ Meat Products (Part 432)
- ☐ Metal Finishing (Part 433)
- ☐ Coal Mining (Part 434)
- ☐ Oil & Gas Extraction (Part 435)
- ☐ Mineral Mining & Processing (Part 436)
- ☐ Centralized Waste Treatment (Part 437)
- ☐ Metal Products & Machinery (Part 438)
- ☐ Pharmaceutical Manufacturing (Part 439)
- ☐ Ore Mining & Dressing (Part 440)
- ☐ Transportation Equipment Cleaning (Part 442)
- ☐ Paving & Roofing Materials (Tars and Asphalt) (Part 443)
- ☐ Waste Combustors (Part 444)
- ☐ Landfills (Part 445)
- ☐ Paint Formulating (Part 446)
- ☐ Ink Formulating (Part 447)
- ☐ Concentrated Aquatic Animal Production (Part 451)
- ☐ Gum & Wood Chemicals Manufacturing (Part 454)
- ☐ Pesticide Chemicals (Part 455)
- ☐ Explosives Manufacturing (Part 457)
- ☐ Carbon Black Manufacturing (Part 458)
- ☐ Photographic (Part 459)
- ☐ Hospitals (Part 460)
- ☐ Battery Manufacturing (Part 461)
- ☐ Plastics Molding & Forming (Part 463)
- ☐ Metal Molding & Casting (Part 464)
- ☐ Coil Coating (Part 465)
- ☐ Porcelain Enameling (Part 466)
- ☐ Aluminum Forming (Part 467)
- ☐ Copper Forming (Part 468)
- ☐ Electrical & Electronic Components (Part 469)
- ☐ Nonferrous Metals Forming & Metal Powders (Part 471)
- ☐ Other:_____

A facility with processes inclusive in these business areas may be covered by the United States Environmental Protection Agency's (EPA) categorical pretreatment standards. Refer to the above referenced parts of Chapter 40 of the Code of Federal Regulations to determine if such regulations apply to your facility. Such facilities are termed "categorical users."

3. 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 units)		Estimate This Calendar Year Daily Quantities (with units)	
	Average	Maximum	Average	Maximum

4. Provide the following information regarding the number of employees working at the facility:

	1st Shift	2nd Shift	3rd Shift	Other
	start time:	start time:	start time:	start time:
	end time:	end time:	end time:	end time:
	Approximate Number of Employees per Shift			
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

5. Is the business activity continuous throughout the year?

☐ Yes ☐ No

If no, indicate below the months of the year during which the business activity occurs:

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

☐ Yes ☐ No

If yes, indicate the reasons and periods when shutdown occurs:

D. Water Use Information

List average water usage on the premises in gallons per day (new facilities may use estimates):

Water Use		Average Water Usage (GPD)	Estimated or Measured? (E or M)
Process			
Contact Cooling Water			
Non-contact Cooling Water			
Boiler Feed			
Water Contained in Product			
Sanitary Wastes (restrooms, employee showers, etc.)			
Air Pollution Control			
Plant and Equipment Washdown			
Storm Water Runoff to Sanitary Sewer			
Irrigation and Lawn Watering			
Reclaimed Water			
Others			
Grand Total			

E. Sewer Information

1. Indicate all wastewater disposal methods employed (check all that apply):

Type of Discharge		Average Discharge Flow (GPD)	Estimated or Measured? (E or M?)
☐ Sanitary Sewer			
☐ Storm Sewer			
☐ Surface Water			
☐ Ground Water			
☐ Septic Tank			
☐ Waste Haulers			
Others	☐		
	☐		
	☐		
	☐		
Grand Total			

2. List size, location of connection, and estimated flow of each building sewer that connects to the City of Lockhart sanitary sewer system. (If more than five, attach additional information on another sheet).

Sewer Size (inches)	Descriptive Location of Sewer Connection or Discharge Point	Average Discharge Flow (GPD)

F. Wastewater Discharge Information

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

☐ Yes ☐ No

If yes, complete the remainder of this application. If no, skip to **Section J, Non-Discharged Wastes.**

2. Provide the following information on wastewater discharges (new facilities may estimate).

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday
Average Discharge Duration (Number of Hours per Day)								
Maximum Discharge Duration (Number of Hours per Day)								
Wastewater Discharge Start Time								
Wastewater Discharge End-Time								

Proposed duration of wastewater discharge permit: _____

Number of days per year on which discharge occurs or will occur: _____

Peak Hourly Flow Rate (GPM): _____

Maximum Daily Flow Rate (GPD): _____

3. Does or will the facility discharge throughout the year?

☐ Yes ☐ No

If no, indicate below the months of the year during which discharge occurs:

4. Provide the following information specific to batch discharges (batch discharges are intentional, controlled discharges that occur as the result of non-continuous operations) if they occur or will occur. New facilities may use estimates:

Number of batch discharges per day: _____

Average discharge volume per batch (gallons): _____

Discharge times (day(s) of the week & hours of the day): _____

Flow rate (gpm): _____

Percent of total discharge (volume of daily batch discharges ÷ total daily discharge): _____

5. Provide the wastewater discharge flows for each of your processes or proposed processes. Include the Identification (ID) Number from a schematic block flow process diagram that corresponds to each process (New facilities should provide estimates for each discharge). The ID numbers must correspond to the ID numbers used in **Exhibits A, B &C**.
Categorical Users must enter the appropriate letter for the *Stream Type* as follows:

R = Categorically Regulated Process Stream (defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard).

U = Unregulated process stream (defined as a wastestream from an industrial process that is not regulated by a categorical pretreatment standard and is not defined as a dilution wastestream).

D = Dilution wastestream [includes sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams and process wastestreams from certain industrial categories exempted by the US Environmental Protection Agency from categorical pretreatment standards—for further details see 40 CFR 403.6 (e)].

ID No.	Process Description	Stream Type	Average Flow (GPD)	Maximum Flow (GPD)	Estimated or Measured (E or M)?	Discharge Type (none, batch or continuous)

6. For Categorical Users subject to total toxic organic (TTO) requirements (refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application.

Provide the following TTO information

a. Does (or will) this facility use any of the toxic organics listed under the applicable TTO standards published by the EPA in 40 CFR 413 through 699 (categorical pretreatment standards).

☐ Yes ☐ No

b. Has a Baseline Monitoring Report (BMR) containing TTO information been submitted to EPA, TCEQ, the City, or wholesale wastewater customer of the City ?

☐ Yes ☐ No

c. Has a Toxic Organics Management Plan (TOMP)/ Solvent Management Plan (SMP) been developed?

☐ Yes ☐ No

If yes, submit a copy and attach .

If no, the applicant may develop and submit a TOMP/SMP as noted above for possible reduced TTO sampling requirements [this option is available to regulated industrial users in the Electroplating, Metal Finishing, and Electrical and Electronic Components (both Phase I and Phase II) categories].

7. Indicate the presence or planned installation of the following equipment at the facility.

	Flow Metering Equipment		Sampling Equipment	
Is this equipment currently in place?	☐ Yes	☐ No	☐ Yes	☐ No
Will this equipment be installed?	☐ Yes	☐ No	☐ Yes	☐ No

If applicable, indicate the present or future location of this equipment on **Exhibit A** and describe the model and type of equipment below along with planned installation date:

8. 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

Describe these changes and their anticipated effects on the wastewater volume and characteristics in **Exhibit D.**

9. Describe below any previous spill events and remedial measures taken to prevent their reoccurrence (attach additional pages if necessary as an addendum to **Exhibit E**).

10. Are any reclamation systems in use or planned for wastes or wastewater that are currently disposed of or discharged?

☐ Yes ☐ No

Briefly describe the recovery process, wastes recovered, and percent recovered. Submit a flow diagram for each process as required in **Exhibit B**:

G. Characteristics of Discharge

The purpose of this section is to determine if any wastestreams require pretreatment and if existing or proposed pretreatment systems are adequate. Any wastewater analytical data submitted must be based on 40 CFR Part 136 approved test methods.

For new industrial users that do not have access to site specific analytical data, historical data from another business with a similar process or other evidence documenting the potential waste concentrations may be accepted as long as the information is sufficient to determine the need for pretreatment.

Those significant industrial users currently operating under a valid City of Austin Wastewater Discharge Permit may reference a recent self-monitoring report in lieu of completing the Pollutant Data Sheets below and **Exhibit G** if each of the following five conditions is met:

- The referenced report contains analytical results that are representative of proposed discharges;
- The referenced report includes data for each pollutant that could reasonably be expected to be present in the discharge;
- The data referenced in the report is less than three years old;
- Current plans do not include changes to existing processes; **AND**
- Current plans do not include the addition of new processes.

Reference the self-monitoring report submitted on [date(s)]: _____

1. **End-of-Pipe:** The following Pollutant Data Sheets must be used to describe the characteristics of the wastewaters that are currently discharged or proposed to be discharged at the End-of-Pipe outfall. Analytical data from at least two samples should be submitted for all of the pollutants listed on the following Pollutant Data Sheet that could reasonably be expected to be present in the combined discharge from the facility.

   Under the column "Average of Analysis", indicate NA (not applicable) for those pollutants that are known to be absent from all manufacturing and/or service activity and are not generated as a byproduct.

2. **End-of-Process (Categorical Industrial Users Only):** Analytical data for each End-of-Process outfall for which a categorical pretreatment standard may apply must be submitted for each potentially regulated pollutant (refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application—links to the Code of Federal Regulations are available.

Pollutant Data Sheet

End-of-Pipe Sampling Location (Outfall ID): _____

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Acenaphthene									
Acenaphthylene									
Acrolein									
Acrylonitrile									
Aldrin									
Anthracene									
Benzene									
Benzidine									
Benzo (a) anthracene									
Benzo (a) pyrene									
Benzo (b) fluoranthcene									
Benzo (g, h, i) perylene									
Benzo (k) fluoroanthene									
Alpha-BHC									
Beta-BHC									
Delta-BHC									
Gamma-BHC									
Bis (2-chloroethyl) ether									
Bis (2-chloroethoxy) methane									
Bis (2-chloroisopropyl) ether									
Bis (2-ethylhexyl) phthalate									
Bromodichloromethane									
Bromoform									
Bromomethane									
4-Bromophenylphenyether									
Butylbenzyl phthalate									
Carbon tetrachloride									
Chlordane									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): _____

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
4-Chloro-3-methylphenol									
Chlorobenzene									
Chloroethane									
2-Chloroethylvinyl ether									
Chloroform									
Chloromethane									
2-Chloronaphthalene									
2-Chlorophenol									
4-Chlorophyenyl-phenylether									
Chrysene									
4,4;-DDD									
4,4'-DDE									
4,4'-DDT									
Dibenzo (a,h) anthracene									
Dibromochloromethane									
1,2-Dichlorobenzene									
1,3-Dichlorobenzene									
1,4-Dichlorobenzene									
3,3'-Dichlorobenzidine									
1,1-Dichloroethane									
1,2-Dichloroethane									
1,1-Dichloroethene									
Trans-1,2-dichloroethene									
2,4-Dichlorophenol									
1,2-Dichloropropane									
Cis-1,3-Dichloropropene									
Trans- 1,3-Dichloropropene									
Dieldrin									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): _____

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Diethyl Phthalate									
2,4-Dimethyphenol									
Dimethyl Phthalate									
Di-n-butylphthalate									
Di-n-octylphthalate									
4,6-Dinitro-2-methylphenol									
2,4-Dinitrophenol									
2,4-Dinitrotoluene									
2,6-Dinitroltoluene									
1,2-Diphenylhydrazine									
Alpha-Endosulfan									
Beta-Endosulfan									
Endosulfan Sulfate									
Endrin									
Endrin aldehyde									
Ethylbenzene									
Fluoranthene									
Fluorene									
Heptachlor									
Heptachlor epoxide									
Hexachlorobenzene									
Hexachlorobutadiene									
Hexachloro-cyclopentadiene									
Hexachloroethane									
Indeno (1,2,3-cd) pyrene									
Isophorone									
Methylene Chloride									
Naphthalene									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): _____

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
Nitrobenzene									
2-Nitrophenol									
4-Nitrhophenol									
N-Nitrosodimethylamine									
N-Nitrosodi-n-propylamine									
N-Nitrosodiphenylamine									
PCB-1016									
PCB-1221									
PCB-1232									
PCB-1242									
PCB-1248									
PCB-1254									
PCB-1260									
Pentachlorophenol									
Phenanthrene									
Phenol									
Pyrene									
1,1,2,2-Tetrachloroethane									
Tetrachloroethene									
Toluene									
Toxaphene									
1,2,4-Trichlorobenzene									
1,1,1-Trichloroethane									
1,1,2-Trichloroethane									
Trichloroethene									
2,4,6-Trichlorophenol									
Vinyl Chloride									

Pollutant Data Sheet (continued)

End-of-Pipe Sampling Location (Outfall ID): _____

Pollutant	Method ID	Detection Level Used	Number of Analyses	Maximum Daily Value		Average of Analyses		Units	
				Conc.	Mass	Conc.	Mass	Conc.	Mass
pH									
Aluminum									
Antimony									
Arsenic									
Barium									
Boron									
Cadmium									
Chloride									
Chromium									
Copper									
Cyanide									
Fats, Oils, & Greases (FOG)									
Fluoride									
Lead									
Manganese									
Mercury									
Molybdenum									
Nickel									
Phosphorous									
Phosphate									
Selenium									
Silver									
Sulfate									
Thallium									
Total Dissolved Solids									
Zinc									

H. Treatment

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

☐ Yes ☐ No

If no, skip to **Section I**.

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

☐ Yes ☐ No

If yes, describe in **Exhibit D.**

3. Treatment devices or processes used or proposed for treating wastewater or sludge prior to discharge or disposal (Check all that apply).

- ☐ 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, _____
- ☐ Rainwater diversion or storage
- ☐ Other chemical treatment, type: _____
- ☐ Other physical treatment, type: _____
- ☐ Other, type: _____
- ☐ Best Available Technology used for Pretreatment (describe in **Exhibit C**)
- ☐ Best Management Practices used for Pretreatment (describe in **Exhibit C**)

4. Does the facility have one or more wastewater treatment plant operators?

☐ Yes ☐ No

If yes, include the following information:

Primary Wastewater Treatment Operator

Name	Title
( ) - ext.	
Telephone No.	Working Hours (e.g. Mon-Fri, 9:00 AM to 5:00 PM)

Secondary Wastewater Treatment Operator

Name	Title
( ) - ext.	
Telephone No.	Working Hours (e.g. Mon-Fri, 9:00 AM to 5:00 PM)

5. Does the facility have a manual on the operation of the wastewater treatment system?

☐ Yes ☐ No

6. Does the facility have a written maintenance schedule for the wastewater treatment equipment?

☐ Yes ☐ No

7. Does the facility have a wastewater treatment plant operator-training program?

☐ Yes ☐ No

If No to questions 4, 5, 6, or 7 above, explain:

I. Raw Materials and Chemicals Used

Provide the following information regarding the raw materials and chemicals used in the processes (attach additional sheets if necessary):

Brand Name	Chemical or Actual Name	Purpose	Daily Quantities Used		Quantity Stored On-site (gal)
			Avg.	Max.	

J. Non-Discharged Wastes

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

☐ Yes ☐ No

If yes, provide the information requested in the two tables below as follows (add additional lines as necessary):

Examples of type of waste/substances includes alkaline cleaners, organic solvents, treatment sludges, caustics, distillation residues, reactive materials, pesticides, plating solutions, and heavy metals hauled off-site for disposal or reclamation. Under the column *Means of Removal,* enter the type of firm or facility that removes or accepts these materials from your site. Under the column *Off-site Disposal,* enter yes if the waste substances are disposed of off-site, no if they are disposed of on-site (i.e. septic system, lagoon, evaporative equipment).

ID	Type of Waste/Substance	Means of Removal	Off-site Disposal?	Frequency	Quantity (per year)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					

Under the column *ID,* enter the ID number corresponding to the Type of Waste/Substance noted in the table above. Use multiple ID numbers if one transporter is used to dispose of more than one waste type. Under the column *Transporter Permit No.*, enter the TCEQ permit number for the transporter used to remove the waste substances from the site (if applicable). Under the column *Disp. Facility Permit No.*, enter the US Environmental Protection Agency permit number for the facility used for final disposal of the waste substances from the site. Under the column *CWT,* enter yes if the disposal facility is a centralized waste treatment facility. Enter no if not.

ID	Transporter Name	Transporter Permit No.	Disposal Facility Name	Disp. Facility Permit No.	CWT ?

K. Supporting Exhibits

Attach the following exhibits and submit with the permit application:

Exhibit A: **Building Layout:** Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, flow meters, storm drains, numbered unit processes (as noted in the table in Section F.5 above), public sewers, and each facility sewer line connected to the public sewers. Show all existing and proposed sampling locations and sampling equipment. A blueprint or drawing of the facilities showing the above items may be acceptable.

Exhibit B: **Schematic Block Flow Process Diagram:** For each major activity in which wastewater is or will be generated, submit a schematic block flow process diagram of the processes showing the flow of raw materials, products, water, and wastewater from the start of the activity to its completion. Indicate which processes use water and which generate wastestreams. Label each unit process that has a wastewater discharge to the sanitary sewer system using the ID Numbers noted in the table in Section F.5 (page 10) above (also use these same numbers when showing these unit processes in Exhibits A and C).

Exhibit C **Wastewater Treatment Diagrams and Treatment System Operation**: Attach a process flow diagram for each existing treatment system. Include treatment equipment, wastes, by-products, disposal methods, waste volumes, and design and operating conditions. List all wastewater sample collection locations including those described on the Pollutant Data Sheet in Section G. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility installed.

Exhibit D **Planned Changes:** Describe any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics. Include any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Also consider production processes as well as air or water pollution treatment systems that may affect the discharge. Estimated completion dates must be included as well.

Exhibit E **Slug Control Plan:** All applicants are required to submit a *Slug Control Plan*. Simply state what processes will be utilized.

EXHIBIT F **Toxic Organic Management Plan** (Optional): Certain categorical industries subject to total toxic organics (TTO) sampling requirements can submit a Toxic Organic Management Plan (TOMP)/Solvent Management Plan (SMP) to control authority (Lockhart Utility) for potential reductions in TTO sampling requirements.

Exhibit G **End-of-Process Sampling Data (for categorically regulated users only):** Attach analytical data specific to the applicable categorical pretreatment standards for each regulated End-of-Process outfall. Refer to the appropriate categorical pretreatment standards as referenced on page 5 of this application.

Exhibit H **Scope of Responsibility Documentation:** Those applicants that operate but do not own the facility must submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

Exhibit I **Compliance Schedule:** If additional pretreatment and/or operation and maintenance will be required to meet the pretreatment standards, attach the shortest schedule by which the permittee will provide such additional pretreatment and/or operation and maintenance.

L. Compliance Certification

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

☐ Yes ☐ No

☐ NA (not yet discharging)

If no, 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. Also, attach as **Exhibit I** a schedule for bringing the facility into compliance. Specify major events planned along with reasonable compliance dates.

2. Certification Statement:

The Authorized Representative as identified in Section B.2 (page 4) must sign this statement.

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.

Printed Name

Title

Signature Date