



**BASELINE MONITORING REPORT /  
INDUSTRIAL WASTE DISCHARGE  
PERMIT (IWDP) APPLICATION**

Industrial Pretreatment Program Technical Services Department 2500 E. Centerville Rd. Garland, TX 75040 Tel. 972-205-2714 Fax. 972-278-6772
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**INSTRUCTIONS:**

- Unless stated otherwise, all items are to be filled out completely. The application will not be considered complete unless every question is answered on this form. If an item is not applicable, indicate by noting N/A.
- Depending upon the data provided, additional information may be required. Please read all questions and information prior to completing this application.

**SECTION A: GENERAL INFORMATION**

1. Facility Name:		
2. Facility Address:		
City:	State:	Zip Code:
Facility Telephone:		Facility Fax:
3. Mailing Address (if different than facility address):		
City:	State:	Zip Code:
Industry Contact Information (who to contact about the application & permit):		
<i>This individual will be responsible for receiving all correspondence from the City of Garland regarding the permit.</i>		
4. Representative name:		Title:
Address:		
City:	State:	Zip Code:
Telephone:		Fax:
E-mail Address:		
5. Designated Signatory Authority for the facility:		
Note: (Responsible Official and Duly Authorized Form (see attachment #1) must be submitted with the completed application)		
Responsible Official #1:		
Name:		Title:
Responsible Official #2:		
Name:		Title:
Duly Authorized Representative #1:		
Name:		Title:
6. Registered Agent for the industry on file with the Texas Secretary of State		
Note: (Citations issued to the facility will be sent to the registered agent on file)		
Legal Name of the facility:		
Registered Agent Name:		
Address:		
City:	State:	Zip Code:

## SECTION B: BUSINESS ACTIVITY

If the facility conducts or will be conducting 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 or business activity. (Check all that apply)

New Source

Existing Source

### 1. INDUSTRIAL CATEGORIES

<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Aluminum Forming*</td></tr> <tr><td><input type="checkbox"/></td><td>Asbestos Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Battery Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Can Making*</td></tr> <tr><td><input type="checkbox"/></td><td>Chemical Manufacturing (inorganic)</td></tr> <tr><td><input type="checkbox"/></td><td>Chemical Manufacturing (organic)</td></tr> <tr><td><input type="checkbox"/></td><td>Coil Coating*</td></tr> <tr><td><input type="checkbox"/></td><td>Copper Forming*</td></tr> <tr><td><input type="checkbox"/></td><td>Electric and Electronic Components Manufacturing*</td></tr> <tr><td><input type="checkbox"/></td><td>Electroplating*</td></tr> <tr><td><input type="checkbox"/></td><td>Fertilizer Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Foundries (Metal Molding &amp; Casting)*</td></tr> <tr><td><input type="checkbox"/></td><td>Glass Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Industrial Laundry</td></tr> <tr><td><input type="checkbox"/></td><td>Iron &amp; Steel*</td></tr> <tr><td><input type="checkbox"/></td><td>Leather Tanning &amp; Finishing</td></tr> <tr><td><input type="checkbox"/></td><td>Metals Finishing*</td></tr> <tr><td><input type="checkbox"/></td><td>Nonferrous Metals Forming</td></tr> </table>	<input type="checkbox"/>	Aluminum Forming*	<input type="checkbox"/>	Asbestos Manufacturing	<input type="checkbox"/>	Battery Manufacturing	<input type="checkbox"/>	Can Making*	<input type="checkbox"/>	Chemical Manufacturing (inorganic)	<input type="checkbox"/>	Chemical Manufacturing (organic)	<input type="checkbox"/>	Coil Coating*	<input type="checkbox"/>	Copper Forming*	<input type="checkbox"/>	Electric and Electronic Components Manufacturing*	<input type="checkbox"/>	Electroplating*	<input type="checkbox"/>	Fertilizer Manufacturing	<input type="checkbox"/>	Foundries (Metal Molding & Casting)*	<input type="checkbox"/>	Glass Manufacturing	<input type="checkbox"/>	Industrial Laundry	<input type="checkbox"/>	Iron & Steel*	<input type="checkbox"/>	Leather Tanning & Finishing	<input type="checkbox"/>	Metals Finishing*	<input type="checkbox"/>	Nonferrous Metals Forming	<table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Nonferrous Metals Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Paint and/or Ink Formulating</td></tr> <tr><td><input type="checkbox"/></td><td>Phosphating or Passivating</td></tr> <tr><td><input type="checkbox"/></td><td>Pesticides/Herbicides Manufacturing/Repackaging</td></tr> <tr><td><input type="checkbox"/></td><td>Printed Circuit Board Manufacturing Pharmaceutical</td></tr> <tr><td><input type="checkbox"/></td><td>Plastic and Synthetic Materials Manufacturing Plastics</td></tr> <tr><td><input type="checkbox"/></td><td>Processing/Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Porcelain Enamel</td></tr> <tr><td><input type="checkbox"/></td><td>Pulp, Paper, and Fiberboard Manufacturing Rubber</td></tr> <tr><td><input type="checkbox"/></td><td>Soap and Detergent Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Steam Electric</td></tr> <tr><td><input type="checkbox"/></td><td>Sugar Processing</td></tr> <tr><td><input type="checkbox"/></td><td>Semi-Conductor Manufacturing</td></tr> <tr><td><input type="checkbox"/></td><td>Timber Products</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td></tr> </table>	<input type="checkbox"/>	Nonferrous Metals Manufacturing	<input type="checkbox"/>	Paint and/or Ink Formulating	<input type="checkbox"/>	Phosphating or Passivating	<input type="checkbox"/>	Pesticides/Herbicides Manufacturing/Repackaging	<input type="checkbox"/>	Printed Circuit Board Manufacturing Pharmaceutical	<input type="checkbox"/>	Plastic and Synthetic Materials Manufacturing Plastics	<input type="checkbox"/>	Processing/Manufacturing	<input type="checkbox"/>	Porcelain Enamel	<input type="checkbox"/>	Pulp, Paper, and Fiberboard Manufacturing Rubber	<input type="checkbox"/>	Soap and Detergent Manufacturing	<input type="checkbox"/>	Steam Electric	<input type="checkbox"/>	Sugar Processing	<input type="checkbox"/>	Semi-Conductor Manufacturing	<input type="checkbox"/>	Timber Products	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
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*\*Subject to Total Toxic Organics (TTO) reporting requirements--see page 6*

A facility with processes inclusive in these business areas may be covered by the United States Environmental Protection Agency's categorical pretreatment standards. These facilities may be termed "categorical users".

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

3. Indicate all applicable SIC & NAICS code(s) for the facility:

SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_  
SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_ SIC/NAICS \_\_\_\_\_ / \_\_\_\_\_

4. List all permits (Federal, State, local) held by your company:

Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_  
Permit type/Agency: \_\_\_\_\_ Number: \_\_\_\_\_

5. Product Quantity:

Product	Past calendar year Amounts (pieces, lbs., units, etc.) <i>specify per day, month, or year</i>	Estimate this calendar year Amounts (pieces, lbs., units, etc.) <i>specify per day, month, or year</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION C: WATER SUPPLY**

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

Municipal Water Utility (Specify City): \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

2. Name on the water utility bill: \_\_\_\_\_

3. Water utility account number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List average water usage for all activities conducted at the facility:  
 [New facilities may estimate]

	Average Water Usage (gallons per day)	Estimate (E) or Measured (M)	Avg. Wastewater discharged (gallons per day)	Estimate (E) or Measured (M)
a. Contact cooling water	_____	_____	_____	_____
b. Non-contact cooling water	_____	_____	_____	_____
c. Boiler feed/blowdown	_____	_____	_____	_____
d. Sanitary (estimate 25 gallons/person)	_____	_____	_____	_____
e. Contained in product	_____	_____	_____	_____
f. Plant & equipment washdown	_____	_____	_____	_____
g. Irrigation & lawn watering	_____	_____	_____	_____
h. Process	_____	_____	_____	_____
i. Other	_____	_____	_____	_____
j. Other	_____	_____	_____	_____
Total of a-j	_____	_____	_____	_____

**SECTION D: SEWER INFORMATION**

1. a. For an existing business: Is the building presently connected to the public sewer system?

Yes       No

b. For a new business:

- (i). Will you be occupying an existing vacant building (such as an industrial park)?
- (ii). Have you applied for a building permit if a new facility will be constructed?
- (iii). Will you be connected to the public sanitary sewer system?

	Yes	No
(i).		
(ii).		
(iii).		

2. List size, descriptive location, and flow of each facility sewer line which connects to the City's sewer system. (list all connections). If flow meters are not utilized, calculate 80% of consumption and submit as the flow.

Sewer size (inches)	Descriptive location of sewer connection or discharge point	Average Flow (gallons/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION E: WASTEWATER DISCHARGE INFORMATION**

1. Does this facility discharge any wastewater other than restrooms to the City sewer?

Yes, complete the remainder of the applicaton.       No, Skip to Section G.

2. Provide the following information on wastewater flow rate. [New facilities may estimate]

a. Hours per day discharged (e.g., 8 hrs/day):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

b. Maximum daily flow rate (gallons per day) \_\_\_\_\_

c. Average daily flow rate (gallons per day) \_\_\_\_\_

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

a. Number(s) of batch discharge daily  weekly  monthly  yearly

b. Average discharge per batch \_\_\_\_\_ gallons per day

c. Time of batch discharge  M T W Th F S S  \_\_\_\_\_  
 day(s) of the week discharge duration (hrs.)

d. Flow rate \_\_\_\_\_ gallons per minute

4. Schematic Flow Diagram: For each activity in which wastewater is or will be generated, a diagram must be submitted showing a. the flow of materials, b. products, c. water supply, and d. 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 flow (gallons) from each waste stream. If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharge to the sanitary sewer.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users (CIUs) and should skip to question # 6 of this section.

5. For Non-Categorical (NC) Users Only: List a. average wastewater discharge, b. maximum discharge, and c. type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the schematic flow diagram that corresponds to each process.

Process Unit No.	Process Description	Avg. Flow (gpd)	Max Flow (gpd)	Type of discharge (batch, continuous)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

6. For Categorical Industrial Users (CIUs) Only: List a. average wastewater discharge, b. maximum discharge, and c. type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the schematic flow diagram that corresponds to each process.

Process Unit No.	Process Description	Avg. Flow (gpd)	Max Flow (gpd)	Type of discharge (batch, continuous)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Industrial Users (CIUs) subject to Total Toxic Organic (TTO) requirements:

a. 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? (attach additional sheets if necessary)

Yes       No

If yes, which toxic organics?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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

If yes, indicate the present or future location of the equipment on the schematic flow diagram and describe the equipment below.

9. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the wastewater discharge.

Yes                       No, skip question #10

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

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

Yes                       No, skip question #12

12. Briefly describe the 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).

Do you have a Pollution Prevention (P2) Plan?

Yes, submit a copy with this application                       No

Are there any steps currently or planned for addressing waste minimization?

Yes                       No

If yes, please describe:

## SECTION F: CHARACTERISTICS OF DISCHARGE

All current industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Provide the requested information on all parameters for which monitoring has been performed in the past three (3) years. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS** - for all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. *Attach copies of analyses used.*

New Dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed waste streams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

	Process Unit No.	Number of Analyses	Method Used	Detection Level Used [ug/L]	Maximum Daily Value [ug/L]	Avg. Daily Value [ug/L]
<b>POLLUTANT</b>						
pH						
BOD <sub>5</sub>						
BOD <sub>7</sub>						
Oil and Grease						
TSS						
Sulfide (S)						
Arsenic						
Cadmium						
Chromium						
Copper						
Cyanide						
Lead						
Mercury						
Molybdenum						
Nickel						
Silver						
Zinc						
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						













**POLLUTANT**

Vanadium

Vinyl acetate

Xylene

Xylenol

Zirconium

Process Unit No.	Number of Analyses	Method Used	Detection Level used [ug/L]	Maximum Daily Value [ug/L]	Avg. Daily Value [ug/L]

## SECTION G: TREATMENT

1. Is any form of wastewater treatment listed below practiced at this facility?

*Check as many as appropriate.*

<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"/> Evaporation <input type="checkbox"/> Filtration	<input type="checkbox"/> Flow Equalization <input type="checkbox"/> Grease separation <input type="checkbox"/> Oil separation <input type="checkbox"/> Grease trap <input type="checkbox"/> Grinding filter <input type="checkbox"/> Grit removal <input type="checkbox"/> Ion Exchange	<input type="checkbox"/> pH adjustment <input type="checkbox"/> Ozonation <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Screening <input type="checkbox"/> Sedimentation <input type="checkbox"/> Solvent separation/recovery
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<input type="checkbox"/> Biological treatment, type: _____ <input type="checkbox"/> Other Chemical treatment, type: _____ <input type="checkbox"/> Other Physical treatment, type: _____ <input type="checkbox"/> Other, type: _____	<hr/> <hr/> <hr/> <hr/> <hr/>
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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. Describe the pollutant loading, flow rates, design capacity, physical size, and operating procedures for each treatment facility checked above. *(Attach additional sheets if needed)*

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

5. 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.

6. Do you have a treatment operator?  Yes  No

(if yes) Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Full time: \_\_\_\_\_ (specify work hours)  
 Part time: \_\_\_\_\_ (specify work hours)

7. Do you have a written operating manual of your treatment equipment?

Yes  No

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

Yes  No

**SECTION H: FACILITY OPERATIONAL CHARACTERISTICS**

1. Shift information

Indicate the hours of operation for each day of the week.

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Indicate the number of employees and start/end time per shift for each day of the week.

	M	T	W	Th	F	SAT	SUN
1st shift							
start time							
end time							
2nd shift							
start time							
end time							
3rd shift							
start time							
end time							

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.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Comments:



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

Yes, indicate reasons and period when shutdown occurs

No

4. List types and amounts (mass or volume per day) of raw materials used or planned for use. (Attach list if necessary)

5. List types and pounds per year of chemicals used or planned for use (Attach list if necessary).

*Copies of Safety Data Sheets (SDS) will be requested for all chemicals not currently in the industry's file with the City of Garland Industrial Pretreatment Program.*

Chemical	Quantity

6. List disposal methods (air, water, injection, land, POTW, other off-site) of all substances which are considered hazardous waste as set forth in 40 CFR part 261. Include name, waste ID number, and type of discharge (continuous, batch, other).

Hazardous Waste	Waste ID Number	Type of Discharge	Disposal Method

7. Building Layout - Submit a blueprint or drawing, to scale, the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit process (from the schematic flow diagram), chemical storage areas, public sewers, and each facility sewer line connected to the public sewer. Number each sewer and show existing and proposed sampling locations. Also include any and all sand traps, grease traps, oil interceptors, and control manholes.

All items must be included in the submittal.

**SECTION I: SPILL PREVENTION**

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

Yes                       No

Type	Location	Contents	Size	Method of Cleaning	Frequency of Cleaning

Indicate in a diagram or comment on the proximity of these containers to a sewer system or storm drain.

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

Yes                       No      if yes, where do they discharge to?

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

- On-site disposal system
  - Public sanitary sytem (e.g. floor drain)
  - Storm drain
  - To ground
- Other, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Not applicable, no possible discharge to any of the above routes

4. Attach a Spill Control Plan (SCP)

5. Please describe below any previous spill events occurring during the past three (3) years and remedial measures taken to prevent their reoccurrence.

Type of Spill	Date	Cause	Preventative Measures

**SECTION J: NON-DISCHARGE WASTES**

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

Yes, please describe below (can use the facility's printout)     No, skip the remainder of Section J.

Waste Generated	Quantity (per year)	Disposed By

Name and address of off-site waste disposal company(s).

Company	Address	Telephone No.

**SECTION K: AUTHORIZED SIGNATURES**

The named applicant (front page) does hereby make application for a permit to discharge industrial wastewater into the City of Garland Sanitary Sewer System serving the property listed on the front page of this application and further more agrees to comply with the wastewater standards stipulated in Chapter 22, Article VIII of the Garland City Code, and the conditions set forth in the Wastewater Discharge Permit.

Authorized Representative Statement:

I agree to meet all requirements of the Industrial Waste Ordinance Permit and 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 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.

Permittee/Authorized Signature Authority

Name (signature) \_\_\_\_\_

Name (print) \_\_\_\_\_

Title \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

Date \_\_\_\_\_