

**CITY OF ODESSA PRETREATMENT DIVISION
WASTEWATER DISCHARGE APPLICATION**

I. General Information

- A. Date _____
- B. Type of Application ____ New ____ Renewed
- C. Facility Site Information
- Business Name _____
- Physical Address _____
- Mailing Address _____ Zip Code _____
- Business Telephone: _____
- D. Signatory Official (See Attachment A for signatory requirements)
- Signatory's Name _____
- Title _____ Business Telephone _____
- Business Address _____ Zip Code _____
- E. Local Contact (if different from Signatory Official)
- Contact Name _____
- Title _____ Business Telephone _____
- Business Address _____ Zip Code _____

II. Description of Activities

- A. Type (Please check all that apply)
- ____ Food Service
- ____ Equipment Service/Repair
- ____ Laundry/Dry Cleaner
- ____ Machine Shop
- ____ Gas/Automotive Service
- ____ Medical/Dental
- ____ Car Wash
- ____ Office Building
- ____ Printing
- ____ Photo Processing
- Other _____

B. Standard Industrial Classification Code(s) (SIC). Please list all that apply. This code can be found on your Employers' Quarterly Report.

C. Manufacturing Information

Are you a manufacturer? Yes - Complete Attachment B

No - Continue to Section III

III. Facility Data

A. Property Information

Utility Account Location # _____ Customer # _____

Name on Utilities Account _____

Address on Utilities Account _____

Do you own or lease the property? _____

If leasing, name of property owner _____

B. Days of Operation (Circle) Sun Mon Tues Wed Thurs Fri Sat

C. Hours of Operation (Note Variations)

_____ to _____ Sun Mon Tues Wed Thurs Fri Sat

_____ to _____ Sun Mon Tues Wed Thurs Fri Sat

D. Is your facility located outside the City limits? Yes No

E. Number of employees and/or people on site _____

IV. Water Usage

A. Source of Water (Please check all that apply)

City of Odessa Other _____

Water Well Number of Wells _____

B. Total Water Consumption (gallons per day/gpd)

1. Volume of City water used per day _____

Calculate as follows: gallons on utility bill X 1000 divided by days of use

2. Water well or other:
 - a. Flow meter _____gpd
 - b. Estimation _____gpd
 - c. Basis of Estimation _____
3. Total combined daily water consumption _____gpd
4. Estimated water usage if not yet open _____gpd

C. Water/Wastewater Generation Processes (E=Estimated; M=Measured)

Water Consumption	Gallons Per Day	Estimated/Measured
Contact Cooling		
Non-contact Cooling		
Boiler Feed		
Process		
Sanitary		
Air Pollution equipment		
Contained in Product		
Plant/Equipment Washdown		
Lawn Irrigation		
Other		
Total Water Usage	GPD (Should match total from Section IV.B.)	

Wastewater Flows	Gallons Per Day	Estimated/ Measured	Discharged to Sewer System Yes/No
Cool Tower Blowdown			
Cooling Water			
Boiler Blowdown			
Process			
Sanitary			
Air Pollution Equipment			
Cleaning			
Plant/Equipment Washdown			
Backwash (Filters)			
Other			
Total Discharge to sewer system			GPD

V. Wastewater Discharge Information

A. Location of Discharge (check all that apply)

1. ___ Odessa Wastewater Collection System

2. Other

a. ___ Surface Discharge

b. ___ Sump/Holding Tank Size Location

c. ___ Septic Tank

**If not connected to City Wastewater Collection system, go to Section VII.

B. Time of Discharge

1. Maximum flows _____ to _____

2. Minimum flows _____ to _____

3. Flow type (check one)
- a. _____ Continuous
 - b. _____ Intermittent
 - c. _____ Batch

C. Plumbing connections to the wastewater collection system. List all types (e.g. floor drains, sinks, restrooms, etc). Please provide blueprint or map, if possible.

<u>Type</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. List the size and location of all discharge sewer lines which connect to the City wastewater collection system. (Provide map if possible).

<u>Size</u>	<u>Location</u>
_____	_____
_____	_____

E. Is a sampling portal located on the sewer line? (Minimum of a 4" 2-way cleanout).

_____ Yes _____ No

Describe location _____

F. Does storm water or roof runoff discharge to the wastewater collection system through any connection?

_____ Yes _____ No

VI. Pretreatment Information (Please note all that apply)

<u>Type</u>	<u>Size</u>	<u>Location</u>
Food grease trap (pot type)	_____	_____
Food grease trap (submerged)	_____	_____
Enzyme injection	_____	_____
Sand/lint trap	_____	_____
Acid trap	_____	_____
Silver reclaimer	_____	_____
pH control	_____	_____
Other (describe) _____	_____	_____
None _____		

VII. Facility Site Information

A. Solid Wastes Generated

<u>Type</u>	<u>Lbs or Gals</u>	<u>Location</u>
<u>Cleaning solutions</u>		
Caustic/jet vat	_____	_____
Solvent vat	_____	_____
Acid vat	_____	_____
Other _____	_____	_____
<u>Waste oil</u>		
Waste Oil Filters	_____	_____
Machine coolants	_____	_____
Paint wastes/filters	_____	_____
Waste antifreeze	_____	_____
Asbestos/PCB/Radioactive	_____	_____
Waste grease (fryolator)	_____	_____

<u>Type</u>	<u>Lbs or Gals</u>	<u>Location</u>
Other _____	_____	_____
None _____		

B. Bulk Material Storage (above or below ground)

<u>Type</u>	<u>Size</u>	<u>Location</u>
Fuel tank	_____	_____
Non-hazardous material	_____	_____
Hazardous material (non-fuel)	_____	_____
Hazardous waste	_____	_____
Waste oil	_____	_____
Chemical blending tanks	_____	_____
Other _____	_____	_____
None _____		

C. Please provide a Material Safety Data Sheet (MSDS) for each chemical stored in bulk onsite in quantities greater than 5 gallons and chemicals discharged to the wastewater collection system.

D. Spill Control Plan

1. Has this facility developed a Spill Control Plan to prevent the discharge of chemicals onsite to the wastewater collection system?

_____ Yes _____ No

If yes, please attach a copy of the Plan.

VIII. Disposal Methods

- A. Please provide documentation (e.g. manifests, waste receipts, etc) concerning offsite disposal of all wastes other than trash.

Waste Type	Transporter	Location

- B. Has any of the wastes generated at this site been previously analyzed or classified as a hazardous waste?

_____Yes _____No _____N/A

If yes, please provide a copy of the classification and/or analytical results.

NOTE: If you are discharging or requesting discharge of a hazardous waste as defined by 40 CFR Part 261 to the wastewater collection system, you must notify the City of Odessa Pretreatment Division, the EPA Regional Waste Management Division Director, and the TCEQ Hazardous Waste Authority. This notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (e.g. continuous, batch, etc). If you discharge more than 100 kilograms of the waste during a calendar month, you must contact the Pretreatment Division for additional reporting requirements and restrictions.

- C. Does this facility have

Yes (Provide Number) No

- | | | |
|-------------------------------|-------|-------|
| 1. Texas Solid Waste Number | _____ | _____ |
| 2. US EPA Registration Number | _____ | _____ |

If applicable, provide a copy of the Texas or EPA correspondence issuing the number.

IX. Pollution Prevention Activities

Please list all pollution prevention activities you have incorporated or plan to incorporate into your business operations in the next three (3) years.

X. Compliance with Ordinance Requirements

To the best of my knowledge, the discharges from this facility will meet the requirements of the Sewage Quality Control Ordinance, No. 93-75 as amended. Yes No

If no, please list the pretreatment facilities and size of pretreatment facilities proposed for installation to ensure compliance. (Please note all facilities must be approved by the Building Inspection and Pretreatment Divisions.)

Authorized Representative 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 gathered and evaluated 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 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/or imprisonment for knowing violations.

Print Name _____

Title _____

Signature _____

Phone _____

Date _____

Important Notice:

The information provided in this Application, other information submitted by your company, and information gathered by the City in conjunction with the operations and discharges from your company are subject to Open Records Requests. If any of the information submitted by your company is designated as confidential as defined by Section 552.110 of the Texas Public Information Act, you must assert it as such at the time of submission. Each page containing confidential information must be marked "Confidential Business Information". This information, if it is determined that it meets the criteria of the Texas Public Information Act, will be handled in accordance with the procedures described in the Act. If no claim of confidentiality is made at the time of submission, the information will be made available to the public without further notice.

**ATTACHMENT A
AUTHORIZED SIGNATORY OFFICIALS**

An authorized representative shall be:

I. If the user is a corporation:

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

II. If the user is a partnership or sole proprietorship:

The general partner or proprietor, respectively.

III. If the user is a federal, state, or local governmental facility:

A director or highest official appointed, designated, or elected to oversee the operation and performance of the activities of the government facility, or their designee.

- IV. The individuals described in the above paragraphs may designate another authorized representative if the authorization is in writing, 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 the written authorization is submitted to the Director of Utilities.

ATTACHMENT B MANUFACTURING TYPES

Do you participate in any of the following manufacturing processes?

TYPE	YES	NO
Aluminum Forming	_____	_____
Asbestos Manufacturing	_____	_____
Battery Manufacturing	_____	_____
Canned and Preserved Fruits and Vegetables	_____	_____
Canned and Preserved Seafood	_____	_____
Carbon Black	_____	_____
Cement Manufacturing	_____	_____
Centralized Waste Treatment	_____	_____
Coal Mining	_____	_____
Coil Coating	_____	_____
Copper Forming	_____	_____
Dairy Products	_____	_____
Electric and Electronic Components	_____	_____
Electroplating	_____	_____
Feedlots	_____	_____
Ferroalloy	_____	_____
Fertilizers	_____	_____
Glass Manufacturing	_____	_____
Grain Mills	_____	_____
Gum and Wood Chemicals	_____	_____
Hospital	_____	_____
Ink Formulating	_____	_____
Inorganic Chemicals	_____	_____
Iron and Steel	_____	_____
Landfills	_____	_____
Leather Tanning and Finishing	_____	_____
Meat Processing	_____	_____
Metal Finishing	_____	_____
Metal Molding and Casting	_____	_____
Mineral Mining and Processing	_____	_____
Nonferrous Metals Forming and Metal Powder	_____	_____
Nonferrous Metals	_____	_____
Oil and Gas Extraction	_____	_____
Ore Mining and Dressing	_____	_____
Organic Chemical, Plastics, and Synthetic Fibers	_____	_____
Paint Formulating	_____	_____
Paving and Roofing Material	_____	_____
Pesticide Chemicals	_____	_____
Petroleum Refining	_____	_____
Pharmaceutical	_____	_____
Phosphate	_____	_____
Photographic	_____	_____
Plastics Molding and Forming	_____	_____
Porcelain and Enameling	_____	_____

ATTACHMENT B – CONTINUED

TYPE	YES	NO
Pulp, Paper, and Paperboard	_____	_____
Rubber Manufacturing	_____	_____
Soap and Detergent	_____	_____
Steam Electric Power Generation	_____	_____
Sugar Processing	_____	_____
Textile Mills	_____	_____
Timber Products Processing	_____	_____
Transportation Equipment Cleaning	_____	_____
Waste Combustors	_____	_____