

**INDUSTRIAL USER WASTEWATER DISCHARGE  
PERMIT APPLICATION**

Your local Wastewater Treatment Plant (a.k.a. Publicly Owned Treatment Works (POTW)) is required by the Environmental Protection Agency (EPA) to routinely survey non-residential users for prospective industries that should be included in the Industrial Pretreatment Program. The purpose of the Pretreatment Program is to protect the treatment plant from pass-through or interference. Your facility has been identified as needing, or potentially needing, an industrial user's discharge permit in order to discharge into the City's sewer system.

***Renewal applications are due ninety (90) days prior to the current permit expiration date.***

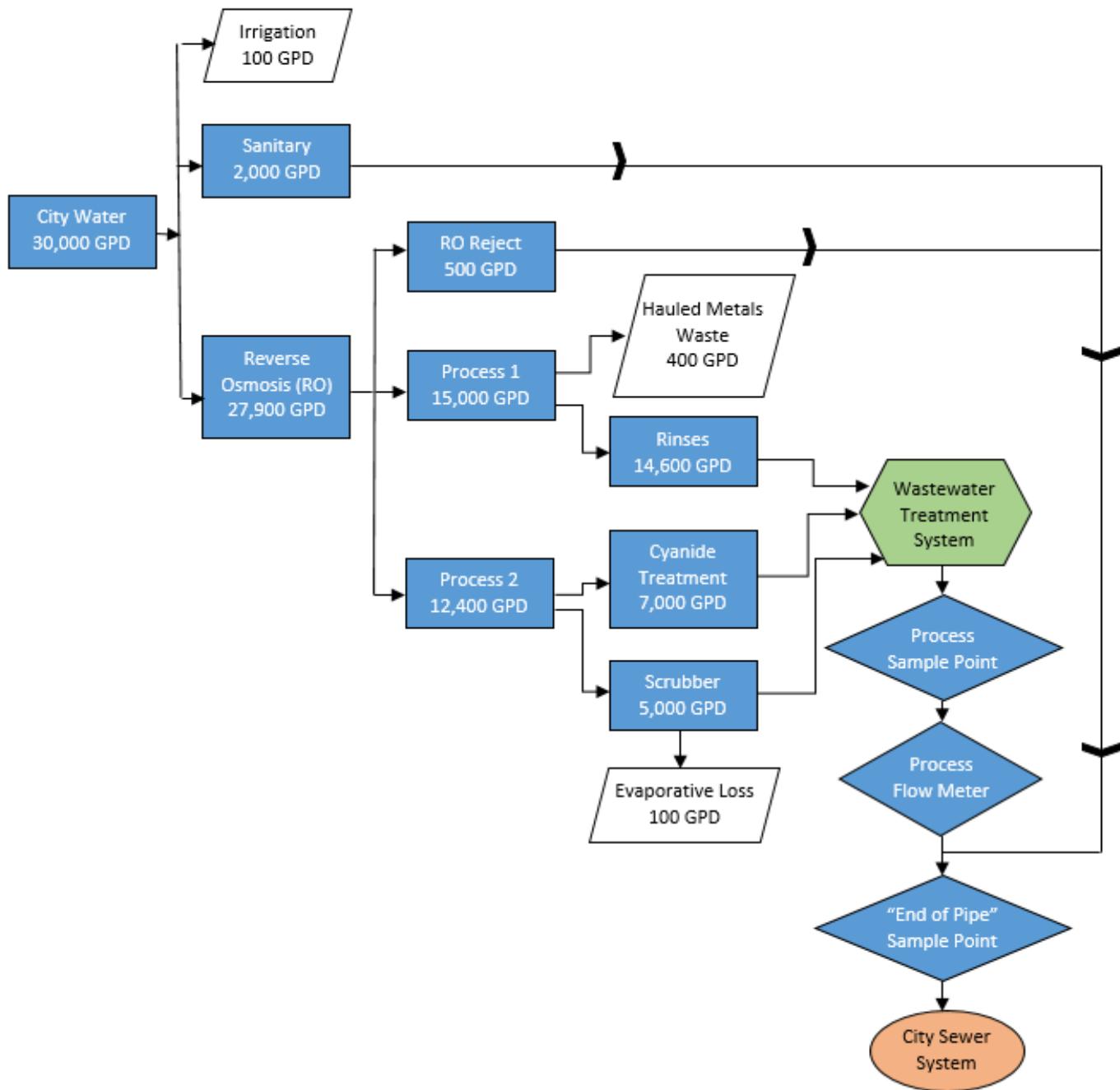
**INSTRUCTIONS:**

- ◆ Unless otherwise stated, all items are to be filled out completely. The application will not be considered complete unless all questions are answered. If an item is not applicable, indicate by noting N/A.
- ◆ Depending on the data provided, additional information may be required. Please read all questions and information prior to completing this application.
- ◆ Got questions? Call Joe Duke at 469-626-4624 or email [iduke@ntmwd.com](mailto:iduke@ntmwd.com).
- ◆ Return completed and signed Permit Application to:

North Texas Municipal Water District (NTMWD)  
Attn: Joe Duke  
P.O. Box 2408  
Wylie, TX 75098-2408

- ◆ In addition to the completed form, you will need to submit the following items:
  - Copies of water bills for previous 12 months, if applicable.
  - Facility Layout (new or renewal with changes) including:  
Engineer Certified Plumbing Diagram Showing:
    - Incoming Water
    - Wastewater
  - Block flow diagram showing:
    - Process flow from raw materials to finished product.
    - Wastewater generation, treatment, and discharge.
  - Safety Data Sheets (SDS) for chemicals used in process.

### EXAMPLE PROCESS FLOW BLOCK DIAGRAM



**SECTION A: COMPANY INFORMATION**

1 Facility Name: \_\_\_\_\_

dba Name (if applicable): \_\_\_\_\_

2 Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

3 Mailing Address: \_\_\_\_\_ Check if same as above: 

(if different than facility address)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4 Industry Contact Information (who to contact about the permit and/or application)

*This individual will be responsible for receiving all correspondence from the City and NTMWD regarding pretreatment.*

Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

5 Designated Signatory Authority for the facility

*An updated Responsible Official and Duly Authorized Form must be submitted with this application (Appendix A).*

6 Registered Agent for the facility on file with the Texas Secretary of State

Legal name of Industry: \_\_\_\_\_

Registered Agent Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7 Please provide employee schedule information:

	MON	TUE	WED	THU	FRI	SAT	SUN
1 <sup>st</sup> Shift	Start Time						
	End Time						
	Average # Employees						
2 <sup>nd</sup> Shift	Start Time						
	End Time						
	Average # Employees						
3 <sup>rd</sup> Shift	Start Time						
	End Time						
	Average # Employees						

## SECTION B: FACILITY OPERATIONS

1 Indicate all applicable SIC & NAICS code(s) for this facility:

*(If more than one applies, list in order of significance.)*

SIC NAICS	SIC NAICS	SIC NAICS	SIC NAICS
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2 Give a brief description of all operations at this facility, including primary products or services. This includes all operations whether or not they generate a wastewater discharge (attach additional sheets, if necessary).

3 Principal raw materials used and products produced with annual quantities (attach separate list if necessary).

*Please provide Safety Data Sheets (SDSs) if available.*

RAW		FINAL PRODUCT	
Material/Chemical	Annual Quantity (pounds)	Material/Chemical	Annual Quantity (pounds)

4 Indicate whether the business activity is:  continuous throughout year or  seasonal  
If seasonal, briefly describe seasonal production cycle.

5 Does operation shut down for vacation, maintenance, or other reasons?  Yes  No  
If yes, indicate reasons and period when shutdown occurs.

6 Are any process changes or expansions planned during the next three years?  Yes  No  
If yes, describe the nature of planned changes or expansions.

7 List all other permits (Federal, State, Local) issued for this facility:  N/A, no other permits held.

AGENCY (EPA/TCEQ/etc.)	TYPE (e.g. air/stormwater)	NUMBER

## SECTION C: CATEGORICAL 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.)

**1 Industrial Categories**      or       **N/A**, none of the activities below are performed at this facility.

<input type="checkbox"/> Aluminum Forming*	<input type="checkbox"/> Ferroalloy Manufacturing	<input type="checkbox"/> Ore Mining & Dressing
<input type="checkbox"/> Asbestos Manufacturing	<input type="checkbox"/> Fertilizer Manufacturing	(Hard Rock Mining)
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Organic Chemicals, Plastics, & Synthetic Fibers (OCPSF)
<input type="checkbox"/> Canned & Preserved Fruits & Vegetable Processing	<input type="checkbox"/> Grain Mills	
<input type="checkbox"/> Canned & Preserved Seafood	<input type="checkbox"/> Gum & Wood Chemicals Manufacturing	<input type="checkbox"/> Paint Formulating
<input type="checkbox"/> Carbon Black Manufacturing	<input type="checkbox"/> Hospital	<input type="checkbox"/> Paving & Roofing Materials (Tars/Asphalt)
<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Ink Formulating	<input type="checkbox"/> Pesticide Chemicals
<input type="checkbox"/> Centralized Waste Treatment	<input type="checkbox"/> Inorganic Chemicals Manufacturing	<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Iron & Steel Manufacturing*	<input type="checkbox"/> Pharmaceutical Manufacturing
<input type="checkbox"/> Coil Coating*	<input type="checkbox"/> Landfill	<input type="checkbox"/> Phosphate Manufacturing
<input type="checkbox"/> Concentrated Animal Feeding Operations (CAFO)	<input type="checkbox"/> Leather Tanning & Finishing	<input type="checkbox"/> Photographic
<input type="checkbox"/> Concentrated Aquatic Animal Production	<input type="checkbox"/> Meat & Poultry Products	<input type="checkbox"/> Plastics Molding & Forming
<input type="checkbox"/> Construction & Development	<input type="checkbox"/> Metal Finishing*	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Copper Forming*	<input type="checkbox"/> Metal Molding & Casting (Foundries)*	<input type="checkbox"/> Pulp, Paper & Paperboard
<input type="checkbox"/> Dairy Products Processing	<input type="checkbox"/> Metal Products & Machinery	<input type="checkbox"/> Rubber Manufacturing
<input type="checkbox"/> Dental Office	<input type="checkbox"/> Mineral Mining & Processing	<input type="checkbox"/> Soap & Detergent Manufacturing
<input type="checkbox"/> Electrical & Electronic Components*	<input type="checkbox"/> Nonferrous Metals Forming & Metal Powders	<input type="checkbox"/> Steam Electric Power Generating
<input type="checkbox"/> Electroplating*	<input type="checkbox"/> Nonferrous Metals Manufacturing	<input type="checkbox"/> Sugar Processing
<input type="checkbox"/> Explosives Manufacturing	<input type="checkbox"/> Oil & Gas Extraction	<input type="checkbox"/> Textile Mills
		<input type="checkbox"/> Timber Products Processing
		<input type="checkbox"/> Transportation Equipment Cleaning
		<input type="checkbox"/> Waste Combustors
		<input type="checkbox"/> Other: _____

*\*Subject to Total Toxic Organics (TTO) reporting requirements – see Section H*

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 industrial users."

a Industrial Category - 40 CFR part(s): \_\_\_\_\_ Subpart(s): \_\_\_\_\_

b Date discharge commenced (anticipated) from these operations: \_\_\_\_\_

c Date Categorical IU Baseline Monitoring Report (BMR) submitted to Control Authority: \_\_\_\_\_

d Date Categorical IU 90-day report submitted to Control Authority: \_\_\_\_\_

## SECTION D: WASTEWATER INFORMATION

1 Does this facility discharge any wastewater other than sanitary to the City sewer?  
 Yes, complete the remainder of this section.  No, Skip to Section E.

2 Please complete the following table with wastes and volumes generated by this facility as accurately as possible:

**Discharge Flows - Non-Process Wastewater.** Any water discharged at your facility that is not used in process.

Discharge Type	Maximum Water Used (GPD)	Average Water Used (GPD)	(E)stimate or (M)easure	Disposal Method <sup>1</sup>
Sanitary (restrooms, sinks, etc.)				
Non-contact Cooling Water				
Boiler Tower Blowdown				
Cooling Tower Blowdown				
Reverse Osmosis Reject Water				
Other: _____				

**Non-Discharge Uses** - Water that entered the facility but was not discharged.

Process Name (w/ brief description)	Maximum Water Used (GPD)	Average Water Used (GPD)	(E)stimate or (M)easure	Disposal Method <sup>1</sup>
Landscape/Irrigation				
Other: _____				

**Process Flows - Process Wastewater.** Any water discharged at your facility that is used in your process.

Process Name (w/ brief description)	Maximum Water Used (GPD)	Average Water Used (GPD)	(E)stimate or (M)easure	Disposal Method <sup>1</sup>	Wastes Hauled (Y/N)	Volume Hauled per Year	Disposal Company
Equipment/Facility Washdown							
Contact Cooling Water							
Water Contained in Product							

<sup>1</sup> SS = Sanitary Sewer

EV = Evaporation

OT = Other

3 Is the process discharge:

Zero (no process wastewater is discharged to the sewer)  
 Batch (process wastewater is collected, treated, and then discharged to the sewer as a batch)  
 Continuous (process wastewater is treated as it is generated and discharged continuously)  
 Both % Batch \_\_\_\_\_ % Continuous \_\_\_\_\_

## SECTION E: TREATMENT

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

Yes, complete the remainder of this section.

No, Skip to Section F.

2 What type of treatment is utilized at this facility?

Air Stripper/Scrubber

Evaporation

Oil/Water Separator

Biological Treatment

Filtration

pH Adjustment

(explain below)

Flow Equalization

Screening (sand, grit, etc.)

Chemical Precipitation

Grease Interceptor

Solids Processing

Dissolved Air Flotation (DAF)

Ion Exchange

Other (explain below)

Explain:

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3 Do you have a wastewater treatment operator?

Yes       No

If yes, please provide:      Operator Name: \_\_\_\_\_

Title: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

4 Do you have a written operating manual of your treatment system?

Yes (Please attach a copy.)

No

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

Yes (Please attach a copy.)

No

6 For categorical industrial users subject to total toxic organic (TTO) requirements, please provide the following information:

Has a Toxic Organics Management Plan (TOMP) been developed?

Yes (Please attach a copy.)

No

## SECTION F: OTHER WASTES

1 Are any waste solids or liquids generated from this facility disposed of by means other than discharge to the City's sewer system?

Yes       No, Skip to Section G.

2 Are you classified as a Hazardous Waste Generator?

Yes

VSQG

No

(Found in 40 CFR 260.)

SQG

LQG

3 Source	Waste <sup>2</sup> Description	Annual Quantity	Hazardous <sup>3</sup> Waste Code	Classification <sup>4</sup> Code	Waste Storage Site (On/Off)	Waste Disposal Site (On/Off)	Waste Disposal Company

<sup>2</sup> AA = Acids/Alkalies  
HM = Heavy metal sludges  
ID = Inks/dyes  
OC = Organic compounds  
OG = Oil and/or grease

PN = Paints  
ST = Solvents/thinners  
OT = Other hazardous wastes  
(Please specify)  
N/A = Non-hazardous

<sup>3</sup> Found in 40 CFR 261.

<sup>4</sup> Found in 30 TAC 335.

4 Transporter Name

Address

Telephone


\*\*\*Industrial Users are responsible for providing waste manifests with the final disposal site upon request by the Control Authority.\*\*\*

## SECTION G: SPILL PREVENTION / BMPs

1 If you have chemical storage containers, bins, or ponds on site, could an accidental spill discharge to:  
(check all that apply)

An onsite disposal system  
 Public sanitary sewer system (e.g., through a floor drain)  
 Storm drain  
 Ground  
 Other: \_\_\_\_\_  
 Not applicable, no possible discharge to any of the locations above.

2 Do you have floor drains in your manufacturing or chemical storage areas?  Yes  No

3 Do you have a Spill Control Plan (SCP)?  Yes (Please attach a copy.)  No

4 Do you have any Best Management Practices (BMP) being followed?  Yes (Please attach a copy.)  No

5 Do you have a Pollution Prevention (P2) Plan?  Yes (Please attach a copy.)  No

\*\*\* New users may be required to develop and submit plans as determined by the Control Authority.

## SECTION H: WASTEWATER CHARACTERISTICS

Metals & Metal Compounds		If Present, Discharged		If Present, Not Discharged		Conventional Parameters	Background Levels (mg/L)	Present at Background Levels	Above Background Levels	
Not Present										
Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Ammonia-Nitrogen	20 - 50	<input type="checkbox"/>	<input type="checkbox"/>	
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Biochemical Oxygen Demand (BOD)	150 - 500	<input type="checkbox"/>	<input type="checkbox"/>	
Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Chemical Oxygen Demand (COD)	400 - 1250	<input type="checkbox"/>	<input type="checkbox"/>	
Barium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Cyanide, Total	< 0.10	<input type="checkbox"/>	<input type="checkbox"/>	
Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Total Oil & Grease	< 50	<input type="checkbox"/>	<input type="checkbox"/>	
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			pH*	5 - 10.5 SU	<input type="checkbox"/>	<input type="checkbox"/>	
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Total Dissolved Solids	100 - 600	<input type="checkbox"/>	<input type="checkbox"/>	
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Total Suspended Solids	150 - 500	<input type="checkbox"/>	<input type="checkbox"/>	
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Total Phosphate as P	1 - 5	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Fluoride	1 - 4	<input type="checkbox"/>	<input type="checkbox"/>	
Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Sulfide	< 10	<input type="checkbox"/>	<input type="checkbox"/>	
Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Titanium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (specify)	<input type="checkbox"/>									
Acids		If Present, Discharged		If Present, Not Discharged						
Not Present										
Hydrochloric (Muriatic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Hydrofluoric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Nitric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Phosphoric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Sulfuric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (specify)	<input type="checkbox"/>									
Alkalis		If Present, Discharged		If Present, Not Discharged						
Not Present										
Ammonium Hydroxide (Ammonia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Calcium Hydroxide (Lime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Sodium Hydroxide (Caustic Soda)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (specify)	<input type="checkbox"/>									
Solvents		If Present, Discharged		If Present, Not Discharged						
Not Present										
Acetone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Alcohols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Chlorinated Hydrocarbons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Ketones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Petroleum-Based	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Xylenes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Other (specify)	<input type="checkbox"/>									

**TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)** - From the following list of **Toxic Organic pollutants**, check all those which are either used in your facility, generated, or are stored on the premises. Some federal categories allow certification in lieu of testing for toxic organics.

In order to certify, a Toxic Organic Management Plan (TOMP) is required.  
Complete and submit your TOMP per your permit requirements.

Check only to certify no TTOs used, generated, or stored at this facility, and skip this section.

**Volatile Compounds**

- Acrolein
- Acrylonitrile
- Benzene
- 2-Chloroethylvinyl Ether
- 1,1-Dichloroethylene
- 1,2-Dichloropropane
- 1,3-Dichloropropylene
- Ethyl benzene
- Tetrachloroethylene
- Toluene
- 1,2-Trans-Dichloroethylene
- Trichloroethylene
- Vinyl Chloride

Chlorinated Benzenes:

- Chlorobenzene
- 1,2-Dichlorobenzene
- 1,3-Dichlorobenzene
- 1,4-Dichlorobenzene
- Hexachlorobenzene
- 1,2,4-Trichlorobenzene

Chlorinated ethanes:

- Chloroethane
- 1,1-Dichloroethane
- 1,2-Dichloroethane
- Hexachloroethane
- 1,1,2,2-Tetrachloroethane
- 1,1,1-Trichloroethane
- 1,1,2-Trichloroethane

Halomethanes:

- Bromoform
- Carbon Tetrachloride
- Chlorodibromomethane
- Chloform
- Dichlorobromomethane
- Methyl Bromide
- Methyl Chloride
- Methylene Chloride

**Acid Compounds**

- 2-Chlorophenol
- 2,4-Dichlorophenol
- 2,4-Dimethylphenol
- 4,6-Dinitro-o-Cresol
- 2,4-Dinitrophenol
- 2-Nitrophenol
- 4-Nitrophenol
- p-Chloro-m-Cresol
- Phenol
- 2,4,6-Trichlorophenol

**Base/Neutral Compounds**

- Acenaphthene
- Acenaphthylene
- Anthracene
- Benzidine
- Benzo(a)Anthracene
- Benzo(a)Pyrene
- 3,4-Benzofluoranthene
- Benzo(ghi)Perylene
- Benzo(k)Fluoranthene
- Bis(2-Chloroethoxy) Methane
- Bis(2-Chloroethyl) Ether
- Bis(2-Chloroisopropyl) Ether
- 4-Bromophenyl Phenyl Ether
- 2-Chloronaphthalene
- 4-Chlorophenyl Phenyl Ether
- Chrysene
- Dibenzo(a,h)Anthracene
- 3,3-Dichlorobenzidine
- 2,4-Dinitrotoluene
- 2,6-Dinitrotoluene
- 1,2-Diphenyl Hydrazine
- Fluoranthene
- Fluorene
- Hexachlorobutadiene
- Hexachlorocyclopentadiene
- Indeno(1,2,3-cd)pyrene
- Isophorone

**Base/Neutral Compounds (cont.)**

- Naphthalene
- Nitrobenzene
- N-Nitrosodimethylamine
- N-Nitrosodi-n-Propylamine
- N-Nitrosodiphenylamine
- Phenanthrene
- Pyrene
- 2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) (screen only)
- Phthalate esters:  
Bis(2-Ethylhexyl) Phthalate  
Butylbenzyl Phthalate  
Diethyl Phthalate  
Dimethyl Phthalate  
Di-n-Butyl Phthalate  
Di-n-Octyl Phthalate
- Polychlorinated biphenyls:  
PCB-1016 (Arochlor 1016)  
PCB-1221  
PCB-1232  
PCB-1242  
PCB-1248  
PCB-1254  
PCB-1260

**Pesticides & Insecticides**

- Aldrin
- Hexachlorocyclohexane (BHC):
  - Alpha-BHC
  - Beta-BHC
  - Gamma-BHC (Lindane)
  - Delta-BHC
- Chlordane
- 4,4-DDT
- 4,4-DDE
- 4,4-DDD
- Dieldrin
- alpha-Endosulfan
- beta-Endosulfan
- Endosulfan Sulfate
- Endrin
- Endrin Aldehyde
- Heptachlor
- Heptachlor Epoxide
- Toxaphene

**Other Pollutants of Concern**

- Carbaryl (Sevin)
- Chlorpyrifos
- Cresols
- 2,4-D
- Demeton
- Diazinon
- 1,2-Dibromoethane
- Dicofol
- Diuron
- Epichlorohydrin
- Ethylene glycol
- Guthion
- Hexachlorophene
- 4,4'-Isopropylidenediphenol (Bisphenol A)
- Malathion
- Methoxychlor
- Methyl Ethyl Ketone
- Methyl-tert-butyl ether
- Mirex
- N-Nitrosodiethylamine
- N-Nitroso-di-n-Butylamine
- Nonylphenol
- Parathion, (ethyl)
- Pentachlorobenzene
- Pentachlorophenol
- Pyridine
- 1,2,4,5-Tetrachlorobenzene
- 2,4,5-TP (Silvex)
- 2,4,5-Trichlorophenol
- Tributyltin

**Per/Poly-fluoroalkyl substances (PFAS)**

- PFOA
- PFOS
- GenX
- PFBS
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**SECTION I: AUTHORIZED SIGNATURE**

**This form is to be signed by the responsible official of the facility after adequate completion and review of the information contained within this form by the signing official.**

**NOTE TO SIGNING OFFICIAL:** In accordance with 40 C.F.R. § 403.14, information and data provided in this questionnaire 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 C.F.R. Part 2 and shall be requested in writing. Should an Industrial Users Wastewater Discharge Permit be required for your facility, the information in this questionnaire will be used to issue the permit.

*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.*

**CERTIFIED BY:**

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Printed Name	Title	Company	
Signature	Date	Email	Phone

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**APPLICATION PREPARED BY:**

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Printed Name	Title	Company	
Signature	Date	Email	Phone

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