

# City of Round Rock Application for Sewage Discharge Permit

## 1 General Information

Company Name		fax:	
Applicant Name			
Street Address	city	state	zip
Mailing Address	city	state	zip
Contact Person for Application		telephone	
Contact Person for Wastewater Operations		telephone	

## 2 Type of Business (Briefly describe the business. Complete either 2(A) or 2(B).)

### A. Commercial/Trade/Service/Institution

Standard Industrial Classification Code(s):

### B. Industrial/Manufacturing (see Table 1)

Standard Industrial Classification Code(s):

## 3 Principal Products

Product(s)	Past Calendar Year				Estimate This Calendar Year		
	Max	Ave.	Units		Max	Ave.	Units

## 4 Facility Operation

**A. Hours of Operation**      Operating Days per week: \_\_\_\_\_  
 1st shift \_\_\_\_\_ 2nd shift \_\_\_\_\_ 3rd shift \_\_\_\_\_  
 Holiday Shutdowns? \_\_\_\_\_

**B. Employees**  
 1st shift \_\_\_\_\_ 2nd shift \_\_\_\_\_ 3rd shift \_\_\_\_\_

## 5 Type and Volume of Wastewater

Report the discharge capacity per day and per month. Refer to Table 2 for descriptions of wastewater types. Mark all batch discharges.	Daily Capacity in gallons		Monthly Average Capacity in gallons
	Sanitary		
Process			
Utility			
Cleaning			
Other			

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## 6 Wastewater Constituents

List any compounds found in Table 3 that you believe could be present in your wastewater. Attach any recent analytical data.

## 7 Hazardous/Radioactive Wastes

List any hazardous wastes found at 40 CFR 261 that you discharge to the city sewer. Give the EPA hazardous waste number.

## 8 Wastewater Treatment

### A. Commercial/Trade/Service/Institution

Check all that apply and describe size and maintenance of the device. Attach additional schematics or information as necessary.

Oil or grease trap                       Sand trap                       Other (please describe)

### B. Industrial/Manufacturing

Attach a simplified wastewater diagram showing the types and volumes of wastewaters you have listed on the front page of this form. Show any pretreatment units and their function - for example: neutralization, settling, or oil and grease trapping. or oil and grease trapping. Mark location where a wastewater stream can be sampled or flow-measured and describe equipment and facilities - for example: a manhole, cleanout or meter.

## 9 Spill Prevention

Briefly describe any plans or procedures the facility has to prevent the accidental discharge of prohibited or controlled wastes into the city sewer. [Attach any applicable spill/slug control plans or Toxic Organic Management Plans (TOMP)]

## 10 Attach or list below all environmental permits held by the facility.

## 11 Certification

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.

Signature of Business Owner/Operator\*

Name and Official Title

Date Signed

\*The person signing this certification must be the owner or operator of the facility or a duly authorized representative of the owner or operator.