

**CITY OF DALLAS
WATER UTILITIES DEPARTMENT
PRETREATMENT AND LABORATORY SERVICES DIVISION
5510 S. WESTMORELAND RD., SUITE 200
DALLAS, TEXAS 75237**

**PERMIT (PERMIT APPLICATION) TO DISCHARGE REMEDIATED
GROUNDWATER INTO THE CITY OF DALLAS SANITARY SEWER SYSTEM**

Company Name: _____

Address: _____

Authorized Representative: _____ **Title:** _____

Type of Industry: _____

Property Owner (If different from the applicant): _____

Address: _____

Responsible Party: _____

TO THE DIRECTOR OF THE WATER UTILITIES DEPARTMENT, CITY OF DALLAS, TEXAS

The undersigned applicant, being the _____ of the property located
(Owner, Lessee, Tenant, etc.)

at _____ does hereby
(Facility Address)

request a permit to continue in use or to establish and industrial connection to the City of Dallas Sanitary
Sewer System servicing the _____ which is
(Name of Company)

engaged in _____ at said location.
(Nature of Business)

Applicant is the owner of the business, or the authorized agent as required by City ordinance. The owner
of the business, if different from applicant is _____
(Name of Company, a Corporation, Partnership, etc.)

with home offices located at _____ and
(Address, City, State, Zip)

represented by _____
(Name of Person and Title)

The above named applicant does hereby make application for a permit to discharge remediated groundwater into the City of Dallas Sanitary Sewer System serving the above property and agrees to comply with the wastewater standards stipulated in Chapter 49 of the Dallas City Code, and the conditions set forth in this permit.

The Applicant agrees and understands that this permit is subject to renewal or amendment at any time after issuance or as found necessary by the Director of the Water Utilities Department or his authorized representative, or other applicable regulatory actions are promulgated by the United States Environmental Protection Agency, the State of Texas, or the City of Dallas. All permits must be renewed no later than three years after issuance, and may not be transferred to another party.

CONDITIONS OF THIS PERMIT REQUIRES THAT THE APPLICANT:

- 1) Pretreat or control discharge streams as necessary to meet or be below analytical detection limits and in no case exceed the limits set forth in Chapter 49 of the Dallas City Code. Provide descriptions and flow diagrams of the treatment process and discharge point.
- 2) Submit to the Water Utilities Department a pretreatment plan that contains actions to be taken, with the dates that such actions will be accomplished, and a date when remediation will be completed.
- 3) Provide at Applicant's expense a monitoring chamber(s) approved by the Water Utilities Department which will represent the total wastewater discharge from the facility, and/or monitoring chamber(s) which represent the wastewater discharge from any particular process deemed necessary by the Director of the Water Utilities Department or his authorized representative.
- 4) Install wastewater meter(s) approved by Dallas Water Utilities Industrial Billing Section at applicant's expense.
- 5) Immediately notify the Liquid Waste Coordinator, Water Utilities Department, Pretreatment and Laboratory Services Division, 5510 S. Westmoreland Rd., Suite 200, Dallas, Texas, 75237, (214) 243-2374, in the event of any accident, spill, upset, or other occurrence that may result in the discharge to the sanitary sewer system of any wastes in excess of the limits stated in Chapter 49 of the Dallas City Code or this permit.
- 6) Pay the Water Utilities Department the appropriate sewer charges and surcharges for concentrations of B.O.D. and/or T.S.S. in excess of 250 milligrams per liter being discharged into the wastewater collection system as stipulated in Chapter 49 of the Dallas City Code.
- 7) Permit the Director of the Water Utilities Department or his authorized representatives immediate entry to the premises, as may be necessary for the purpose of inspection, sample collection or other monitoring activity, studies of industrial wastes, or information gathering.
- 8) Provide the Water Utilities Department, upon request, information and data on the nature of operations, operational shifts, products produced or serviced, chemicals or other substances used in processes, and off-site disposal of wastes. Submit notice of any changes, additions, or deletions to processes, products, pretreatment, or waste disposal to the Water Utilities Department within 24 hours of their inception.
- 9) Submit to the Water Utilities Department Pretreatment and Laboratory Services Division monthly self-monitoring reports of remediated groundwater characteristics discharged at the sample site location(s) specified. The report will include volumes of remediated groundwater discharged during the month being reported. All analyses contained in these reports will be performed by laboratories using analytical methods in accordance with 40 CFR 136. Completed reports will be submitted to the Pretreatment and Laboratory Services Division, Liquid Waste Coordinator, 5510 S. Westmoreland Rd., Suite 200, Dallas, Texas 75237, on or before the fifteenth of the month for the previous month's activities.
- 10) Provide an address of a responsible party for all billings of wastewater charges, sampling fees and other charges.

- 11) WAIVE FORMAL SERVICE OF PROCESS UPON APPLICANT'S REGISTERED AGENT FOR SERVICE OF WATER POLLUTION CITATIONS, AND AGREE TO RECEIVE AND ACCEPT SERVICE OF PROCESS FOR WATER POLLUTION CITATIONS IN APPLICANT'S NAME AND AT THE FOLLOWING ADDRESS:

(Company Name): _____

(Authorized Representative): _____

(Company Address): _____

REMEDIATED GROUNDWATER DISCHARGE LIMITATIONS

NAME OF COMPANY: _____

ADDRESS: _____

PERMIT NUMBER: _____ DATE PERMIT ISSUED: _____

The undersigned applicant agrees to comply with the provisions currently stipulated in Chapter 49 of the Dallas City Code including, but not limited to the following:

All wastewater discharges should not exceed analytical detection limits and in no case above the following concentrations.

DURATION: No more than 3 years from date of issue.

<u>POLLUTANT</u>	<u>MAXIMUM ALLOWABLE CONCENTRATION</u>	
Arsenic (As)	0.5	mg/L
Cadmium (Cd)	1.0	mg/L
Chromium (Cr)	5.0	mg/L
Copper (Cu)	4.0	mg/L
Lead (Pb)	1.6	mg/L
Mercury (Hg)	0.01	mg/L
Nickel (Ni)	9.0	mg/L
Selenium (Se)	0.2	mg/L
Silver (Ag)	4.0	mg/L
Zinc (10.0	5.0	mg/L
Cyanide (CN) (Total)	1.6	mg/L
Benzene	1.0	mg/L
Phenol	149.0	mg/L
Toluene	3.0	mg/L
Xylene	2.0	mg/L
Methylene Chloride	21.0	mg/L
Ethyl Benzene	1.6	mg/L
Isopropyl Alcohol	26250.0	mg/L
Methyl Alcohol	20000.0	mg/L
Acetone	21000.0	mg/L
Methyl Ethyl Ketone	249.0	mg/L
Biological Oxygen Demand	10000	mg/L
Total Suspended Solids	10000	mg/L
Total Petroleum Hydrocarbon (methodTX1005)	100.0	mg/L
pH Range	5.5 to 10.5	units
Polychlorinated Biphenyls (PCB's)	None Allowed	
Insecticides and Herbicides	Prohibited in concentrations not amenable to treatment	

Applicant agrees to collect representative samples at a minimum of once per month from the sample site in accordance with 40 CFR 136 and analyze for pollutants listed above and pollutants listed in Table II of 40 CFR 122, Appendix D (Volatiles, Acid Compounds, Base/Neutral, and Pesticides).

AUTHORIZED REPRESENTATIVE: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____

NAME OF COMPANY: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS: () Corporation () Partnership () Sole Proprietorship () Association

IF CORPORATION, STATE THE NAME OF THE CORPORATION AS IT APPEARS ON THE CORPORATE CHARTER, THE CORPORATION NUMBER AND THE STATE OF REGISTER:

NAME OF REGISTERED AGENT: _____

IF NOT A CORPORATION, LIST NAMES, ADDRESSES, AND TITLES OF MAJOR OFFICERS:

LIST NAMES OTHER THAN THE NAME UNDER WHICH THIS APPLICATION IS FILED, UNDER WHICH THE COMPANY CONDUCTS BUSINESS: _____

I certify that I am an Authorized Representative of the above named company, and that the remediated groundwater being discharged by this company into the City of Dallas Sanitary Sewer System is in full compliance with the stipulations of Chapter 49 of the Dallas City Code.

_____ YES _____ NO

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

NAME OF AUTHORIZED REPRESENTATIVE: _____

(Please Print or Type)

TITLE: _____

BILLING INFORMATION

NAME OF COMPANY (IF DIFFERENT): _____

BILLING ADDRESS: _____

TAX ID NUMBER: _____

The undersigned being the Authorized Representative of the herein named company, does agree to all terms stated in this document, and understands that failure to comply with the conditions of this permit and all applicable codes as currently written, or as they may be amended shall render null and void this permit to discharge into the City of Dallas Sanitary Sewer System. The undersigned applicant certifies that all information provided to the Water Utilities Department in this document is to the best of his or her knowledge true and correct at the time of signature.

SIGNATURE OF APPLICANT: _____ DATE: _____

NAME OF APPLICANT: _____ TITLE: _____
(Please print or type)

TREATMENT SYSTEM OPERATOR (If Applicable)

The undersigned co-applicant agrees to ensure compliance with the conditions stipulated in this permit application to discharge into the City of Dallas Sanitary Sewer System and all applicable codes. The undersigned co-applicant certifies that all pretreatment processes used at the location specified will, to the best of his or her knowledge, meet all requirements of this permit. The co-applicant will maintain all equipment to maintain optimum treatment and pollutant removal efficiency of contaminated groundwater at all times.

Signature of Co-applicant: _____ DATE: _____

NOTARY SEAL

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public, _____ County of _____, Texas.

===== APPROVAL OF APPLICATION AND GRANT OF PERMIT =====

This application is hereby approved, and permit to discharge remediated groundwater into the City of Dallas Sanitary Sewer System is granted, for the time period of: _____

_____ until _____

to _____
(Name of Company)

located at _____
(Address of Company)

SIGNATURE OF APPROVING AUTHORITY: _____
Water Utilities Department
City of Dallas, Texas

DATE: _____

PERMIT NUMBER: _____

ACCOUNT NUMBER: _____

THIS PERMIT IS NOT TRANSFERABLE