



**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:











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						













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 \_\_\_\_\_

### **Industrial Waste Discharge Permit Signatory Requirements**

The "Responsible Official and Duly Authorized Representative Form" must be used to identify the "Responsible Official" and, if applicable, the "Duly Authorized Representative" of the entity permitted under the City of Garland Industrial Pretreatment Program. The form and all Industrial User Reports (Self-Monitoring Reports, responses, etc.) required under a City of Garland Industrial Waste Discharge Permit shall be signed as follows:

A. By a "**Responsible Official**" who is defined as an individual that is:

- (i) A president, secretary, treasurer, or vice-president of the corporation in charge of principal business function or any other person who performs similar policy- or decision-making functions for the corporation; or
- (ii) The manager of one or more manufacturing, production, operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures; or
- (iii) A general partner or proprietor if the permitted entity is a partnership or sole proprietorship respectively.

B. By a "**Duly Authorized Representative**" provided that:

- (i) The authorization is made by a "Responsible Official" meeting the criteria in Section A above by using the City of Garland Industrial Authorized Representative form.
- (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company.

If an authorization under Section B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization form satisfying the requirements must be submitted to the City of Garland Industrial Pretreatment Program prior to or together with any reports to be signed by an authorized representative.



**Responsible Official and Duly Authorized Representative Form**

Please identify the Responsible Official(s) and Duly Authorized Representative(s) by completing this form. Incomplete forms will not be accepted by the City of Garland Industrial Pretreatment Program (IPP). The completed form shall be submitted to the IPP prior to or with any Industrial User Reports (Self-Monitoring Reports, responses, etc.) required under a City of Garland Industrial Waste Discharge Permit, or included with a permit application if the facility is not permitted with the IPP.

**A. Facility Information**

- (i) Name and entity permitted or to be permitted by the IPP (company, corporation, proprietorship, etc.)  
\_\_\_\_\_
- (ii) Operating Permit No.: \_\_\_\_\_ (specify "TBD" if a permit number has not been assigned to the facility)
- (iii) Facility Address: \_\_\_\_\_

**B. Responsible Official(s) Information**

At least one "Responsible Official" meeting the requirements shall be specified in the fields below. This form will not be accepted if it is not signed by at least one individual.

Responsible Official #1

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Primary Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
 Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Official #2

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Primary Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
 Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Official #3

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_  
 Primary Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
 Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**C. Designation of Duly Authorized Representative(s)**

Please indicate whether or not the permitted entity will have specific "Duly Authorized Representatives" to sign and submit Industrial User Reports on its behalf by checking off the appropriate box below and providing the information for all such individuals.

- (i)  No; additional designations will not be made at this time and only the individual(s) listed on Section B of this form is(are) authorized to sign and submit Industrial User Reports to the City of Garland Industrial Pretreatment Program.
- (ii)  Yes; the following individual(s) is(are) authorized to sign and submit Industrial User Reports to the City of Garland Industrial Pretreatment Program on behalf of the facility.

Duly Authorized Representative #1

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Duly Authorized Representative #2

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Primary Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**D. Registered Agent**

Identify the person(s) who is(are) the registered agent for this facility with the Texas Secretary of State:

\_\_\_\_\_

**E. Certification by Responsible Official**

To be deemed acceptable to the City of Garland Industrial Pretreatment Program, this form shall be signed by a Responsible Official.

I, \_\_\_\_\_ (Name of Responsible Official), certify that I am a Responsible Official for \_\_\_\_\_ (name of facility), and that the information provided in this form, including any applicable designations of "Duly Authorized Representatives" indicated in Section C of this form, is true, accurate and valid to the best of my knowledge. Furthermore, I certify that the information presented in this form is intended to comply with the signatory requirements for the submittal of Industrial User Reports in accordance with 40 CFR 403.12(l), Code of Federal Regulations as of the date noted below.

Signature of Responsible Official \_\_\_\_\_ Date \_\_\_\_\_