

Standard Operating Procedures
For
Processing Confidential Information

When **Any** information is received from an industry, by the pretreatment staff, and marked confidential it must be reviewed immediately. The information must then be forwarded to the City Attorney to determine if the information is indeed confidential as defined in 40 CFR § 2. If the information is confirmed by the City Attorney to be confidential it must then be placed in a secure location such as a locked office or a locked file cabinet. If the pretreatment staff receives a document that is marked confidential but has previously been reviewed by the City Attorney, the pretreatment staff need not resubmit the document unless it has been more than one calendar year since the last submittal. Once the information has been determined to be confidential information the only person(s) eligible to review the information are the pretreatment staff, State and or Federal Regulators, or the industry staff that prepared and submitted the information. If the information is requested for review by the above mentioned parties then the information must be signed for at the time it is taken and the time it is returned.

CITY OF ENNIS, TEXAS
WASTEWATER DISCHARGE PERMIT APPLICATION

Note: Please read all attached instructions prior to completing this application

SECTION A – GENERAL INFORMATION

1. Facility Name: _____

a. Operator Name: _____

b. Is operator identified in 1.a., the owner of the facility? Yes [] No []

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address:

Street: _____

City: _____ State: _____ Zip: _____

3. Business Mailing Address:

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

4. Designated signatory authority of the facility:

(Attach similar information for each authorized representative)

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____

5. Designated facility contact:

Name: _____

Title: _____

Phone #: () _____

SECTION B – BUSINESS ACTIVITY

1. If your facility employs or will be employing 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 of business activity (check all that apply).

Industrial Categories

- Dairy products processing
- Grain mills
- Canned and preserved fruits and vegetables processing
- Canned and preserved seafood processing
- Sugar processing
- Textile mills
- Cement manufacturing
- Feedlots
- Electroplating
- Organic chemicals, plastics, and synthetic fibers
- Inorganic chemicals manufacturing
- Soap and detergent manufacturing
- Fertilizer manufacturing
- Petroleum Manufacturing
- Iron and steel manufacturing
- Nonferrous metals manufacturing
- Phosphate manufacturing
- Steam electric power generating
- Ferroalloy manufacturing
- Leather tanning and finishing
- Glass manufacturing
- Asbestos manufacturing
- Rubber manufacturing
- Timber products processing
- The pulp, paper, and paperboard
- The builders' paper and board mills
- Meat Products
- Metal finishing
- Coal mining and processing
- Oil and gas extraction
- Mineral mining and processing
- Pharmaceutical manufacturing
- Ore mining and dressing
- Paving and roofing materials (tars and asphalt)
- Paint formulating
- Ink formulating
- Gum and wood chemicals manufacturing
- Pesticide chemicals
- Explosives manufacturing
- Carbon black manufacturing
- Photographic
- Hospital
- Battery Manufacturing
- Plastics molding and forming
- Metal molding and casting
- Coil coating
- Porcelain enameling

SECTION C – WATER SUPPLY

1. Water Sources: (Check as many as are applicable)

- Private well
- Surface water
- Municipal Water Utility (Specify City): _____
- Other (Specify): _____

2. Name on water bill: _____

Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. List average water usage on premises:
 (New facilities may estimate)

<u>Type</u>	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant and equipment Washdown	_____	_____
i. Irrigation and lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A-J	_____	_____

SECTION D – SEWER INFORMATION

1. a. For an existing business:

Is the building presently connected to the public sanitary sewer system?

Yes: Sanitary sewer account number _____

No: Have you applied for a sanitary sewer hookup? Yes No

b. For a new business:

(i). Will you be occupying an existing vacant building (such as in an industrial park)

Yes No

(ii). Have you applied for a building permit if a new facility will be constructed?

Yes No

(iii). Will you be connected to the public sanitary sewer system?

Yes No

2. List size, description, location, and flow of each facility sewer which connects to the City's sewer system. (If more than three, attach additional information on another sheet.)

<u>Sewer Size</u>	<u>Descriptive Location of Sewer Connection or discharge point</u>	<u>Average Flow (GPD)</u>
_____	_____ _____	_____
_____	_____ _____	_____
_____	_____ _____	_____

SECTION E – WASTEWATER DISCHARGE INFORMATION

1. Does (or will) this facility discharge any wastewater other than from restrooms to the City sewer?

[] Yes: If the answer to this question is “yes”, complete the remainder of the application.

[] No: If the answer to this question is “no”, skip to Section I.

2. Provide the following information on wastewater flow rate. (New facilities may estimate)

a. Hours/Day Discharge (e.g., 8 hours/day):

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

b. Hours of Discharge (e.g., 9 a.m. to 5 p.m.):

Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri. _____ Sat. _____ Sun. _____

c. Peak hourly flow rate (GPD) _____

d. Maximum daily flow rate (GPD) _____

e. Annual daily average (GPD) _____

3. If batch discharge occurs or will occur, indicate: (New facilities may estimate)

a. Number of batch discharges _____ per day.

b. Average discharge per batch _____ GPD.

c. Time of batch discharges _____ at _____.
(days of week) (hours of day)

d. Flow rate _____ GPM.

e. Percent of total discharge _____.

4. Schematic Flow Diagram – For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all units in the processes. Indicate which processes use water and which generate waste streams. Include the average daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the community sewer. This drawing must be certified by a State Registered Professional Engineer. Attach drawing to the end of this document.

Facilities that checked activities in question 1 of Section B are considered Categorical Industrial Users and should skip to question 6.

5. For Non-categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, Continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

<u>No.</u>	<u>Process Description</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ANSWER QUESTIONS 6 & 7 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS.

6. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge.)

<u>No.</u>	<u>Regulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Unregulated Process</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>No.</u>	<u>Dilution</u>	<u>Average Flow (GPD)</u>	<u>Maximum Flow (GPD)</u>	<u>Type of Discharge (batch, continuous, none)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standards of the applicable categorical pretreatment standards published by the EPA?

[] Yes [] No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

[] Yes [] No

c. Has a toxic organics management plan (TOMP) been developed?

[] Yes [] No

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
Planned:	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sampling Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

- Yes
- No, (skip question 10)

10. Briefly describe these changes and their effects on the 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 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.)

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. 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. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was 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.

Pollutant	Detection Level Value	Maximum Daily Value		Average of Analysis		EPA Method Used	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Flouranthene								
4-Chlorophenyl phenyl ether								
4-Bromophenyl phenyl ether								
Bis(2-chlorisopropyl) ether								
Bis(2-chloroethoxy) methane								
Methylene chloride								
Methyl chloride								
Methyl bromide								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-dinitro-o-cresol								
N-nitrosodimethylamine								
N-nitrosodiphenylamine								
N-nitrosodi-n-propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylhexyl) phthalate								

Pollutant	Detection Level Value	Maximum Daily Value		Average of Analysis		EPA Method Used	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
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								
1,1,2,2-Tetrachloroethane								
Chloroethane								
Bis(2-Chloroethyl) ether								
17 Bis (chloro methyl) ether								
2-Chloroethyl vinyl ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-dichloroethylene								
2,4-Dichloropheno								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
Di-n-octyl phthalate								
Diethyl phthalate								
Dimethyl phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4-benzofluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								
Phenanthrene								
Dibenzo(a,h)anthracene								
Indeno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl chloride								

Pollutant	Detection Level Value	Maximum Daily Value		Average of Analysis		EPA Method Used	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-endosulfan								
Beta-endosulfan								
Endosulfan sulfate								
Endrin								
Endrin aldehyde								
Heptachlor								
Heptachlor epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene (TCDD)								
Asbestos								
Acidity								
Alkalinity								
Bacteria								
BOD 5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH3-N								
Oil & Grease								
TSS								
TOC								
Kjeldahl nitrogen								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO4)								
Sulfide (S)								
Sulfite (SO3)								

Pollutant	Detection Level Value	Maximum Daily Value		Average of Analysis		EPA Method Used	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								
Nickel								
Selenium								
Silver								
Thallium								
Zinc								

SECTION G – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility?

yes No

2. Is any form of wastewater treatment (or change to an existing wastewater treatment) planned for this facility within the next three years?

Yes, describe: _____
 No

3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as apply).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: _____
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: _____
- Rainwater diversion or storage
- Other chemical treatment, type: _____
- Other physical treatment, type: _____
- Other, type: _____

4. Description

Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. (Attach additional sheets as needed.)

5. Attach a process flow diagram for each existing treatment system. Include process equipment, byproducts, byproduct disposal method, waste and byproduct volumes, and design and operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Do you have a treatment operator? Yes No

(if Yes,) Name: _____
Title: _____
Phone: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

8. Do you have a manual on the correct operation of your treatment equipment?

Yes No

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

Yes No

SECTION H – FACILITY OPERATIONAL CHARACTERISTICS

1. Shift Information

Work Days		[]	[]	[]	[]	[]	[]	[]
		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per Work day:		_____	_____	_____	_____	_____	_____	_____
Employees Per shift:	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____
Shift start And end Times:	1 st	_____	_____	_____	_____	_____	_____	_____
	2 nd	_____	_____	_____	_____	_____	_____	_____
	3 rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:

- [] Continuous through the year, or
- [] Seasonal – Circle the months of the year during which the business activity occurs:

Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.

Comments: _____

3. Indicate whether the facility discharge is:

- [] Continuous through the year, or
- [] Seasonal – Circle the months of the year during which the facility discharge occurs:

Jan. Feb. Mar. Apr. May June July Aug. Sep. Oct. Nov. Dec.

Comments: _____

4. Does operation shut down for vacation, maintenance, or other reasons?

[] Yes, indicate reasons and period when shutdown occurs: _____

[] No

5. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

6. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

Chemical	Quantity
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Building Layout – Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

SECTION I – SPILL PREVENTION

1. Do you have chemical storage containers, bins, or ponds at your facility? Yes No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

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

If yes, where do they discharge to? _____

3. If you have chemical storage containers, bins, or ponds in the manufacturing area, could an accidental spill lead to a discharge to: (Check all that are applicable.)

- an onsite disposal system
- public sanitary sewer system (e.g. through a floor drain)
- storm drain
- to ground
- other, specify; _____
- not applicable, no possible discharge to any of the above mentioned routes

4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority’s collection system?

- Yes – (please enclose a copy with the application)
- No
- N/A, not applicable since there are no floor drains and/or the facility discharge(s) only domestic waste.

5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

SECTION J – NONDISCHARGED WASTES

1. Are waste liquids or sludge generated and not disposed of in the sanitary sewer system?

- Yes, please describe below
- No, skip the remainder of Section J

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Disposal Method</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>On-Site or Off-Site</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

<u>Waste Generated</u>	<u>Quantity (per year)</u>	<u>Waste Facility</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If an outside firm removes any of the above checked wastes, state the name(s) and Address(s) of all waste haulers:

- a. _____ b. _____
- _____
- _____
- Permit No. _____ Permit No. _____
- (if applicable) (if applicable)

5. Have you been issued any Federal, State, or local environmental permits?

- Yes
- No

If yes, please list the permit(s) issued and their expiration dates: _____

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 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.

Name(s)

Title

Signature

Date

Phone

MONTHLY SELF-MONITORING REPORT – PRETREATMENT PROGRAM

This Self-Monitoring Report is for the Month(s) of _____, 2005

1. Company Name:

Company Address:

2. SIC Number(s):

3. Monitoring Reports: Report the results of analysis in units specified below

Pollutant(s)		Monthly				Sample Type Grab or Composite
a.		Max	mg/L	Avg	mg/L	
b.		Max	mg/L	Avg	mg/L	
c.		Max	mg/L	Avg	mg/L	
d.		Max	mg/L	Avg	mg/L	
e.		Max	mg/L	Avg	mg/L	
f.		Max	mg/L	Avg	mg/L	
g.		Max	mg/L	Avg	mg/L	
h.		Max	mg/L	Avg	mg/L	
i.		Max	mg/L	Avg	mg/L	
j.		Max	mg/L	Avg	mg/L	
k.		Max	mg/L	Avg	mg/L	

4. Flow Records

a. Report daily average flow in MGD, estimated _____ or metered _____

b. Report by date and amount in million gallons per day, of any flow that exceeds your daily average flow:

Date: _____	MGD: _____	Date: _____	MGD: _____
Date: _____	MGD: _____	Date: _____	MGD: _____
Date: _____	MGD: _____	Date: _____	MGD: _____

5. CERTIFIED STATEMENT: Pretreatment standards for this facility (item(s), above) are ___ are not ___ being met on a consistent basis. Additional operation and maintenance (O&M) required to issue compliance is as follows: _____

Additional pretreatment required to meet standards is as follows: _____

"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."

Date Signed: _____

Signature of Authorized Official

FACT SHEET

1. NAME OF IU
2. LOCATION OF IU
3. NAME OF IU REPRESENTATIVE
4. IU REPRESENTATIVE OFFICE PHONE
5. IU REPRESENTATIVE HOME OFFICE
6. IU WATER USE OPERATIONS
7. SAMPLING POINT LOCATION
8. TYPE OF WATER DISCHARGED: (check applicable)
 - a. Process
 - b. Domestic
 - c. Both
 - d. Non-Domestic
9. MONITORING FREQUENCY:
 - a. IU Discharger:
 - b. City:
 - c. Other(s)
10. INSPECTION FREQUENCY:
 - a. City:
 - b. Other(s)
11. IU CLASSIFICATION
12. CITY PERMIT NO.
 - a. Effective Date: Termination Date:
13. IU DISCHARGER GENERAL PROCESS
14. GENERATED POLLUTANTS
15. DISPOSITION OF HAZARD MARERIALS



CITY OF ENNIS, TEXAS

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http://www.ennis-texas.com

INDUSTRIAL WASTE QUESTIONNAIRE AND BASELINE REPORT
CITY OF ENNIS, TEXAS

SECTION A. GENERAL INFORMATION

1. Standard Industrial Classification Code (SIC), if more than one, list all:

2. Company Name:

3. Company Address:

4. Premise Address:

5. Contact Official: Name

Address:

Title:

Phone #

6. Identify the type of business conducted, (restaurant, auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.).

7. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

8. Principal Raw Material Used:

9. Catalysts Intermediates:

10. Water in this facility obtained from (check as many as apply):

___ City Public Supply ___ Well or Other Private Supplier ___ Other

11. Water use within the facility (check all that apply):

Table with 3 columns: Category, Average Gallons per Day, and Measurement Type (estimated/measured). Rows include Sanitary, Water into Product, Cooling Water, Boiler Feed, Process Equipment, Facility Washdown, and Air Pollution Control Unit.

Others list:

_____ estimated _____ measured

_____ estimated _____ measured

12. Name any other environmental control permits held by your facility; such as air control or hazardous waste permits.

Name of Permit Permit No. Permitting Agency

a. _____

b. _____

c. _____

13. Describe any raw water treatment process in use:

SECTION B. WASTEWATER INFORMATION

1. This facility generates the following types of wastes (check all that apply):

_____ Domestic wastes (restrooms, employee showers, etc.).

_____ Cooling Water _____ contact _____ non-contact _____ boiler/tower

_____ blow down _____ Process waste _____ batch flow _____ continuous flow

_____ Air pollution control wastes (scrubber system, etc.).

_____ Storm water runoff to sanitary sewer system.

_____ Clean-up wastewater.

_____ Others (describe)

2. Wastes are discharged to (check all that apply):

_____ Sanitary Sewer

_____ Storm Sewer

_____ Septic tank

_____ Removed by waste hauler

_____ Surface waters

3. Attach a flow schematic that depicts the origin, flow, waste load, use and disposal of water in your facility. Indicate the names of processes or operations where water is used or consumed. Indicate

all points of discharge where wastewaters enter the city sanitary sewer system.

(see attached flow diagram, for example)

4. Conventional Pollutants:

New industrial users should provide wastewater quality information derived from initial self-monitoring results or from the quality data of wastewater from a similar industry.

Wastewater Constituent	Maximum Value	Workday Average Value	Units
Biochemical Oxygen Demand (5d)	_____	_____	mg/l

Total Suspended Solids	_____	_____	mg/l
Temperature	_____	_____	mg/l
Oil & Grease	_____	_____	mg/l
ph	_____	_____	Std U
Flow	_____	_____	gpd

Source of Data: _____

5. See priority pollutants. (four pages)(pages 7 thru 10)

6. Are any liquid wastes or sludges not disposed of in the sewer system? Yes No
 If yes indicate type of waste (s) and annual volume of weight generated.

Briefly describe disposal methods including the name (s) of disposal sites and transportation company.

7. List the volatile, flammable or explosive liquids discharged in the sewer.

8. Has an Accidental Discharge Plan been prepared? Yes No

If yes please attach a copy of the plan with questionnaire.

SECTION C. FEDERAL PRETREATMENT REQUIREMENTS

1. Is your discharge subject to a Categorical Pretreatment Standards under 40 Code of Federal Regulations?
 Yes No Not known

The above question must be answered with certainty. For additional information regarding Categorical Pretreatment Standards, contact the City of Ennis, Utility Department, Phone No 875-1234, ext 2249 or 875-4469. If the answer to the question is "no" disregard Section C.

2. If the answer to question Section C. 1. is "yes", indicate applicable Categorical Standards.

EXAMPLE

Process	Categorical Standard	Subcategory
-----	-----	-----
a) Chrome Plating Line	Electroplating	Common Metals
-----	-----	-----
b) _____	_____	_____
-----	-----	-----

3. Indicate measured or estimated daily discharge flows of the regulated processes.

Process	Average GPD	Maximum GPD
a)		
b)		
c)		

4. Wastewater Quality of Regulated Processes.

Your firm must present information on the quality of industrial wastewaters from regulated processes. Samples collected from wastewater streams should be based upon three samples collected during a two week period. Analytical procedures should follow those as prescribed by the United States Environmental Protection Agency, in 40 Code of Federal Regulations, Part 136, as current.

5. Pretreatment Standards are _____ are not _____ being met on a consistent basis. Additional pretreatment facilities, or operation and maintenance under consideration are as follows:

6. If pretreatment standards are not being met, complete a schedule of increment process compliance. Increments of progress may include:

- a. hiring of an engineer
- b. completing preliminary plans
- c. completing final plans
- d. executing contracts for major components
- e. commencing construction, etc.

1 Increment of Process	2 Scheduled Commencement Date	Scheduled Completion Date
a. _____ _____	_____	_____
b. _____ _____	_____	_____
c. _____ _____	_____	_____
d. _____ _____	_____	_____
e. _____ _____	_____	_____

1 No increment of progress shall exceed nine (9) months.
 2 Final completion dates should not be later than compliance date.

7. Engineers Certification, if applicable.

I certify that I have personally examined, and am familiar with, the information in this questionnaire regarding compliance with National Categorical Pretreatment Standards and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the questionnaire, I believe that the information is true, accurate and complete. I further certify that I am knowledgeable in the field of wastewater and wastewater treatment.

ENGINEER CERTIFYING

NAME

TEXAS REGISTRATION NUMBER

SIGNATURE

DATE

SECTION D. OFFICIAL SIGNATURE

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 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. A business confidentiality claim may be asserted for other data and information by placing on (or attaching to) the information a cover sheet, stamped or typed legend; or other suitable form of notice employing language such as "trade secret", "proprietary", or "company confidential". Confidential portions of otherwise nonconfidential documents should be clearly identified by the business, and may be submitted separately to facilitate identification and handling by the Authority. If the business desires confidential treatment only until a certain date or until the concurrence of a certain event, the notice should so state.

This is to be signed by an authorized official of your firm after adequate completion of this questionnaire and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon by inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I, or my successor in this position, shall be responsible and in charge of all Wastewater Discharges and Operations. I am aware that there are significant penalties for submitting false information, including the possibility of fine, or suspension of City services.

NAME TITLE

DATE SIGNATURE OF OFFICIAL

Addenda: Please furnish a chemical inventory, liquids, solids, pigments solid, etc.

PRIORITY POLLUTANT INFORMATION:

Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent," "Known to be Absent," "Suspected to be Present," or "Known to be present" in your manufacturing or service activity or generated as a by-product.

Chemical Compound:	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Conc. /day
<u>I. Metals & Inorganics</u>					
1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>II. Phenols & Cresols</u>					
16. Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
19. Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>II. Phenols & Cresols cont.</u>					
23. Phenol, 2, 4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
24. Phenol, 2, 4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
25. m-Cresol,p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
26. o-Cresol,4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>III. Monocyclic Aromatics (Excluding phenols, cresols and phthalates)</u>					
27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
29. Benzene, 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
30. Benzene,1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
31. Benzene,1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
32. Benzene,1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
33. Benzene,hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
34. Benzene,ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
35. Benzene,nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
36. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
37. Toluene,2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
38. Toluene,2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Chemical Compound:	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Conc./day
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IV. PCBs & Related Compounds

39. PCB-1016	[]	[]	[]	[]	_____
40. PCB-1221	[]	[]	[]	[]	_____
41. PCB-1232	[]	[]	[]	[]	_____
42. PCB-1242	[]	[]	[]	[]	_____
43. PCB-1248	[]	[]	[]	[]	_____
44. PCB-1254	[]	[]	[]	[]	_____
45. PCB-1260	[]	[]	[]	[]	_____

V. Ethers

46. 2-Chloronaphthalene	[]	[]	[]	[]	_____
47. Ether, bis(chloromethyl)	[]	[]	[]	[]	_____
48. Ether, bis(2-chloroethyl)	[]	[]	[]	[]	_____
49. Ether, bis(2-chloropropyl)	[]	[]	[]	[]	_____
50. Ether, 2-chloroethyl vinyl	[]	[]	[]	[]	_____
51. Ether, 4-bromophenyl phenyl	[]	[]	[]	[]	_____
52. Ether, 4-chlorophenyl phenyl	[]	[]	[]	[]	_____
53. Bis(2-chloroethoxy) methane	[]	[]	[]	[]	_____

VI. Nitrosamines and other Nitrogen Containing Compounds

54. Nitrosamine, dimethyl	[]	[]	[]	[]	_____
55. Nitrosamine, diphenyl	[]	[]	[]	[]	_____
56. Nitrosamine, di-n-propyl	[]	[]	[]	[]	_____
57. Benzidine	[]	[]	[]	[]	_____
58. Hydrazine, 1-2-diphenyl	[]	[]	[]	[]	_____
59. Acrylonitrile	[]	[]	[]	[]	_____

VII. Halogenated Aliphatics

60. Methane, bromo-	[]	[]	[]	[]	_____
61. Methane, chloro-	[]	[]	[]	[]	_____
62. Methane, dichloro-	[]	[]	[]	[]	_____
63. Methane, chlorodibromo	[]	[]	[]	[]	_____
64. Methane, dichlorobromo	[]	[]	[]	[]	_____
65. Methane, tribromo	[]	[]	[]	[]	_____
66. Methane, trichloro	[]	[]	[]	[]	_____
67. Methane, tetrachloro	[]	[]	[]	[]	_____
68. Methane, trichlorofluoro	[]	[]	[]	[]	_____
69. Methane, dichlorodifluoro	[]	[]	[]	[]	_____
70. Ethane, 1, 1-dichloro	[]	[]	[]	[]	_____
71. Ethane, 1, 2-dichloro	[]	[]	[]	[]	_____
72. Ethane, 1, 1, 1-trichloro	[]	[]	[]	[]	_____
73. Ethane, 1, 1, 2-trichloro	[]	[]	[]	[]	_____
74. Ethane, 1, 1, 2,1-tetrachloro	[]	[]	[]	[]	_____
75. Ethane, hexachloro	[]	[]	[]	[]	_____
76. Ethane, chloro	[]	[]	[]	[]	_____
77. Ethane, 1, 1-dichloro	[]	[]	[]	[]	_____
78. Ethane, trans-dichloro	[]	[]	[]	[]	_____
79. Ethane, trichloro	[]	[]	[]	[]	_____
80. Ethane, tetrachloro	[]	[]	[]	[]	_____
81. Propane, 1,2-dichloro	[]	[]	[]	[]	_____

Chemical Compound:	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Conc./day
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VII. Halogenated Aliphatics cont.

82. Propane,2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83. Butadiene,hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84. Cyclopentadine, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

VIII. Phthalate Esters

85. Phthalate,di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
86. Phthalate,di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
87. Phthalate,di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
88. Phthalate,di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
89. Phthalate,bis(2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
90. Phthalate,butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

IX. Polycyclic Aromatic Hydrocarbons

91. Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
92. Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
93. Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
94. Benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
95. Benzo(b)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
96. Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
97. Benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
98. Benzo(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
99. Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
100. Dibenzo(a,n)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
101. Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
102. Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
103. Indeno(1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
104. Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
105. Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
106. Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

X. Pesticides

107. Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
108. Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
109. BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
110. BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
111. BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
112. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
113. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
114. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
115. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
116. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
117. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
118. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
119. Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
120. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
121. Endrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
122. Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Chemical Compound:	Known Present	Suspected Present	Known Absent	Suspected Absent	Known or Suspected Conc./day
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X. Pesticides cont.

123. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
124. Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
125. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
126. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
127. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Gentlemen:

1. Attached are two copies, Industrial Waste Questionnaire and Baseline Monitoring Report.
2. The City of Ennis, Texas is required by the USEPA to update industrial user legal record information on an annual basis.
3. Please complete the two copies, retain one copy for your records, and forward one copy to the City of Ennis, Texas by _____.
4. Please attach a statement stating if you do or do not release pathogenic organisms into the City of Ennis, sanitary sewer system.
5. Thank You for your cooperation.

Sincerely,

Tim Hester Jr.
Pretreatment Coordinator