



Application to Use Industrial Reclaimed Water

This application is for the beneficial use of reclaimed wastewater effluent as provided under Title 30 of the Texas Administrative Code Chapter 210, Subchapter E

TCEQ Use Only

Auth No: _____

RN: _____

CN: _____

Received Date: _____

County: _____ Region: _____

1. Producer Information (applicant) (see instructions page 11)

The producer is the owner of the industrial facility producing the reclaimed water. The producer is the holder of the industrial reclaimed water authorization.

What is the Legal Name of the entity (producer) applying for this permit? *(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)*

a. Producer Name: _____

What is the producer's mailing address (for use on the permit and permit correspondence) as recognized by the **US Postal Service**? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Prefix: (Mr. Ms, Miss) _____

Name (First Last): _____

Suffix: _____

Title: _____

Credentials: _____

Street Number/Name _____ Street type _____ **OR**

P.O. Box _____ City _____ State _____ ZIP code _____

Telephone number _____ Fax number _____

Email address: _____

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

If the owner has not yet received a Customer Reference Number a complete Core Data Form (TCEQ-10400) listing the owner as the customer and this facility as the regulated entity must be attached to this application.

b. Indicate the type of Customer (see instructions page 12)

Individual

Sole Proprietorship-D.B.A

Limited Partnership

Corporation

Trust*

Estate*
Federal Government
State Government
County Government
City Government
Other Government
Other*: _____

*** Read the instructions regarding 'who must apply' for the permit. Trust, Estate, General Partnership and Joint Venture require co-permittees.**

c. Independent entity

Yes
No *(If governmental entity, subsidiary, or part of a larger corporation)*

d. Number of Employees (see instructions page 13)

0-20
21-100
101-250
251-500
501 or more

e. Customer Business Tax and Filing Numbers (see instructions page 13)
(REQUIRED for corporations and limited partnerships: not applicable to individuals, governments, general partnerships or sole proprietors.)

State Franchise Tax ID Number: _____
TX SOS Charter (filing) Number: _____
Federal Tax ID: _____
DUNS Number: _____

f. APPLICATION CONTACT (see instructions page 14)

If TCEQ needs additional information regarding this application, who should be contacted? If this person is the same as another person listed on this application, enter the name and skip this section.

Prefix: (Mr. Ms, Miss) _____

Name (First Last): _____

Suffix: _____

Title: _____

Credentials: _____

What is the contact's mailing address as recognized by the **US Postal Service**? You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Street Number/Name _____ Street type _____ **OR**
P.O. Box _____ City _____ State _____ Zip code _____
Telephone number _____ Fax number _____
Email address: _____

2. REGULATED ENTITY (RE) INFORMATION ON PROJECT OR SITE (see instructions page 14)

- a.** If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below. The site information for this authorization may vary from the larger site information.

TCEQ issued RE Reference Number (RN): **RN** _____

- b.** Name of project or site (the name known by the community where located):

Does the site have a physical address?

If Yes, complete Section A for a physical address.

If No, complete Section B for site location information.

Section A: Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergencies, or other online map tool to confirm an address.

Physical Address of Project or Site:

Street Number: _____ Street Name: _____

City: _____ ZIP Code: _____

County (or counties if > 1): _____

Section B: Enter the site location information.

If no physical address (Street Number & Street Name), provide a written location access description to the site: (Ex.: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

City where the site is located or, if not in a city, what is the nearest city: _____

ZIP Code where the site is located: _____

Latitude: _____ Longitude: _____

In your own words, briefly describe the primary business of the Regulated Entity:
(Do not repeat the SIC and NAICS code)

3. Provider Information (see instructions page 16)

- a. What is the Legal Name of the provider? _____
(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

Physical Address of Provider:

Street Number: _____ Street Name: _____

City: _____ State: _____ ZIP Code: _____

County (or counties if > 1): _____

b. Provider Contact

Prefix: (Mr. Ms, Miss) _____

Name (First Last): _____

Suffix: _____

Title: _____

Credentials: _____

Telephone number _____ Fax number _____

Email address: _____

4. User Information (see instructions page 16)

a. What is the Legal Name of the user?

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

Physical Address of User:

Street Number: _____ Street Name: _____

City: _____ State: _____ ZIP Code: _____

County (or counties if > 1): _____

b. User Contact

Prefix: (Mr. Ms, Miss) _____

Name (First Last): _____

Suffix: _____

Title: _____

Credentials: _____

Telephone number _____ Fax number _____

Email address: _____

5. Producer's and User's Facility Location (see instructions page 16)

- a. Provide a written description of the Producer's location:

- b. Provide a written description of the User's location (if different from the Producer's location):

If the Producer's facility is within the service area of a Publically Owned Treatment Works (POTW), please indicate with a check mark that the POTW has been notified of the Producer's intent to use industrial reclaimed water.

Please indicate if the reclaimed water site is located within the Edwards Aquifer recharge zone. If the facility is located within the Edwards Aquifer recharge zone, please see 30 TAC 210.4(d) & 210.23 for additional requirements.

6. Wastestreams (see instructions page 17)

- a. General Description of industrial activity at the site:

- b. Please list the type(s) of industrial wastewater proposed for use as industrial reclaimed water:

Wastewater Type	Approximate Volume Generated Daily (gpd)	Volume Proposed for Reuse (gpd)

Please indicate by check mark that all wastewater proposed for use as industrial reclaimed water has been reviewed and is not a wastestream listed in 30 TAC § 210.54.

7. End Use (see instructions page 17)

- a. Please check all the requested proposed end uses:
 - Irrigation (landscape, non-food crops, or pasture for milking animals)
 - Fire Protection
 - Dust Suppression and/or Soil Compaction
 - Impoundment Maintenance
 - Other (please describe) _____

b. If the proposed end use is irrigation please provide the following information:

Approximate area to be irrigated: _____

Cover Type: _____

Proposed frequency of water reuse: _____

c. Is the proposed end use on-site? Yes No

If No, additional information is required and must be submitted before authorization can be provided. Please see 30 TAC § 210.4 (relating to Notification) and attach the additional information as an appendix.

8. Primary Method of Disposal (see instructions page 17)

Please check the primary method(s) of disposal used by the producer as an alternative to reuse:

Discharge under a Texas Pollutant Discharge Elimination System (TPDES) permit or a Texas Land Application Permit (TLAP). Permit No. _____

Authority to route to a POTW

Name of POTW: _____

Recycle the wastewater in a manner that does not discharge into or adjacent to waters in the state.

Explain: _____

Other: _____

9. Impoundments (see instructions page 18)

Do you use or plan to use any lagoons, ponds, or impoundments? Yes No

If Yes, please refer to 30 TAC § 210.23 (relating to Storage Requirements for Reclaimed Water) for liner requirements. In addition please attached a document of certification by a Texas Licensed professional engineer that indicates that the pond lining meets all applicable criteria in 30 TAC § 210.23.

10. Compliance History (see instructions page 19)

Is the applicant currently required to meet any implementation schedule for compliance or enforcement? Yes No

If Yes, please provide a summary of the requirements and a status update:

11. Industrial Reclaimed Water Testing (see instructions page 19)

TABLE 1				
Wastewater Concentration (mg/L)				
Pollutant	Average	Maximum	Number of Samples	
Biochemical Oxygen Demand (5-day)				
Carbonaceous Biochemical Oxygen Demand (5-day)				
Total Organic Carbon				
Nitrate Nitrogen				
Total Phosphorus				
Oil and Grease				
Total Residual Chlorine *				
Total Dissolved Solids				
Sulfate				
Chloride				
Fecal Coliform **				
pH (standard units)				
Wastewater Concentration (µg/L)				MAL (µg/L)
Total Aluminum				30
Total Antimony				30
Total Arsenic				10
Total Barium				10
Total Beryllium				5
Total Cadmium				1
Total Chromium				10
Total Copper				10
Free Cyanide				20
Total Lead				5
Total Mercury				0.2
Total Nickel				10
Total Selenium				10
Total Silver				2
Total Thallium *				10
Total Zinc				5

* Testing required if believed to be present in the wastewater. **Testing only required for industrial reclaimed water commingled with domestic wastewater.

TABLE 2				
Wastewater Concentration (µg/L)				
Pollutants	Average	Maximum	No. of Samples	MAL (µg/L)
VOLATILE COMPOUNDS				
Acrolein				50
Acrylonitrile				50
Benzene				10
Bromoform				10
Carbon Tetrachloride				10
Chlorobenzene				10
Chlorodibromomethane				10
Chloroethane				50
2-Chloroethylvinyl Ether				10
Chloroform				10
Dichlorobromomethane				10
1,1-Dichloroethane				10
1,2-Dichloroethane				10
1,1-Dichloroethylene				10
1,2-Dichloropropane				10
1,3-Dichloropropylene				10
Ethylbenzene				10
Methyl Bromide				20
Methyl Chloride				50
Methylene Chloride				20
1,1,2,2-Tetrachloroethane				10
Tetrachloroethylene				50
Toluene				10
1,2-Trans-Dichloroethylene				10
1,1,1-Trichloroethane				10
1,1,2-Trichloroethane				10
Trichloroethylene				10
Vinyl Chloride				10
ACID COMPOUNDS				
2-Chlorophenol				10

TABLE 2				
Wastewater Concentration (µg/L)				
Pollutants	Average	Maximum	No. of Samples	MAL (µg/L)
2,4-Dichlorophenol				10
2,4-Dimethylphenol				10
4,6-Dinitro-o-Cresol				50
2,4-Dinitrophenol				50
2-Nitrophenol				20
4-Nitrophenol				50
P-Chloro-m-Cresol				10
Pentachlorophenol				50
Phenol				10
2,4,6-Trichlorophenol				10
BASE/NEUTRAL COMPOUNDS				
Acenaphthene				10
Acenaphthylene				10
Anthracene				10
Benzidine				50
Benzo(a)Anthracene				10
Benzo(a)Pyrene				10
3,4-Benzofluoranthene				10
Benzo(ghi)Perylene				20
Benzo(k)fluoranthene				10
Bis(2-Chloroethoxy)Methane				10
Bis(2-Chloroethyl)Ether				10
Bis(2-Chloroisopropyl) Ether				10
Bis(2-Ethylhexyl) Phthalate				10
4-Bromophenyl Phenyl Ether				10
Chrysene				10
Dibenzo(a,h)Anthracene				20
1,2-Dichlorobenzene				10
1,3-Dichlorobenzene				10
1,4-Dichlorobenzene				10
3,3-Dichlorobenzidine				50

TABLE 2				
Wastewater Concentration (µg/L)				
Pollutants	Average	Maximum	No. of Samples	MAL (µg/L)
Diethyl Phthalate				10
Dimethyl Phthalate				10
Di-n-Butyl Phthalate				10
2,4-Dinitrotoluene				10
2,6-Dinitrotoluene				10
Di-n-Octyl Phthalate				10
1,2-Diphenyl Hydrazine (as Azobenzene)				20
Fluoranthene				10
Fluorene				10
Hexachlorobenzene				10
Hexachlorobutadiene				10
Hexachlorocyclopentadiene				10
Hexachloroethane				20
Indeno(1,2,3-cd)pyrene				20
Isophorone				10
Naphthalene				10
Nitrobenzene				10
N-Nitrosodimethylamine				50
N-Nitrosodi-n-Propylamine				20
N-Nitrosodiphenylamine				20
Phenanthrene				10
Pyrene				10
1,2,4-Trichlorobenzene				10

