



Administrative Package Cover Page

This file contains the following documents:

1. Summary of application (in plain language)
 - English
 - Alternative Language (Spanish)
 2. First Notice (NORI-Notice of Receipt of Application and Intent to Obtain a Permit)
 - English
 - Alternative Language (Spanish)
 3. Application materials
-



Portada de Paquete Administrativo

Este archivo contiene los siguientes documentos:

1. Resumen en lenguaje sencillo (PLS, por sus siglas en inglés) de la actividad propuesta
 - Inglés
 - Idioma alternativo (español)
2. Primer aviso (NORI, por sus siglas en inglés)
 - Inglés
 - Idioma alternativo (español)
3. Solicitud original



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

MPM Silicones, LLC (CN604046466) operates MPM Silicones, LLC (RN 100870179), an organic chemical manufacturing facility. The facility is located at 5700 Century Boulevard, in Texas City, Galveston County, Texas 77591. MPM Silicones, LLC is submitting this application to the Texas Commission on Environmental Quality (TCEQ) for the renewal and amendment of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003479000, which authorizes the discharge of previously monitored effluents [treated non-process area storm water runoff, utility wastewater, and treated utility wastewater], non-process area stormwater runoff and utility wastewater on an intermittent and flow-variable basis via Outfall 001.

Contact process water, wash water from rinsing out equipment, and contaminated storm water are disposed of at off-site facilities. The primary disposal sites are Gulf Coast Waste Disposal Authority, Washburn Tunnel and Bealine Environmental Services for wastewater treatment, and Texas Molecular Deer Park Services for deep well injection. Wastewater classified as hazardous waste from the pilot plant and NXT processes are sent to Clean Harbors for incineration and Texas Molecular Deer Park Services for deep well injection. Domestic wastewater is routed to an aerated subsurface tank, thence to the spray irrigation system (permitted under Galveston County Health District Permit No. LC13134).

Runoff water from non-process areas flows into a collection system that is routed to the equalization basin. Steam condensate and fire monitor flush water are routed directly to the equalization basin. Storm water and washdown water from all tank farms and non-contact process area wash waters are detained within retention curbs where the water is visually examined and analyzed for pH. When the wastewater appears uncontaminated and meets the pH specifications, it is either released to the equalization basin or reused in the plant processes. Water that appears to be contaminated or does not meet pH specifications is either reused in the plant processes, shipped off-site, or transferred to T-308/310. T-308/310 wastewaters may be routed to activated carbon filters, neutralized, or both, thence pumped to the equalization basin. Effluent from the equalization basin is discharged via Outfall 101. Cooling tower blowdown and boiler blowdown are pumped to the utility storage tank for neutralization, when necessary, thence discharged on batch to a holding tank (Outfall 201) which discharges via internal Outfall 101 prior to discharge via final Outfall 001.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

MPM Silicones, LLC (CN604046466) opera MPM Silicones, LLC (RN100870179, una instalación de fabricación de productos químicos orgánicos. La instalación está ubicada en 5700 Century Boulevard, en Texas City, Condado de Galveston, Texas 77591. MPM Silicones, LLC presenta esta solicitud a la Comisión de Calidad Ambiental de Texas (TCEQ) para la renovación y enmienda del Permiso del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) Número WQ0003479000, que autoriza la descarga de efluentes previamente monitoreados [escorrentía de aguas pluviales tratadas del área no procesada, aguas residuales de servicios públicos y aguas residuales tratadas de servicios públicos], escorrentía de aguas pluviales del área no procesada y aguas residuales de servicios públicos de manera intermitente y con flujo variable a través del Emisario 001.

El agua de proceso en contacto, el agua de lavado del equipo y las aguas pluviales contaminadas se eliminan en instalaciones externas. Los principales lugares de eliminación son Gulf Coast Waste Disposal Authority, Washburn Tunnel y Bealine Environmental Services para el tratamiento de aguas residuales, y Texas Molecular Deer Park Services para la inyección en pozos profundos. Las aguas residuales clasificadas como residuos peligrosos de la planta piloto y los procesos NXT se envían a Clean Harbors para su incineración y a Texas Molecular Deer Park Services para su inyección en pozos profundos. Las aguas residuales domésticas se conducen a un tanque subsuperficial aireado y de ahí al sistema de riego por aspersión (autorizado por el Distrito de Salud del Condado de Galveston con el número de permiso LC13134).

El agua de escorrentía de las zonas no procesadas fluye a un sistema de recogida que se dirige a la cuenca de ecualización. El condensado de vapor y el agua de lavado del monitor de incendios se conducen directamente a la balsa de compensación. Las aguas pluviales y de lavado de todos los parques de tanques y las aguas de lavado de las zonas de proceso sin contacto se retienen en bordillos de retención donde el agua se examina visualmente y se analiza su pH. Cuando las aguas residuales parecen no estar contaminadas y cumplen las especificaciones de pH, se vierten al depósito de compensación o se reutilizan en los procesos de la planta. El agua que parece estar contaminada o no cumple las especificaciones de pH se reutiliza en los procesos de la planta, se envía fuera del emplazamiento o se transfiere a T-308/310. Las aguas residuales de T-308/310 pueden ser conducidas a filtros de carbón activo, neutralizadas o ambas cosas, y bombeadas a la balsa de compensación. El efluente de la balsa de compensación se descarga a través del emisario 101. La purga de la torre de refrigeración y la purga de la caldera se bombean al tanque de almacenamiento de servicios públicos para su neutralización, cuando sea necesario, y de ahí se descargan por lotes a un tanque de retención (desagüe 201) que se descarga a través del desagüe interno 101 antes de su descarga a través del desagüe final 001.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY



NOTICE OF RECEIPT OF APPLICATION AND INTENT TO OBTAIN WATER QUALITY PERMIT AMENDMENT

PERMIT NO. WQ0003479000

APPLICATION. MPM Silicones, LLC, 5700 Century Boulevard, Texas City, Texas 77591, which owns an organic chemical manufacturing facility, has applied to the Texas Commission on Environmental Quality (TCEQ) to amend Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003479000 (EPA I.D. No. TX0108367) to authorize removal of E. Coli as a testing parameter. The facility is located at 5700 Century Boulevard, in the city of Texas City, Galveston County, Texas 77590. The discharge route is from the plant site to an unnamed ditch, thence to Galveston County Drainage District ditch 5B, thence to Ditch 5A, thence to Dickenson Bayou Tidal. TCEQ received this application on August 26, 2024. The permit application will be available for viewing and copying at Moore Memorial Library, 1701 9th Avenue North, Texas City, in Galveston County, Texas prior to the date this notice is published in the newspaper. The application, including any updates, and associated notices are available electronically at the following webpage:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

This link to an electronic map of the site or facility's general location is provided as a public courtesy and not part of the application or notice. For the exact location, refer to the application.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.019722,29.424166&level=18>

The application is subject to the goals and policies of the Texas Coastal Management Program and must be consistent with the applicable Coastal Management Program goals and policies.

ALTERNATIVE LANGUAGE NOTICE. Alternative language notice in Spanish is available at:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

El aviso de idioma alternativo en español está disponible en

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

ADDITIONAL NOTICE. TCEQ's Executive Director has determined the application is administratively complete and will conduct a technical review of the application. After technical review of the application is complete, the Executive Director may prepare a draft permit and will issue a preliminary decision on the application. **Notice of the Application and Preliminary Decision will be published and mailed to those who are on the county-wide mailing list and to those who are on the mailing list for this application. That notice will contain the deadline for submitting public comments.**

PUBLIC COMMENT / PUBLIC MEETING. You may submit public comments or request a public meeting on this application. The purpose of a public meeting is to provide the opportunity to submit comments or to ask questions about the application. TCEQ will hold a public meeting if the Executive Director determines that there is a significant degree of public interest in the application or if requested by a local legislator. A public meeting is not a contested case hearing.

OPPORTUNITY FOR A CONTESTED CASE HEARING. After the deadline for submitting public comments, the Executive Director will consider all timely comments and prepare a response to all relevant and material, or significant public comments. **Unless the application is directly referred for a contested case hearing, the response to comments, and the Executive Director's decision on the application, will be mailed to everyone who submitted public comments and to those persons who are on the mailing list for this application.** If comments are received, the mailing will also provide instructions for requesting reconsideration of the Executive Director's decision and for requesting a contested case hearing. A contested case hearing is a legal proceeding similar to a civil trial in state district court.

TO REQUEST A CONTESTED CASE HEARING, YOU MUST INCLUDE THE FOLLOWING ITEMS IN YOUR REQUEST: your name, address, phone number; applicant's name and proposed permit number; the location and distance of your property/activities relative to the proposed facility; a specific description of how you would be adversely affected by the facility in a way not common to the general public; a list of all disputed issues of fact that you submit during the comment period and, the statement "[I/we] request a contested case hearing." If the request for contested case hearing is filed on behalf of a group or association, the request must designate the group's representative for receiving future correspondence; identify by name and physical address an individual member of the group who would be adversely affected by the proposed facility or activity; provide the information discussed above regarding the affected member's location and distance from the facility or activity; explain how and why the member would be affected; and explain how the interests the group seeks to protect are relevant to the group's purpose.

Following the close of all applicable comment and request periods, the Executive Director will forward the application and any requests for reconsideration or for a contested case hearing to the TCEQ Commissioners for their consideration at a scheduled Commission meeting.

The Commission may only grant a request for a contested case hearing on issues the requestor submitted in their timely comments that were not subsequently withdrawn. **If a hearing is granted, the subject of a hearing will be limited to disputed issues of fact or mixed questions of fact and law relating to relevant and material water quality concerns submitted during the comment period.**

MAILING LIST. If you submit public comments, a request for a contested case hearing or a reconsideration of the Executive Director's decision, you will be added to the mailing list for this specific application to receive future public notices mailed by the Office of the Chief Clerk. In addition, you may request to be placed on: (1) the permanent mailing list for a specific applicant name and permit number; and/or (2) the mailing list for a specific county. If you wish to be placed on the permanent and/or the county mailing list, clearly specify which list(s) and send your request to TCEQ Office of the Chief Clerk at the address below.

INFORMATION AVAILABLE ONLINE. For details about the status of the application, visit the Commissioners' Integrated Database at www.tceq.texas.gov/goto/cid. Search the database using the permit number for this application, which is provided at the top of this notice.

AGENCY CONTACTS AND INFORMATION. All public comments and requests must be submitted either electronically at <https://www14.tceq.texas.gov/epic/eComment/>, or in writing to the Texas Commission on Environmental Quality, Office of the Chief Clerk, MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Please be aware that any contact information you provide, including your name, phone number, email address and physical address will become part of the agency's public record. For more information about this permit application or the permitting process, please call the TCEQ Public Education Program, Toll Free, at 1-800-687-4040 or visit their website at www.tceq.texas.gov/goto/pep. Si desea información en Español, puede llamar al 1-800-687-4040.

Further information may also be obtained from MPM Silicones, LLC at the address stated above or by calling Mr. Justin Mark, EHS Leader, at 281-337-2531, extension 144.

Issuance Date: October 14, 2024

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA PERMISO MODIFICACION

PERMISO NO. WQ0003479000

SOLICITUD. MPM Silicones, LLC, 5700 Century Boulevard, Texas City, Texas 77591, que posee una planta de fabricación de productos químicos orgánicos, ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para modificar el Permiso No. WQ00003479000 (EPA I.D. No. TX0108367) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar para eliminar E. Coli como parámetro de análisis, ya que la fuente es una granja vecina. La planta está ubicada 5700 Century Boulevard, Texas City en el Condado de Galveston, Texas 77591. La ruta de descarga es del sitio de la planta a una zanja sin nombre, de ahí a la zanja 5B del Distrito de Drenaje del Condado de Galveston, de ahí a la zanja 5A, de ahí a Dickenson Bayou Tidal. La TCEQ recibió esta solicitud el día 26 de agosto de 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Moore Memorial Library, 1701 9th Avenue North, Texas City, en Galveston County, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web:

<https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

<https://gisweb.tceq.texas.gov/LocationMapper/?marker=-95.019722,29.424166&level=18>

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

AVISO DE IDIOMA ALTERNATIVO. El aviso de idioma alternativo en español está disponible en <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter**

comentarios públicos.

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

INFORMACIÓN DISPONIBLE EN LÍNEA. Para detalles sobre el estado de la solicitud, favor de visitar la Base de Datos Integrada de los Comisionados en www.tceq.texas.gov/goto/cid. Para buscar en la base de datos, utilizar el número de permiso para esta solicitud que aparece en la parte superior de este aviso.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del MPM Silicones, LLC, a la dirección indicada arriba o llamando a Justin Mark al 281-337-2531, extensión 144.

Fecha de emisión el 14 de octubre de 2024

Leah Whallon

From: Mark, Justin <justin.mark@momentive.com>
Sent: Friday, September 20, 2024 8:55 AM
To: Leah Whallon
Subject: Re: [⚠ External]RE: Application to Amend Permit No. WQ0003479000; MPM Silicones, LLC; MPM Texas City

Yes can you give me till the end of next week? I thought I sent the family perimeters. But I'm not in the office today. I'll be back in office next week and I will send it over

Get [Outlook for iOS](#)

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Friday, September 20, 2024 8:53:25 AM
To: Mark, Justin <justin.mark@momentive.com>
Subject: [⚠ External]RE: Application to Amend Permit No. WQ0003479000; MPM Silicones, LLC; MPM Texas City

ALERT: This is an external email. **DO NOT CLICK** on **links** or **attachments** unless you recognize the sender and know the content is safe. Please report the email using Report Phish when in doubt.

Thank you, Justin.

I have not received a response for the other items requested in the NOD letter. Please let me know if you need more time to complete the response or if you have any questions.

Thanks,



Leah Whallon
Texas Commission on Environmental Quality
Water Quality Division
512-239-0084
leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Mark, Justin <justin.mark@momentive.com>
Sent: Friday, September 20, 2024 7:42 AM
To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Subject: Momentive performance

Leah, this is the Spanish part you were looking for to complete everything you need from me.

This message, including attached files, is confidential and intended for the addressees. It may contain information that is proprietary, privileged or exempt for disclosure under applicable law. Any unauthorized use and dissemination of the information or copying of this message is strictly prohibited. Any views, opinions or conclusions expressed in this message are those of the individual sender and do not necessarily reflect the views of Momentive or its affiliates. If you received this message in error, please immediately advise the sender by reply email, delete all copies of this message and refrain from printing, copying, or disseminating this message or otherwise using the information in it. Thank you.

Although Momentive routinely screens incoming and outgoing mail messages for viruses, addressees should scan this e-mail and any attachments for viruses themselves. Momentive does not guarantee in any way the absence of viruses in this e-mail or any attachments and disclaims any liability in case of security problem that this message may cause to any system.

This message, including attached files, is confidential and intended for the addressees. It may contain information that is proprietary, privileged or exempt for disclosure under applicable law. Any unauthorized use and dissemination of the information or copying of this message is strictly prohibited. Any views, opinions or conclusions expressed in this message are those of the individual sender and do not necessarily reflect the views of Momentive or its affiliates. If you received this message in error, please immediately advise the sender by reply email, delete all copies of this message and refrain from printing, copying, or disseminating this message or otherwise using the information in it. Thank you.

Although Momentive routinely screens incoming and outgoing mail messages for viruses, addressees should scan this e-mail and any attachments for viruses themselves. Momentive does not guarantee in any way the absence of viruses in this e-mail or any attachments and disclaims any liability in case of security problem that this message may cause to any system.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: MPM Silicones, LLC

PERMIT NUMBER (If new, leave blank): WQ00 003479000

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 8.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksheet 9.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 10.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plain Language Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst¹](#)).

Item 1. Application Information and Fees (Instructions, Page 26)

- a. Complete each field with the requested information, if applicable.

Applicant Name: MPM Silicones, LLC

Permit No.: WQ0003479000

EPA ID No.: TX0108367

Expiration Date: February 19, 2025

- b. Check the box next to the appropriate authorization type.

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

- c. Check the box next to the appropriate facility status.

☒ Active

☐ Inactive

- d. Check the box next to the appropriate permit type.

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

- e. Check the box next to the appropriate application type.

☐ New

☐ Renewal with changes

☐ Renewal without changes

☒ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: Request to remove E. Coli as a testing parameter, the source is a neighboring farm. Request to Remove Outfall 201, this is a tank that does not discharge, only pumped out.

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

¹ https://www.tceq.texas.gov/publications/search_forms.html

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input checked="" type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A ²	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

h. Payment Information

Mailed

Check or money order No.: [Click to enter text.](#)

Check or money order amt.: [Click to enter text.](#)

Named printed on check or money order: [Click to enter text.](#)

Epay

Voucher number: [71737](#)

Copy of voucher attachment: [Payment Voucher](#)

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: [CN604046466](#)

Note: Locate the customer number using the [TCEQ's Central Registry Customer Search](#)³.

b. Legal name of the entity (applicant) applying for this permit: [MPM Silicones, LLC](#)

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: [Mr.](#) Full Name (Last/First Name): [Pevoto/ Toby](#)

Title: [Plant Manager](#)

Credential: [Click to enter text.](#)

d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

² All facilities are designated as minors until formally classified as a major by EPA.

³ <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

☒ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: [Click to enter text.](#)

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): [CNClick to enter text.](#)

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: [Click to enter text.](#)

Full Name (Last/First Name): [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: [Core Data Form](#)

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. ☒ Administrative Contact ☒ Technical Contact

Prefix: [Mr.](#) Full Name (Last/First Name): [Mark/Justin](#)

Title: [EHS Leader](#)

Credential: [Click to enter text.](#)

Organization Name: [MPM Silicones, LLC](#)

Mailing Address: [5700 Century Blvd.](#)

City/State/Zip: [Texas City, TX 77591](#)

Phone No: [281-337-2531 ext.144](#)

Email: [Justin.mark@momentive.com](#)

b. ☐ Administrative Contact ☐ Technical Contact

Prefix: [Click to enter text.](#)

Full Name (Last/First Name): [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City/State/Zip: [Click to enter text.](#)

Phone No: [Click to enter text.](#) Email: [Click to enter text.](#)

Attachment: [Click to enter text.](#)

Item 6. Permit Contact Information (Instructions, Page 28)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.144

Email: Justin.mark@momentive.com

b. Prefix: Mr. Full Name (Last/First Name): Pevoto/Toby

Title: Plant Manager Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.120

Email: Toby.pevoto@momentive.com

Attachment: [Click to enter text.](#)

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for permits **in effect on September 1 of each year**. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.144

Email: Justin.mark@momentive.com

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Mark/JustinTitle: EHS LeaderCredential: Click to enter text.Organization Name: MPM Silicones, LLCMailing Address: 5700 Century Blvd.City/State/Zip: Texas City, TX 77591Phone No: 281-337-2531 ext.144Email: Justin.mark@momentive.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: Justin.mark@momentive.com☐ Fax: Click to enter text.☒ Regular Mail (USPS)Mailing Address: 5700 Century Blvd.City/State/Zip Code: Texas City, TX 77591

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Mark/JustinTitle: EHS LeaderCredential: Click to enter text.Organization Name: MPM Silicones, LLCPhone No: 281-337-2531 ext.144Email: Justin.mark@momentive.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.Public building name: Moore Memorial LibraryLocation within the building: Local History RoomPhysical Address of Building: 1704 9th Avenue NCity: Texas City County: Galveston

e. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☒ Yes ☐ No

If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☒ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program, but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No ☐ N/A

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: Plain Language Summary Form
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Public Involvement Plan Form

Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN100870179

Note: If your business site 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 the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

- b. Name of project or site (the name known by the community where located): MPM Silicones, LLC

- c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

- d. Owner of treatment facility:

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531

Email: Justin.mark@momentive.com

- e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

- f. Owner of land where treatment facility is or will be: MPM Silicones, LLC
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: MPM Silicones, LLC
 Mailing Address: 5700 Century Blvd. City/State/Zip: Texas City, TX 77591
 Phone No: 281-337-2531 Email: Justin.mark@momentive.com
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Not Applicable
- g. Owner of effluent TLAP disposal site (if applicable): Not Applicable
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Click to enter text.
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.
- h. Owner of sewage sludge disposal site (if applicable):
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Not Applicable
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

- a. Is the facility located on or does the treated effluent cross Native American Land?
☐ Yes ☒ No
- b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.
- | | |
|---|--|
| <input checked="" type="checkbox"/> One-mile radius | <input type="checkbox"/> Three-miles downstream information |
| <input checked="" type="checkbox"/> Applicant's property boundaries | <input checked="" type="checkbox"/> Treatment facility boundaries |
| <input checked="" type="checkbox"/> Labeled point(s) of discharge | <input checked="" type="checkbox"/> Highlighted discharge route(s) |
| <input type="checkbox"/> Effluent disposal site boundaries | <input checked="" type="checkbox"/> All wastewater ponds |
| <input type="checkbox"/> Sewage sludge disposal site | <input type="checkbox"/> New and future construction |
- Attachment: Administrative Report Topographic Map
- c. Is the location of the sewage sludge disposal site in the existing permit accurate?
☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Not Applicable

- d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

- e. Are the discharge route(s) in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

- f. City nearest the outfall(s): Texas City

- g. County in which the outfalls(s) is/are located: Galveston

- h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☒ Yes ☐ No

If yes, indicate by a check mark if: ☒ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

- i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐ Yes No or New Permit ☒ Not Applicable

If no, or a new application, provide an accurate location description: Click to enter text.

- j. City nearest the disposal site: Not Applicable

- k. County in which the disposal site is located: Not Applicable

- l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Not Applicable

- m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Not Applicable

Item 12. Miscellaneous Information (Instructions, Page 33)

- a. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person: [Click to enter text.](#)

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

Amount due: [Click to enter text.](#)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0003479000

Applicant Name: MPM Silicones, LLC

Certification: I, Toby Pevoto, 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Toby Pevoto

Signatory title: Plant Manager

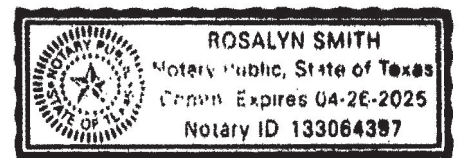
Signature: _____ Date: 8-13-2024
(Use blue ink)

Subscribed and Sworn to before me by the said Toby Pevoto
on this 13th day of August, 20 24.
My commission expires on the 26th day of April, 20 25.

Rosalyn Smith
Notary Public

Galveston
County, Texas

[SEAL]



Note: If co-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☒ The applicant's property boundaries.
 - ☒ The facility site boundaries within the applicant's property boundaries.
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☐ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☒ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☒ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☒ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.
- Attachment: [Click to enter text.](#)
- b. Check the box next to the format of the landowners list:
- ☐ Readable/Writeable CD
 - ☐ Four sets of labels
- Attachment: [Click to enter text.](#)
- d. Provide the source of the landowners' names and mailing addresses: Affected Landowners Information
- e. As required by Texas Water Code § 5.115, is any permanent school fund land affected by this application?

☐ Yes ☒ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s): [Click to enter text.](#)

Item 2. Original Photographs (Instructions, Page 37)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

- ☐ At least one original photograph of the new or expanded treatment unit location.
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☐ A plot plan or map showing the location and direction of each photograph.

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: Supplemental Permit Information Form

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Permit No: WQ0003479000**

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: MPM Silicones, LLC

Physical Address of Project or Site: 5700 Century Blvd., Texas City, TX 77591

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Attachment: [Click to enter text.](#)

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., or Miss): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

Fax No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

CN: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☐ Core Data Form (TCEQ Form No. 10400)
(Required for all applications types. Must be completed in its entirety and signed. Note: Form may be signed by applicant representative.)
- ☐ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☐ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☐ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☐ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☐ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☐ Landowners Cross Reference List
(See instructions for landowner requirements.)
- ☐ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
(If signature page is not signed by an elected official or principle executive officer, a copy of signature authority/delegation letter must be attached.)
- ☐ Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the [Instructions for Completing the Industrial Wastewater Permit Application](#)¹ available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

- a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

MPM Silicones, LLC in Texas City, TX contract tolling, manufacturing of specialty chemicals, and blending.

- b. Describe all wastewater-generating processes at the facility.

Wastewater generated from manufacturing and blending operations is collected and disposed off-site. Plant stormwater run-off, wash-down, utility wastewater, fire monitor flushes, blowdown, and wash water are discharged from the site. Collection of these water streams are collected in the Equalization Basin where a preliminary pH and internal company TOC are taken prior to discharge. If the internal preliminary tests are approved by Laboratory Technicians, the valve at Outfall 101 (Equalization Basin) may be opened and waters released through Outfall 001. Insoluble materials are separated and skimmed from the water in a trap structure inside the Equalization Basin. The maximum pumping rate is 0.58MGPD from the equalization basin to outfall 001. Site utility water is made up of cooling tower blowdown that is collected in the Equalization Basin and the boiler blowdown from the Boilers and collected in T-1004 and T-204. Multiple rinsing and steaming of equipment is shipped off-site for disposal until the final rinse and steam water (washwater) is generated. The final wash water is tested for pH and TOC prior to being transferred to the Equalization Basin. Storm water run-off from the tank farms and process areas, non-process water from the facilities berms, wash-down water, steam condensate, and fire monitor flush water are pumped to the Equalization Basin and discharged through Outfall 101 and then through 001. The facility has a perimeter retention system to contain on-site waters and keep off-site water from entering the plant. In addition, the tank farms and process areas have concrete curbs or walls in

¹

https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

order to isolate the contact storm water until the water can be visually checked prior to being pumped to the Equalization Basin. Storm water run-off from non-contact areas (outside process areas and tank farms) utilizes gravity to flow through a surface and subsurface drainage collection system into the concrete equalization basin.

- c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
See Attachment Materials List		

Attachment: Materials List

- d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: Technical Report Facility Map

- e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion: [Click to enter text.](#)

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA FIRM Panel 4855140025C from 5/2/1983 confirms that the site is not within the mapped 100-year flood plain

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area: Not Applicable

Attachment: Not Applicable

- g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☒ No ☐ N/A (renewal only)

- h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide an approximate date of application submittal to the USACE: [Click to enter text.](#)

Item 2. Treatment System (Instructions, Page 40)

- a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

(1) pH control by dilute sulfuric acid or sodium hydroxide. (2) Equalization basin for storm water, utility water Please note that wastewater is not chlorinated prior to discharge. The wastewater is discharged via Outfall 001 into an unnamed ditch, then into an unnamed ditch within Galveston County Drainage District No. 2 (GCDD No. 2) Ditch 6 system, then into GCDD No. 2 Ditch 5B, then Dickenson Bayou Tidal in Segment 1103 of the San Jacinto-Brazos Coastal Basin.

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: Schematic Flow with Water Balance

Item 3. Impoundments (Instructions, Page 40)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes ☒ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a - 3.e.

- a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (C), In-situ clay liner (I), Synthetic/plastic/rubber liner (S), or Alternate liner (A). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that

provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: [Click to enter text.](#)

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

- b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.3 is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: [Click to enter text.](#)

For TLAP applications: Items 3.c – 3.e are **not required**, continue to Item 4.

- c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: [Click to enter text.](#)

- d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: [Click to enter text.](#)

- e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: [Click to enter text.](#)

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	29.424526	-95.017250
101	29.424549	-95.018174

Outfall Location Description

Outfall No.	Location Description
001	End of pipe that discharges into unnamed ditch, then to GCDD ditch 5B, then Ditch 5A, then Segment 1103. Flow is intermittent and variable.
101	At point of pumping from equalization basin.

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	Report	Report	Report	Report	-
101	Report	Report	Report	Report	-
201	0.02 MGD	0.03 MGD	(To be removed from the permit)	(To be removed from the permit)	(To be removed from the permit)

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Flow Meter
101	Y	N	Flow Meter

Outfall Discharge - Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	Y	N	N	Variable	Variable	Variable
101	Y	N	N	Variable	Variable	Variable

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Contact storm water	0-0.2	30
Non-contact water and fire monitor flushing	0-0.4	60
Steam condensate	0-0.0005	0
Cooling tower blowdown	0-0.0115	0
Boiler blowdown	0.0001-0.0015	1
Periodic equipment final wash/rinse condensate	0-0.055	8

Outfall No. 101

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Contact storm water	0-0.2	30
Non-contact water and fire monitor flushing	0-0.4	60
Steam condensate	0-0.0005	0
Cooling tower blowdown	0-0.0115	0
Boiler blowdown	0.0001-0.0015	1
Periodic equipment final wash/rinse condensate	0-0.055	8

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Attachment: [Click to enter text.](#)

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

☒ Yes ☐ No Use cooling towers that discharge blowdown or other wastestreams

☒ Yes ☐ No Use boilers that discharge blowdown or other wastestreams

☒ Yes ☐ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required**.

b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: [Click to enter text.](#)

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	2	3,500	11,500

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Boilers	2	600	1,500

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

☒ Yes ☐ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: Storm water run-off from non-contact areas (outside process areas and tank farms) utilizes gravity to flow through a surface and subsurface drainage collection system into a concrete equalization basin.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
 - ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.
 - ☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.
 - ☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.
 - ☐ Facility is a POTW. Complete Worksheet 5.0.
 - ☐ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and Complete Item 7.b: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Galveston County-On-site Sewage Facility	LC13134
(Maintenance contract with Larry Cloudt Construction Company)	

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
- ☐ Yes ☒ No
- b. Has the permittee completed or planned for any improvements or construction projects?
- ☐ Yes ☒ No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update: [Click to enter text.](#)

Item 9. Toxicity Testing (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: [Click to enter text.](#)

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA. **Attachment:** [Click to enter text.](#)

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
- ☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

- b. Attach the following information to the application:
- List of wastes received (including volumes, characterization, and capability with on-site wastes).
 - Identify the sources of wastes received (including the legal name and addresses of the generators).
 - Description of the relationship of waste source(s) with the facility's activities.

Attachment: [Click to enter text.](#)

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
- ☐ Yes ☐ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: [Click to enter text.](#)

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☐ No

If **yes**, **Worksheet 6.0** of this application is required.

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☐ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

a. Does the facility use or propose to use water for cooling purposes?

☐ Yes ☒ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

2. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. [Click to enter text.](#)

3. Cooling water is/will be obtained from a reclaimed water source?

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: [Click to enter text.](#)

4. Cooling water is/will be obtained from an Independent Supplier

☐ Yes ☐ No

If **no**, proceed to Item 12.d. If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed: [Click to enter text.](#)

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: [Click to enter text.](#)

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

- e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

- f. Oil and Gas Exploration and Production

1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

- g. Compliance Phase and Track Selection

1. Phase I - New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I - AIF greater than 2 MGD, but less than 10 MGD

- Attach information required by 40 CFR §§ 125.86(b)(2)-(4).

☐ Track I - AIF greater than 10 MGD

- Attach information required by 40 CFR § 125.86(b).

☐ Track II

- Attach information required by 40 CFR § 125.86(c).

Attachment: [Click to enter text.](#)

2. Phase II - Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

3. Phase III - New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection and provide the requested information.

- ☐ Track I – Fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
- ☐ Track I – Not a fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).
- ☐ Track II – Fixed facility
 - Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: [Click to enter text.](#)

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☒ Yes ☐ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

Request to remove E. Coli as a testing parameter since this parameter could be affected by the livestock close to the facility especially during heavy rains as the drainage from the nearby areas flow to the streets then downward towards the plant.

b. Is the facility requesting any **minor amendments** to the permit?

☒ Yes ☐ No

If **yes**, list and describe each change individually.

Request to remove Outfall 201 since this is a tank that does not discharge. This only serves as a holding tank where batch of wastewater is collected then pumped out to Outfall 101 which discharges to Outfall 001.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and describe each change individually.

[Click to enter text.](#)

Item 14. Laboratory Accreditation (Instructions, Page 49)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Toby Pevoto

Title: Plant Manager

Signature: _____

Date: 8-13-2024

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

☐ Yes ☒ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	40 CFR Part

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Click to enter text.

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Click to enter text.

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: POLLUTANT ANALYSIS

Worksheet 2.0 is **required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

Item 1. General Testing Requirements (Instructions, Page 55)

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.
Attachment: [Click to enter text.](#)

Item 2. Specific Testing Requirements (Instructions, Page 56)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** [Click to enter text.](#)

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Table 1 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (°F)				
pH (standard units)				

Table 2 for Outfall No.: [Click to enter text.](#)

Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 is required for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 is required for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

- ☐ Manufacturers and formulators of tributyltin or related compounds.
- ☐ Painting of ships, boats and marine structures.
- ☐ Ship and boat building and repairing.
- ☐ Ship and boat cleaning, salvage, wrecking and scaling.
- ☐ Operation and maintenance of marine cargo handling facilities and marinas.
- ☐ Facilities engaged in wood preserving.
- ☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. **E. coli (discharge to freshwater)**

This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
<i>E. coli</i> (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (<i>alpha</i>)					0.05
Hexachlorocyclohexane (<i>beta</i>)					0.05
Hexachlorocyclohexane (<i>gamma</i>) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 is required for all external outfalls.

Table 6 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfite (as SO ₃)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					30

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☒ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
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					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
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-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment: [Click to enter text.](#)

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☐ None of the above

Description: [Click to enter text.](#)

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- ☐ Yes ☒ No

Description: [Click to enter text.](#)

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Pages 60-61)

Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes ☒ No

If **yes** to either Items a or b, complete Table 13 as instructed.

Table 13 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

This worksheet **is required** for all applications for a permit to disposal of wastewater by land application (i.e., TLAP)).

Item 1. Type of Disposal System (Instructions, Page 69)

Check the box next to the type of land disposal requested by this application:

- | | |
|--|---|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Evapotranspiration beds | <input type="checkbox"/> Surface application |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Other, specify: Click to enter text. |

Item 2. Land Application Area (Instructions, Page 69)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)

Item 3. Annual Cropping Plan (Instructions, Page 69)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

Item 4. Well and Map Information (Instructions, Page 70)

- a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: [Click to enter text.](#)

- b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

Attachment: [Click to enter text.](#)

- c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

- ☐ Yes ☐ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment: [Click to enter text.](#)

- d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

Item 5. Soil Map and Soil Information (Instructions, Page 71)

Check each box to confirm that the following information is attached:

- ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops.
- ☐ Breakdown of acreage and percent of total acreage for each soil type.
- ☐ Copies of laboratory soil analyses. **Attachment:**

Item 6. Effluent Monitoring Data (Instructions, Page 72)

- a. Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 for Outfall No.: Samples are (check one): ☐ Composite ☐ Grab

Samples are (check one): ☒ Composite ☐ Grab

Composite ☒ Grab

[illegible]

Item 7. Pollutant Analysis (Instructions, Page 72)

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Complete Tables 15 and 16.

Table 15 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO ₃)				
Temperature (°F)				
pH (standard units)				

Table 16 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

This worksheet **is required** for all applications for a permit to disposal of wastewater by surface land application or evaporation.

Item 1. Edwards Aquifer (Instructions, Page 73)

a. Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b and 1.c.

b. Check the box next to the subchapter applicable to the facility.

☐ 30 TAC Chapter 213, Subchapter A

☐ 30 TAC Chapter 213, Subchapter B

c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment: [Click to enter text.](#)

Item 2. Surface Spray/Irrigation (Instructions, Page 73)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): [Click to enter text.](#)

Design application rate (acre-ft/acre/yr): [Click to enter text.](#)

Design application frequency (hours/day): [Click to enter text.](#)

Design application frequency (days/week): [Click to enter text.](#)

Design total nitrogen loading rate (lbs nitrogen/acre/year): [Click to enter text.](#)

Average slope of the application area (percent): [Click to enter text.](#)

Maximum slope of the application area (percent): [Click to enter text.](#)

Irrigation efficiency (percent): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Curve number: [Click to enter text.](#)

Describe the application method and equipment: [Click to enter text.](#)

- b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** [Click to enter text.](#)

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: [Click to enter text.](#) gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** [Click to enter text.](#)

Item 4. Evapotranspiration Beds (Instructions, Page 74)

- a. Provide the following information on the evapotranspiration beds:
- Number of beds: [Click to enter text.](#)
- Area of bed(s) (acres): [Click to enter text.](#)
- Depth of bed(s) (feet): [Click to enter text.](#)
- Void ratio of soil in the beds: [Click to enter text.](#)
- Storage volume within the beds (include units): [Click to enter text.](#)
- Description of any lining to protect groundwater: [Click to enter text.](#)
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** [Click to enter text.](#)
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** [Click to enter text.](#)

Item 5. Overland Flow (Instructions, Page 74)

- a. Provide the following information on the overland flow:
- Area used for application (acres): [Click to enter text.](#)
- Slopes for application area (percent): [Click to enter text.](#)
- Design application rate (gpm/foot of slope width): [Click to enter text.](#)
- Slope length (feet): [Click to enter text.](#)
- Design BOD5 loading rate (lbs BOD5/acre/day): [Click to enter text.](#)
- Design application frequency (hours/day): [Click to enter text.](#)
- Design application frequency (days/week): [Click to enter text.](#)
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SUBSURFACE IRRIGATION (NON-DRIP)

This worksheet **is required** for all applications for a permit to disposal of wastewater by subsurface land application.

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 75)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?
- ☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Subsurface Application (Instructions, Page 75)

- a. Check the box next to the type of subsurface land disposal system requested:
- ☐ Conventional drainfield, beds, or trenches
- ☐ Low pressure dosing
- ☐ Other: [Click to enter text.](#)
- b. Provide the following information on the irrigation operations:
- Application area (acres): [Click to enter text.](#)
- Area of drainfield (square feet): [Click to enter text.](#)
- Application rate (gal/square ft/day): [Click to enter text.](#)
- Depth to groundwater (feet): [Click to enter text.](#)
- Area of trench (square feet): [Click to enter text.](#)
- Dosing duration per area (hours): [Click to enter text.](#)
- Number of beds: [Click to enter text.](#)
- Dosing amount per area (inches/day): [Click to enter text.](#)
- Soil infiltration rate (inches/hour): [Click to enter text.](#)
- Storage volume (gallons): [Click to enter text.](#)
- Area of bed(s) (square feet): [Click to enter text.](#)
- Soil classification: [Click to enter text.](#)
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a subsurface area drip dispersal system (SADDs).

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 76)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?

☐ Yes ☐ No

- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?

☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Administrative Information (Instructions, Page 76)

- a. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility: [Click to enter text.](#)

- b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: [Click to enter text.](#)

- c. Provide the legal name of the owner of the SADDs: [Click to enter text.](#)

- d. The owner of the SADDs is the same as the owner of the WWTF or the site where the WWTF is/will be located.

☐ Yes ☐ No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: [Click to enter text.](#)

- e. Provide the legal name of the owner of the land where the SADDs is located: [Click to enter text.](#)

- f. The owner of the land where the SADDs is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDs.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: [Click to enter text.](#)

Item 3. SADDs (Instructions, Page 77)

- a. Check the box next to the type SADDs requested by this application:

☐ Subsurface drip/trickle irrigation
☐ Surface drip irrigation
☐ Other: [Click to enter text.](#)

- b. Attach a description of the SADDs proposed/used by the facility (see instructions for guidance). **Attachment:** [Click to enter text.](#)

- c. Provide the following information on the SADDs:

Application area (acres): [Click to enter text.](#)

Soil infiltration rate (inches/hour): [Click to enter text.](#)

Average slope of the application area: [Click to enter text.](#)

Maximum slope of the application area: [Click to enter text.](#)

Storage volume (gallons): [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater (feet): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

- d. The facility is/will be located west of the boundary shown in 30 TAC § 222.83 **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

- e. The facility is/will be located east of the boundary shown in 30 TAC § 222.83 **or** is the facility proposing any crop other than non-native grasses.

☐ Yes ☐ No

If **yes**, the facility must use the formula in 30 TAC § 222.83 to calculate the maximum hydraulic application rate.

- f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): [Click to enter text.](#)
- Nitrogen application rate (gal/square foot/day): [Click to enter text.](#)

g. Provide the following dosing information:

Number of doses per day: [Click to enter text.](#)

Dosing duration per area (hours): [Click to enter text.](#)

Rest period between doses (hours): [Click to enter text.](#)

Dosing amount per area (inches/day): [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

If **yes**, attach the following information:

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.
Attachment: [Click to enter text.](#)
- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.
Attachment: [Click to enter text.](#)

Item 4. Required Plans (Instructions, Page 78)

a. Attach a Soil Evaluation with all information required in *30 TAC § 222.73*.

Attachment: [Click to enter text.](#)

b. Attach a Site Preparation Plan with all information required in *30 TAC § 222.75*.

Attachment: [Click to enter text.](#)

c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.

Attachment: [Click to enter text.](#)

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment: [Click to enter text.](#)

Item 5. Flood and Run-On Protection (Instructions, Page 79)

a. Is the existing/proposed SADDs located within the 100-year frequency flood level?

☐ Yes ☐ No

Source: [Click to enter text.](#)

If **yes**, describe how the site will be protected from inundation: [Click to enter text.](#)

b. Is the existing/proposed SADDs within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination. **Attachment:** [Click to enter text.](#)

Item 6. Surface Waters in The State (Instructions, Page 79)

a. Attach a buffer map which shows the appropriate buffers on surface waters in the state, water wells, and springs/seeps. **Attachment:** [Click to enter text.](#)

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

1. The legal name of the owner of the drinking water supply intake: [Click to enter text.](#)
2. The distance and direction from the outfall to the drinking water supply intake: [Click to enter text.](#)

- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

- a. Width of the receiving water at the outfall: [Approximately 5](#) feet

- b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: [Click to enter text.](#)

- c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: [Click to enter text.](#)

Item 3. Classified Segment (Instructions, Page 80)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here and do not complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters: Unnamed ditch to GCDD No.2 Unnamed Ditch within the ditch 6 system

b. Check the appropriate description of the immediate receiving waters:

☐ Lake or Pond

- Surface area (acres): Click to enter text.

- Average depth of the entire water body (feet): Click to enter text.

- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

☒ Man-Made Channel or Ditch

☐ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

☐ Intermittent (dry for at least one week during most years)

☒ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)

☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

☐ USGS flow records

☒ personal observation

☐ historical observation by adjacent landowner(s)

☒ other, specify: Galveston County District No. 2 Records

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: None

- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).

☒ Yes ☐ No

If **yes**, describe how: Wet, with water pooling

- f. General observations of the water body during normal dry weather conditions: Intermittent with pooling water.

Date and time of observation: 2/28/2018 1:47PM

- g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☒ No

If **yes**, describe how: Click to enter text.

Item 5. General Characteristics of Water Body (Instructions, Page 81)

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

<input type="checkbox"/> oil field activities	<input type="checkbox"/> urban runoff
<input type="checkbox"/> agricultural runoff	<input type="checkbox"/> septic tanks
<input type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: <u>Click to enter text.</u>

- b. Uses of water body observed or evidence of such uses (check all that apply):

<input type="checkbox"/> livestock watering	<input type="checkbox"/> industrial water supply
<input type="checkbox"/> non-contact recreation	<input type="checkbox"/> irrigation withdrawal
<input type="checkbox"/> domestic water supply	<input type="checkbox"/> navigation
<input type="checkbox"/> contact recreation	<input type="checkbox"/> picnic/park activities
<input type="checkbox"/> fishing	<input type="checkbox"/> other, specify: <u>Click to enter text.</u>

- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional

☒ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid

☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.1: WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

- a. Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)
 Waterbody name: [Click to enter text.](#)
 General location: [Click to enter text.](#)
- b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):
☐ perennial ☐ intermittent with perennial pools ☐ impoundment
- c. No. of defined stream bends:
 Well: [Click to enter text.](#) Moderately: [Click to enter text.](#) Poorly: [Click to enter text.](#)
- d. No. of riffles: [Click to enter text.](#)
- e. Evidence of flow fluctuations (check one):
☐ Minor ☐ Moderate ☐ Severe
- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: [Click to enter text.](#)
- g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool
 ** channel bed to water surface

Item 2. Summarize Measurements (Instructions, Page 83)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): [Click to enter text.](#)

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): [Click to enter text.](#)

Length of stream evaluated (ft): [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width (ft): [Click to enter text.](#)

Average stream depth (ft): [Click to enter text.](#)

Average stream velocity (ft/sec): [Click to enter text.](#)

Instantaneous stream flow (ft³/sec): [Click to enter text.](#)

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Flow fluctuations (i.e., minor, moderate, or severe): [Click to enter text.](#)

Size of pools (i.e., large, small, moderate, or none): [Click to enter text.](#)

Maximum pool depth (ft): [Click to enter text.](#)

Total number of stream bends: [Click to enter text.](#)

Number well defined: [Click to enter text.](#)

Number moderately defined: [Click to enter text.](#)

Number poorly defined: [Click to enter text.](#)

Total number of riffles: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

Item 1. Sewage Sludge Solids Management Plan (Instructions, Page 84)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If **yes** to either Item 1.a or 1.b, attach a solids management plan. **Attachment:** [Click to enter text.](#)

Item 2. Sewage Sludge Management and Disposal (Instructions, Page 84)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

- ☐ Permitted landfill
- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Registered land application site, attach Form TCEQ-00565
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Transported to another WWTP
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: [Click to enter text.](#)

b. Provide the following information for each disposal site:

Disposal site name: [Click to enter text.](#)

TCEQ Permit/Registration Number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

c. Method of sewage sludge transportation:

☐ truck ☐ train ☐ pipe ☐ other: [Click to enter text.](#)

TCEQ Hauler Registration Number: [Click to enter text.](#)

d. Sludge is transported as a:

☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

e. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

f. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment: [Click to enter text.](#)

Item 3. Authorization for Sewage Sludge Disposal (Instructions, Page 85)

If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application.

Attachment: [Click to enter text.](#)

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit.** New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information is **required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

Item 1. All POTWs (Instructions, Page 86)

- a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

- b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: [Click to enter text.](#)

- c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: [Click to enter text.](#)

- d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each SIU and CIU.

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to 40 CFR § 403.18?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment: [Click to enter text.](#)

- b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment: [Click to enter text.](#)

- c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: [Click to enter text.](#)

- d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems: [Click to enter text.](#)

Item 3. Significant Industrial User and Categorical Industrial User Information (Instructions, Pages 88-87)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

- a. Mr. or Ms.: [Click to enter text.](#) First/Last Name: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

SIC Code: [Click to enter text.](#)

Phone number: [Click to enter text.](#)

Email address: [Click to enter text.](#)

Physical Address: [Click to enter text.](#)

City/State/ZIP Code: [Click to enter text.](#)

Attachment: [Click to enter text.](#)

- b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): [Click to enter text.](#)

c. Provide a description of the principal products(s) or service(s) performed: [Click to enter text.](#)

d. Flow rate information

Flow Rate Information

Effluent Type	Discharge Day (gallons per day)	Discharge Frequency (Continuous, batch, or intermittent)
Process Wastewater		
Non-process Wastewater		

e. Pretreatment Standards

1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

2. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject to Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

f. Has the SIU or CIU caused or contributed to any problem(s) (e.g., interferences, pass through, odors, corrosion, blockages) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s): [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☐ Yes ☒ No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application

Item 3. Site Map (Instructions, Page 90)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all above information was provided on the facility site map(s).

Attachment: [Click to enter text.](#)

Item 4. Facility/Site Information (Instructions, Page 90)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

- b. Provide the following local area rainfall information and the source of the information.
- Wettest month: [Click to enter text.](#)
- Average rainfall for wettest month (total inches): [Click to enter text.](#)
- 25-year, 24-hour rainfall (inches): [Click to enter text.](#)
- Source: [Click to enter text.](#)
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** [Click to enter text.](#)
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** [Click to enter text.](#)
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: [Click to enter text.](#)

Item 5. Pollutant Analysis (Instructions, Page 91)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: [Click to enter text.](#)

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: [Click to enter text.](#)

Duration of storm event (minutes): [Click to enter text.](#)

Total rainfall during storm event (inches): [Click to enter text.](#)

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [Click to enter text.](#)

Maximum flow rate during rain event (gallons/minute): [Click to enter text.](#)

Total stormwater flow from rain event (gallons): [Click to enter text.](#)

Provide a description of the method of flow measurement or estimate:

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 8.0: AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

Item 1. Facility/Site Information (Instructions, Page 94)

- a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility.

Production Pond Descriptions

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds x Area of Ponds (include Units)

Total surface area of all ponds: [Click to enter text.](#)

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment: [Click to enter text.](#)

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment: [Click to enter text.](#)

d. Provide the number of aquaculture facilities located within 25-miles of this facility: [Click to enter text.](#)

Item 2. Species Identification (Instructions, Page 95)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment: [Click to enter text.](#)

Item 3. Stock Management Plan (Instructions, Page 95)

Attach a detailed stock management plan: [Click to enter text.](#)

Item 4. Water Treatment and Discharge Description (Instructions, Page 96)

Attach a detailed description of the discharge practices and water treatment process(es): [Click to enter text.](#)

Item 5. Solid Waste Management (Instructions, Page 96)

Attach a description of the solid waste-disposal practices: [Click to enter text.](#)

Item 6. Site Assessment Report (Instructions, Page 96)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone: [Click to enter text.](#)

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Item 1. General Information (Instructions Page 99)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. Latitude and Longitude, in degrees-minutes-seconds

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. Purpose

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. Water Well Driller/Installer

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

Item 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Item 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)

2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)

3. Well/Trench Total Depth: [Click to enter text.](#)

4. Surface Elevation: [Click to enter text.](#)

5. Depth to Ground Water: [Click to enter text.](#)

6. Injection Zone Depth: [Click to enter text.](#)

7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: [Click to enter text.](#)

Thickness: [Click to enter text.](#)

8. Attach a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.

9. Attach the Horizontal and Vertical extent of contamination and injection plume as Attachment F.

10. Attach Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc., as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection. Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)

13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)

14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)

15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)

17. Sampling frequency: [Click to enter text.](#)

18. Known hazardous components in injection fluid: [Click to enter text.](#)

Item 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
4. Previous Remediation. Attach results of any previous remediation as Attachment M.

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Item 6. CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

- a. Is this a municipal solid waste facility?
☐ Yes ☐ No
- b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?
☐ Yes ☐ No
- c. Is this a coal mine?
☐ Yes ☐ No
- d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?
☐ Yes ☐ No

If **yes** to **any** above question, **stop here**. The facility is required to maintain documentation, as outlined in 30 TAC § 311.72(c), at the facility to demonstrate the exclusion(s).

Item 2. Location of the Quarry (Instructions, Page 101)

Check the box next to the distance between the quarry and the nearest navigable water body:

- ☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Item 3. Additional Requirements (Instructions, Page 101)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

- a. Attach a Restoration Plan: [Click to enter text.](#)
- b. Amount of Financial Assurance for Restoration: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)
- c. Attach a Technical Demonstration: [Click to enter text.](#)
- d. Attach a Reclamation Plan: [Click to enter text.](#)
- e. Amount of Financial Assurance for Reclamation: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

This worksheet is **required** for all TPDES permit applications that meet the conditions outlined in Technical Report 1.0, Item 12.

Item 1. Cooling Water System Data (Instructions, Page 104)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Parameter	Volume (include units)
Total DIF	
Total AIF	
Intake Flow Use(s) (%)	
Contact cooling	
Non-contact cooling	
Process Wastewater	
Other	

b. Attach the following information:

1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
5. Previous year (a minimum of 12 months) of AIF data.
6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: [Click to enter text.](#)

Item 2. Cooling Water Intake Structure(s) Data (Instructions, Page 105)

- a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF (include units)				
AIF (include units)				
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				
Latitude (decimal degrees)				
Longitude (decimal degrees)				

- b. Attach the following information regarding the CWIS(s):
1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 2. Engineering calculations for each CWIS.

Attachment: [Click to enter text.](#)

Item 3. Source Water Physical Data (Instructions, Page 105)

- a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source Waterbody				
Mean Annual Flow				
Source				

- b. Attach the following information regarding the source waterbody.
1. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

2. A narrative description of the source waterbody's hydrological and geomorphological features.
3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: [Click to enter text.](#)

Item 4. Operational Status (Instructions, Page 106)

- a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

1. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.
2. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.
3. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).
4. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment: [Click to enter text.](#)

- b. Process Units

1. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

2. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors

- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment: [Click to enter text.](#)

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: [Click to enter text.](#)

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.1: IMPINGEMENT MORTALITY

This worksheet is **required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: [Click to enter text.](#)

Item 1. Impingement Compliance Technology Selection (Instructions, Page 107)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

- ☐ Closed-cycle recirculating system(CCRS) [40 CFR § 125.94(c)(1)]
- ☐ 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] – Proceed to Worksheet 11.2
- ☐ 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]
- ☐ Existing offshore velocity cap [40 CFR § 125.94(c)(4)] – Proceed to Worksheet 11.2
- ☐ Modified traveling screens [40 CFR § 125.94(c)(5)]
- ☐ System of technologies [40 CFR § 125.94(c)(6)]
- ☐ Impingement mortality performance standard [40 CFR § 125.94(c)(7)]
- ☐ De minimis rate of impingement [40 CFR § 125.94(c)(11)]
- ☐ Low capacity utilization power-generation facilities [40 CFR § 125.94(c)(12)]

If 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] or existing offshore velocity cap [40 CFR § 125.94(c)(4)] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

Item 2. Impingement Compliance Technology Information (Instructions, Page 107)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [40 CFR § 125.94(c)(1)]

- ☐ Check this box to confirm the CWS meets the definition of CCRS located at 40 CFR § 125.91(c) and provide a response to the following questions.

1. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

- ☐ Yes ☐ No

If **no**, proceed to item a.2. If **yes**, provide the following information as an attachment and continue.

- CWIS ID
- 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.

- A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment: [Click to enter text.](#)

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

2. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

- Average number of cycles of concentration (COCs) prior to blowdown:

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months): [Click to enter text.](#)
- Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: [Click to enter text.](#)

b. 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: [Click to enter text.](#)

c. Modified traveling screens [40 CFR § 125.94(c)(5)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the modified traveling screens and associated equipment.
2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [Click to enter text.](#)

d. System of technologies [40 CFR § 125.94(c)(6)] or impingement mortality performance standard [40 CFR § 125.94(c)(7)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the system of technologies used or proposed for use by the facility to

achieve compliance with the impingement mortality standard.

2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [Click to enter text.](#)

- e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

1. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment: [Click to enter text.](#)

2. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.6. to support this determination.

Attachment: [Click to enter text.](#)

- f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.2: SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody: [Click to enter text.](#)

Item 1. Species Management (Instructions, Page 109)

- a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment: [Click to enter text.](#)

- b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: [Click to enter text.](#)

- c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

Item 2. Source Water Biological Data (Instructions, Page 109)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment: [Click to enter text.](#)

- a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through (vi) that are not available, and efforts made to identify sources of the data.
- b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
 - all life stages and their relative abundance,
 - identification of all species and life stages that would be most susceptible to impingement and entrainment,
 - forage base,
 - significance to commercial fisheries,
 - significance to recreational fisheries,
 - primary period of reproduction,
 - larval recruitment, and
 - period of peak abundance for relevant taxa.
- c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).
- d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).
- e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

- f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.
- g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.3: ENTRAINMENT

This worksheet is **required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: [Click to enter text.](#)

Item 1. Applicability (Instructions, Page 111)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [40 CFR § 125.94(c)(1)] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with 40 CFR § 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance with 40 CFR § 125.95, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

Item 2. Existing Entrainment Performance Studies (Instructions, Page 111)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment: [Click to enter text.](#)

Item 3. Facility Entrainment Performance Studies (Instructions, Page 111)

- Attach an entrainment characterization study, as described at 40 CFR § 122.21(r)(9): [Click to enter text.](#)
- Attach a comprehensive feasibility study, as described as 40 CFR § 122.21(r)(10): [Click to enter text.](#)
- Attach a benefits valuation study, as described as 40 CFR § 122.21(r)(11): [Click to enter text.](#)
- Attach a non-water quality environmental and other impacts study, as described as 40 CFR § 122.21(r)(12): [Click to enter text.](#)
- Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 12.0: OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

Item 1. Operational Information (Instructions, Page 112)

- a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

- b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

Click to enter text.

Item 2. Production/Process Data (Instructions, Page 112)

- a. Provide the applicable 40 CFR Part 435 Subpart(s).

Click to enter text.

- b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

Click to enter text.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

- f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: [Click to enter text.](#)

- g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: [Click to enter text.](#)

Item 3. Pollutant Analysis (Instructions, Page 113)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.
Attachment: [Click to enter text.](#)
- d. Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** [Click to enter text.](#)

Table 19 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium				
Potassium				
Sodium				

*Indicate units if different from mg/L.

Attachment

E-Pay Voucher

TCEQ ePay Receipt

Transaction Information

Trace Number: 582EA000621467
Date: 08/14/2024 08:33 AM
Payment Method: CC - Authorization 0000099442
ePay Actor: JUSTIN MARK
TCEQ Amount: \$350.00
Texas.gov Price:: \$358.13*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: JUSTIN MARK
Company: MOMENTIVE
Address: 5700 CENTURY BLVD, TEXAS CITY, TX 77591
Phone: 832-244-5054

Cart Items

Voucher	Fee Description	AR Number	Amount
717137	WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - MAJOR AMENDMENT		\$300.00
717138	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
TCEQ Amount:			\$350.00

Attachment

Core Data Form



TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other	Renwal with Major Amenment
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 604046466		RN 100870179

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		8/15/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
MPM Silicones, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
802648954		12237754812		22-3775481	82-585-6151
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: Limited Liability Company	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		5700 Century Blvd			
City		Texas City		State	TX
ZIP		77591		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				Justin.mark@momentive.com	
18. Telephone Number		19. Extension or Code		20. Fax Number (if applicable)	

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>															
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information															
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>															
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>															
MPM Silicones, LLC															
23. Street Address of the Regulated Entity: <u><i>(No PO Boxes)</i></u>	5700 Century Blvd., <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">City</td> <td style="width: 15%; padding: 2px;">Texas City</td> <td style="width: 10%; padding: 2px;">State</td> <td style="width: 10%; padding: 2px;">TX</td> <td style="width: 10%; padding: 2px;">ZIP</td> <td style="width: 15%; padding: 2px;">77591</td> <td style="width: 10%; padding: 2px;">ZIP + 4</td> <td style="width: 10%; padding: 2px;"></td> </tr> </table>							City	Texas City	State	TX	ZIP	77591	ZIP + 4	
City	Texas City	State	TX	ZIP	77591	ZIP + 4									
24. County	Galveston County														

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:	Not Applicable														
26. Nearest City				State		Nearest ZIP Code									
Texas City				TX		77591									
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>															
27. Latitude (N) In Decimal:		29.424230		28. Longitude (W) In Decimal:		-95.018664									
Degrees	Minutes	Seconds		Degrees	Minutes	Seconds									
29°	25'	27.2"		95°	01'	07.2"									
29. Primary SIC Code <small>(4 digits)</small>		30. Secondary SIC Code <small>(4 digits)</small>		31. Primary NAICS Code <small>(5 or 6 digits)</small>		32. Secondary NAICS Code <small>(5 or 6 digits)</small>									
2869				325199											
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>															
34. Mailing Address:	5700 Century Blvd., <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 2px;">City</td> <td style="width: 15%; padding: 2px;">Texas City</td> <td style="width: 10%; padding: 2px;">State</td> <td style="width: 10%; padding: 2px;">TX</td> <td style="width: 10%; padding: 2px;">ZIP</td> <td style="width: 15%; padding: 2px;">77591</td> <td style="width: 10%; padding: 2px;">ZIP + 4</td> <td style="width: 10%; padding: 2px;"></td> </tr> </table>							City	Texas City	State	TX	ZIP	77591	ZIP + 4	
City	Texas City	State	TX	ZIP	77591	ZIP + 4									
35. E-Mail Address:															
36. Telephone Number			37. Extension or Code		38. Fax Number <i>(if applicable)</i>										
(281) 337-2531			144		() -										

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
	WQ0003479000			
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0003479000			

SECTION IV: Preparer Information

40. Name:	Justin Mark			41. Title:	EHS Leader
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(281) 337-2531	144	() -	Justin.mark@momentive.com		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	MPM Silicones, LLC		Job Title:	Plant Manager	
Name (In Print):	Toby Pevoto			Phone:	(281) 337- 2531
Signature:				Date:	8-13-2024

Attachment

Plain Language Summary Form



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

MPM Silicones, LLC (CN604046466) operates MPM Silicones, LLC (RN 100870179), an organic chemical manufacturing facility. The facility is located at 5700 Century Boulevard, in Texas City, Galveston County, Texas 77591. MPM Silicones, LLC is submitting this application to the Texas Commission on Environmental Quality (TCEQ) for the renewal and amendment of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003479000, which authorizes the discharge of previously monitored effluents [treated non-process area storm water runoff, utility wastewater, and treated utility wastewater], non-process area stormwater runoff and utility wastewater on an intermittent and flow-variable basis via Outfall 001.

Contact process water, wash water from rinsing out equipment, and contaminated storm water are disposed of at off-site facilities. The primary disposal sites are Gulf Coast Waste Disposal Authority, Washburn Tunnel and Bealine Environmental Services for wastewater treatment, and Texas Molecular Deer Park Services for deep well injection. Wastewater classified as hazardous waste from the pilot plant and NXT processes are sent to Clean Harbors for incineration and Texas Molecular Deer Park Services for deep well injection. Domestic wastewater is routed to an aerated subsurface tank, thence to the spray irrigation system (permitted under Galveston County Health District Permit No. LC13134).

Runoff water from non-process areas flows into a collection system that is routed to the equalization basin. Steam condensate and fire monitor flush water are routed directly to the equalization basin. Storm water and washdown water from all tank farms and non-contact process area wash waters are detained within retention curbs where the water is visually examined and analyzed for pH. When the wastewater appears uncontaminated and meets the pH specifications, it is either released to the equalization basin or reused in the plant processes. Water that appears to be contaminated or does not meet pH specifications is either reused in the plant processes, shipped off-site, or transferred to T-308/310. T-308/310 wastewaters may be routed to activated carbon filters, neutralized, or both, thence pumped to the equalization basin. Effluent from the equalization basin is discharged via Outfall 101. Cooling tower blowdown and boiler blowdown are pumped to the utility storage tank for neutralization, when necessary, thence discharged on batch to a holding tank (Outfall 201) which discharges via internal Outfall 101 prior to discharge via final Outfall 001.

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

MPM Silicones, LLC (CN604046466) opera MPM Silicones, LLC (RN100870179, una instalación de fabricación de productos químicos orgánicos. La instalación está ubicada en 5700 Century Boulevard, en Texas City, Condado de Galveston, Texas 77591. MPM Silicones, LLC presenta esta solicitud a la Comisión de Calidad Ambiental de Texas (TCEQ) para la renovación y enmienda del Permiso del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) Número WQ0003479000, que autoriza la descarga de efluentes previamente monitoreados [escorrentía de aguas pluviales tratadas del área no procesada, aguas residuales de servicios públicos y aguas residuales tratadas de servicios públicos], escorrentía de aguas pluviales del área no procesada y aguas residuales de servicios públicos de manera intermitente y con flujo variable a través del Emisario 001.

El agua de proceso en contacto, el agua de lavado del equipo y las aguas pluviales contaminadas se eliminan en instalaciones externas. Los principales lugares de eliminación son Gulf Coast Waste Disposal Authority, Washburn Tunnel y Bealine Environmental Services para el tratamiento de aguas residuales, y Texas Molecular Deer Park Services para la inyección en pozos profundos. Las aguas residuales clasificadas como residuos peligrosos de la planta piloto y los procesos NXT se envían a Clean Harbors para su incineración y a Texas Molecular Deer Park Services para su inyección en pozos profundos. Las aguas residuales domésticas se conducen a un tanque subsuperficial aireado y de ahí al sistema de riego por aspersión (autorizado por el Distrito de Salud del Condado de Galveston con el número de permiso LC13134).

El agua de escorrentía de las zonas no procesadas fluye a un sistema de recogida que se dirige a la cuenca de ecualización. El condensado de vapor y el agua de lavado del monitor de incendios se conducen directamente a la balsa de compensación. Las aguas pluviales y de lavado de todos los parques de tanques y las aguas de lavado de las zonas de proceso sin contacto se retienen en bordillos de retención donde el agua se examina visualmente y se analiza su pH. Cuando las aguas residuales parecen no estar contaminadas y cumplen las especificaciones de pH, se vierten al depósito de compensación o se reutilizan en los procesos de la planta. El agua que parece estar contaminada o no cumple las especificaciones de pH se reutiliza en los procesos de la planta, se envía fuera del emplazamiento o se transfiere a T-308/310. Las aguas residuales de T-308/310 pueden ser conducidas a filtros de carbón activo, neutralizadas o ambas cosas, y bombeadas a la balsa de compensación. El efluente de la balsa de compensación se descarga a través del emisario 101. La purga de la torre de refrigeración y la purga de la caldera se bombean al tanque de almacenamiento de servicios públicos para su neutralización, cuando sea necesario, y de ahí se descargan por lotes a un tanque de retención (desagüe 201) que se descarga a través del desagüe interno 101 antes de su descarga a través del desagüe final 001.

Attachment

Public Involvement Plan Form



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- ☐ New Permit or Registration Application
☒ New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- ☐ Requires public notice,
☐ Considered to have significant public interest, **and**
☐ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

This amendment application is to request for the removal of E.Coli as a testing parameter and removal



Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V
Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)
☐ Texas Land Application Permit (TLAP)
☐ State Only Concentrated Animal Feeding Operation (CAFO)
☐ Water Treatment Plant Residuals Disposal Permit
☐ Class B Biosolids Land Application Permit
☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water
☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water
☐ Add a New or Existing Reservoir
☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☐

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

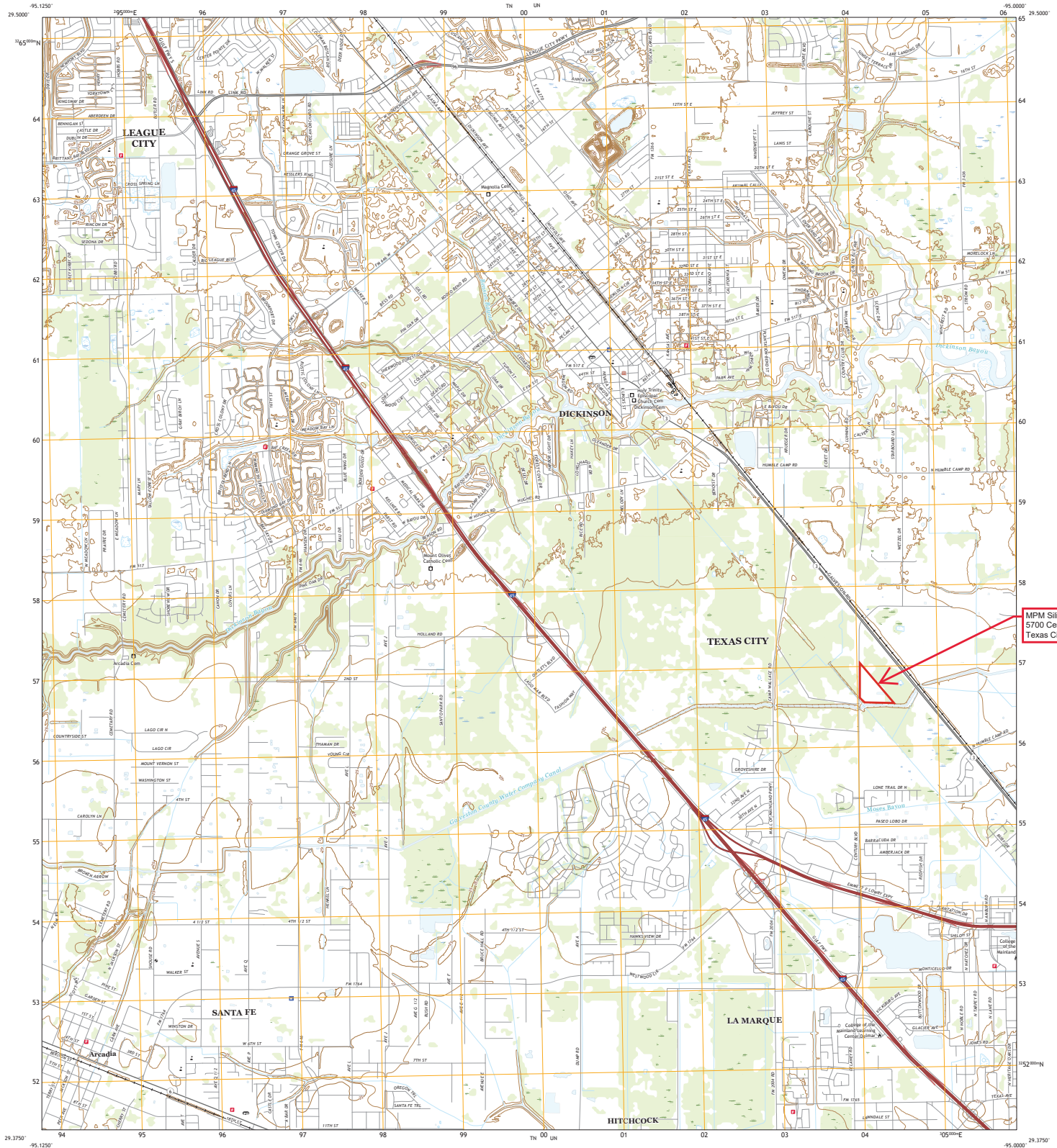
☐ Yes ☐ No

What types of notice will be provided?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

Attachment

Administrative Report Topographic Map

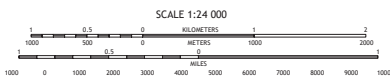
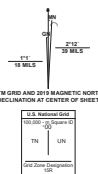


MPM Silicones, LLC
5700 Century Blvd.,
Texas City, TX 77591

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000 meter grid Universal Transverse Mercator, Zone 15R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery: U.S. National Wetlands Inventory, 2016
Roads: U.S. Census Bureau, 2015
Names: National Hydrography Dataset, 1979 - 2015
Hydrography: National Hydrography Dataset, 2001 - 2015
Contours: Multiple sources, see metadata file 2019 - 2021
Boundaries: Multiple sources, see metadata file 2019 - 2021
Wetlands: FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL: 5 FEET
NORTH AMERICAN DATUM OF 1983
This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



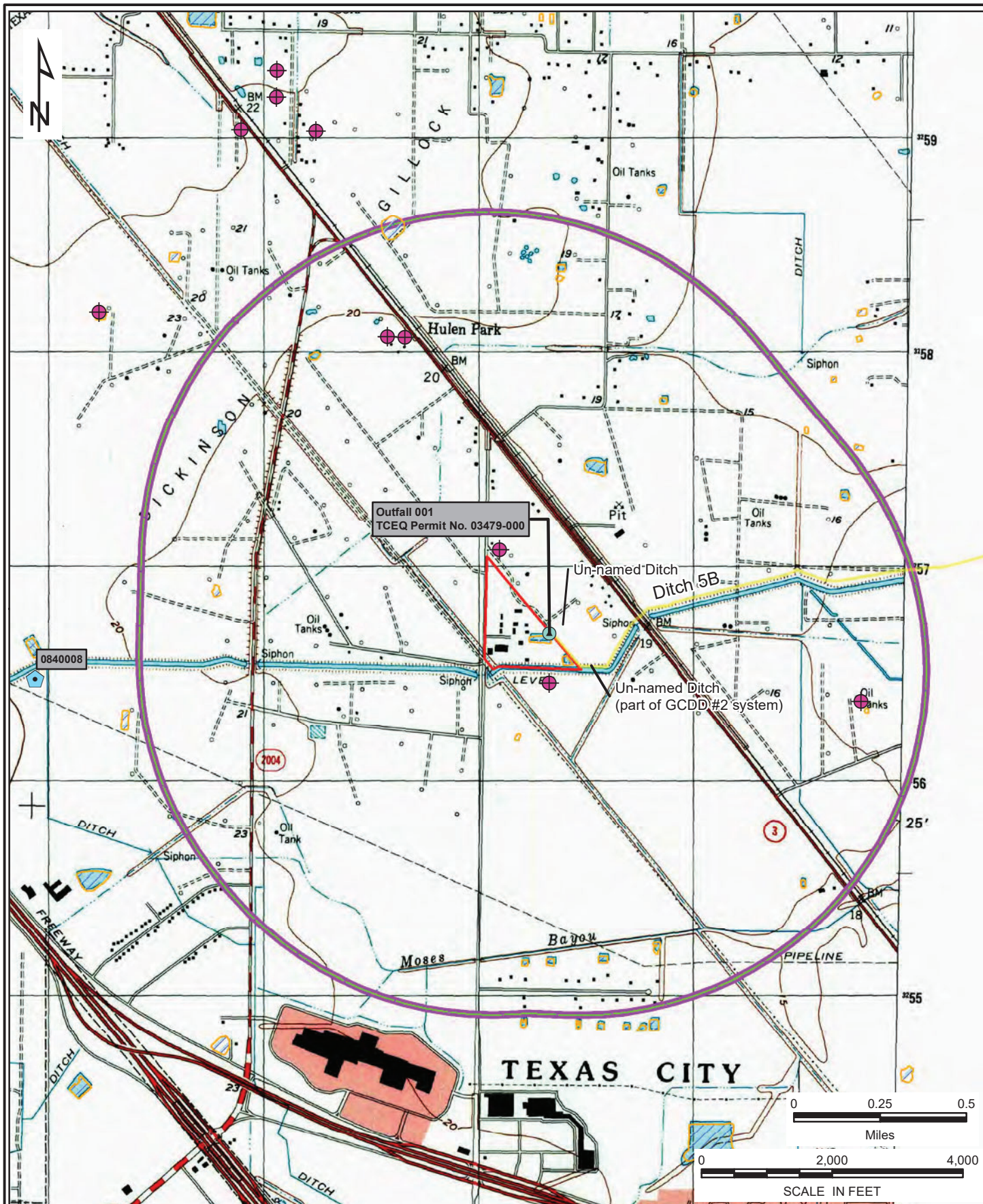
1	2	3
4	5	6
7	8	9

ADJOINING QUADRANGLES



DICKINSON, TX
2022



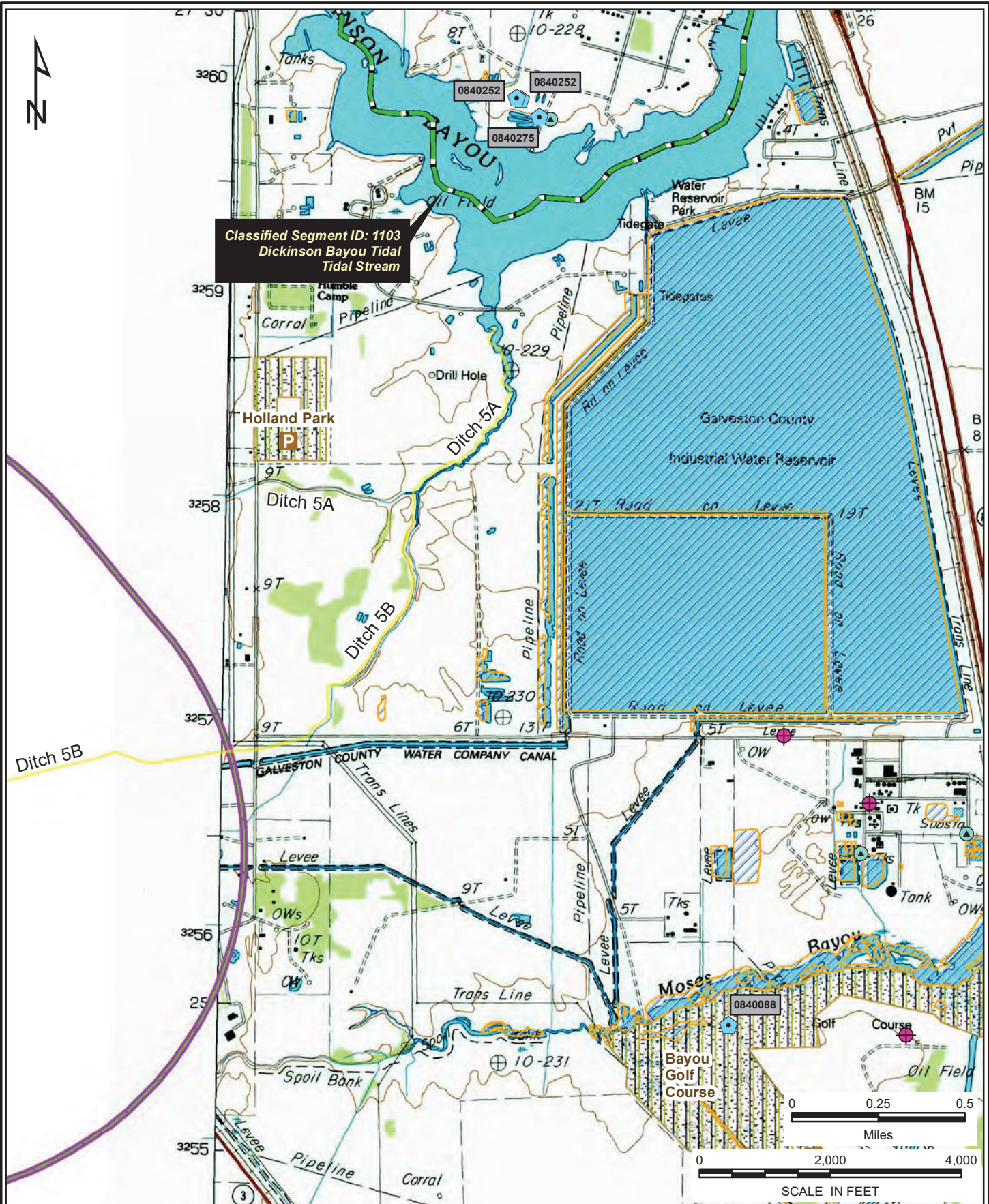


- Groundwater Well (TWDB)
- Pond/Waterbody (NHD)
- Public Water Supply Well (TCEQ)
- Owner Property Boundary
- Wastewater Outfall (TCEQ)
- Property Boundary - 1 Mile Radius
- Highlighted Discharge Route - 3 miles

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0
USGS Topographic Map

FIGURE
A.1a



- Groundwater Well (TWDB)
- Park (HGAC, 2018)
- Public Water Supply Well (TCEQ)
- Wastewater Outfall (TCEQ)
- Highlighted Discharge Route - 3 miles
- Pond/Waterbody (NHD)
- Property Boundary - 1 Mile Radius
- Classified Stream (TCEQ, 2014)

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0 USGS Topographic Map

FIGURE
A.1b

Attachment

Supplemental Permit Information Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: MPM Silicones, LLC

Permit No. WQ00 03129000

EPA ID No. TX 0108367

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

5700 Century Blvd., Texas City, TX 77591

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Justin Mark

Credential (P.E, P.G., Ph.D., etc.):

Title: EHS Leader

Mailing Address: 5700 Century Blvd.,

City, State, Zip Code: Texas City, TX 77591

Phone No.: 281-337-2531 Ext.: 144 Fax No.:

E-mail Address: Justin.mark@momentive.com

2. List the county in which the facility is located: Galveston
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

Not Applicable

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The wastewater is discharged via Outfall 001 into an unnamed ditch, then into an unnamed ditch within Galveston County Drainage District No. 2 (GCDD No. 2) Ditch 6 system, then into GCDD No.2 Ditch 5B, then Dickenson Bayou Tidal in Segment 1103 of the San Jacinto-Brazos Coastal Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

Not Applicable

2. Describe existing disturbances, vegetation, and land use:

Not Applicable

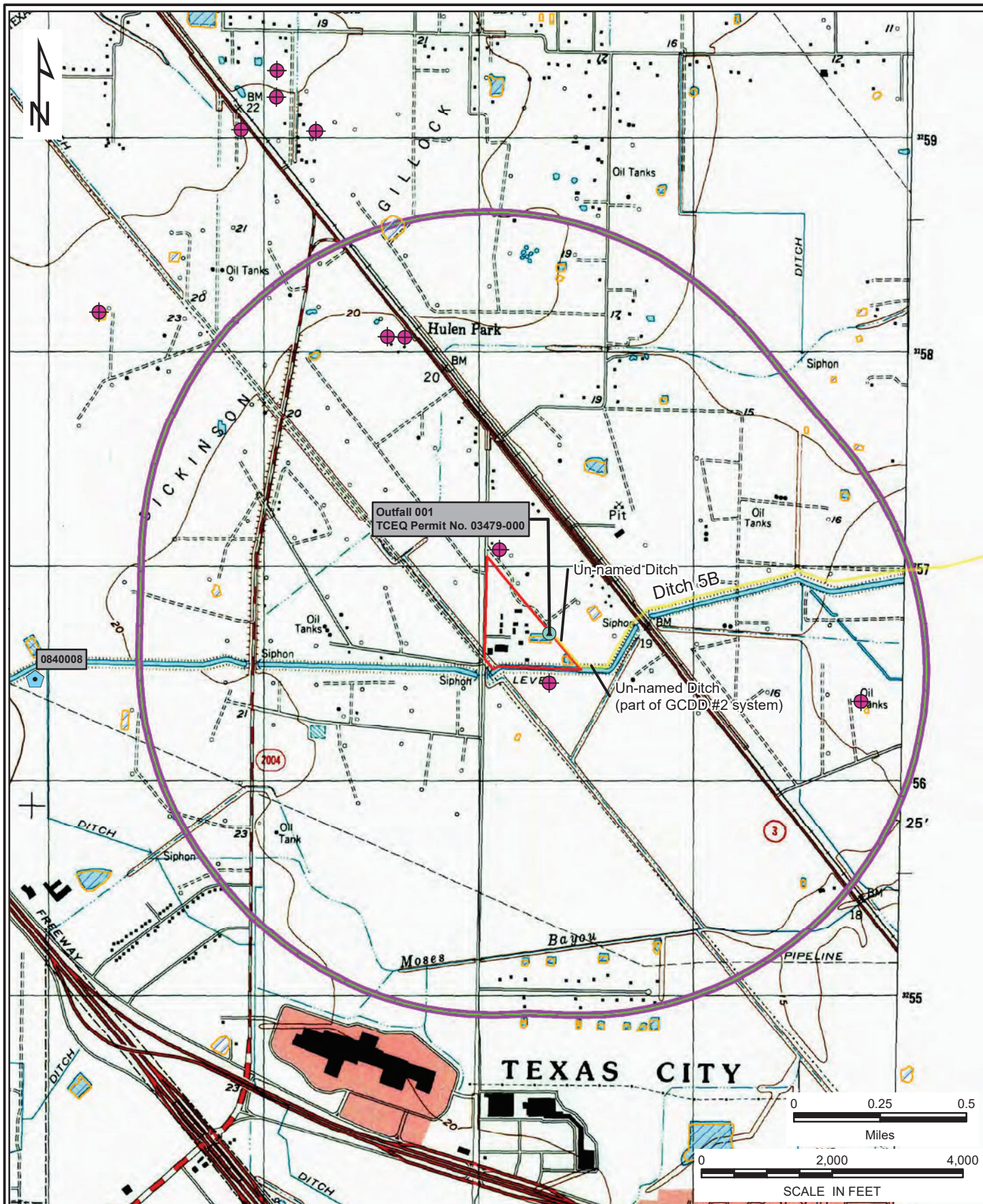
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

3. List construction dates of all buildings and structures on the property:

4. Provide a brief history of the property, and name of the architect/builder, if known.

Attachment

SPIF Topographic Map



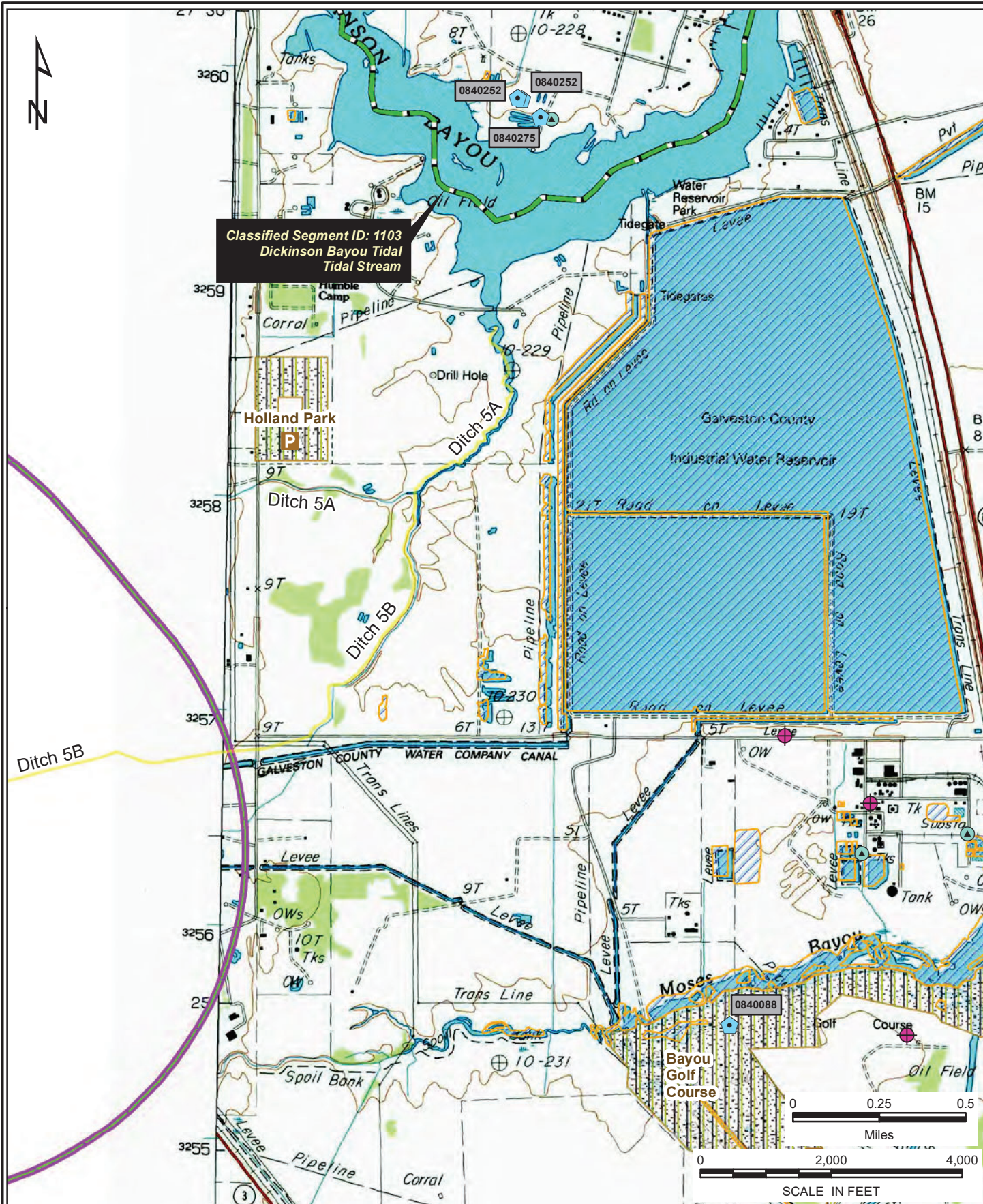
- Groundwater Well (TWDB)
- Public Water Supply Well (TCEQ)
- Wastewater Outfall (TCEQ)
- Highlighted Discharge Route - 3 miles
- Pond/Waterbody (NHD)
- Owner Property Boundary
- Property Boundary - 1 Mile Radius

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0

USGS Topographic Map

FIGURE
A.1a



Administrative Report 1.0 USGS Topographic Map

FIGURE
A.1b

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

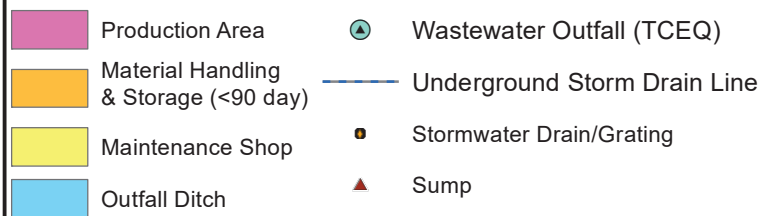
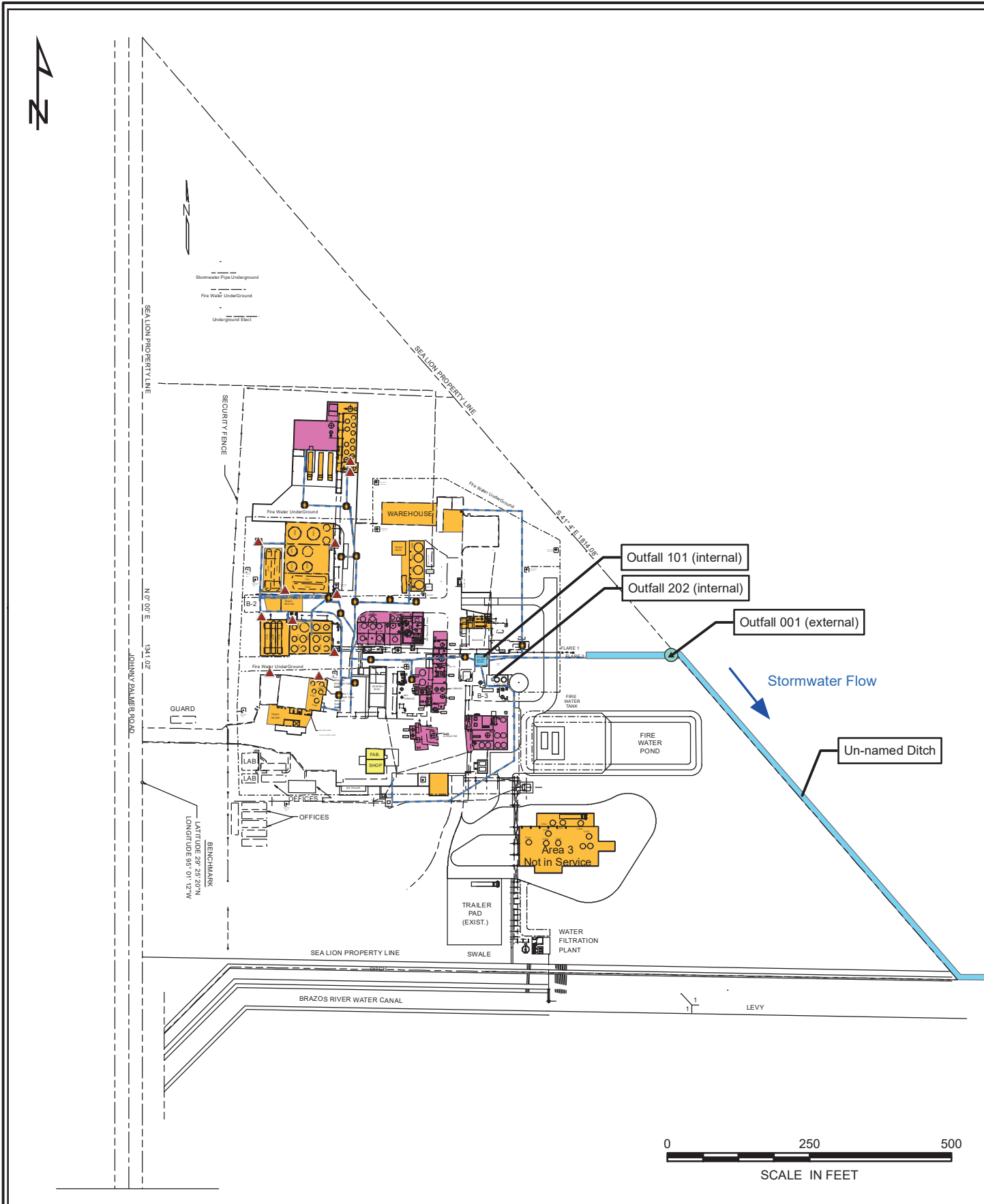
Attachment

Materials List

Name	Component(s)	CAS No(s).
Raw Materials		
Acrylic Acid		79-10-7
N’N-Dimethyl Acrylamide (NNDMA)		2680-03-7
Tergitol #15 s-7 Surfactant	Alcohol, C-12-14-secondary, ethoxylated Polyethylene glycol	84133-50-6 25322-68-3
m-Phenylenediamine		108-45-2
Chloropropyltriethoxysilane	Chloropropyltriethoxysilane Related Siloxanes and Silane Esters Ethanol	5089-70-3 NA 64-17-5
Octanoyl Chloride	Octanoyl Chloride	111-64-8
Tetrabutylammonium Bromide	Tetrabutylammonium Bromide	1643-19-2
Dimethylamine	Dimethylamine	124-40-3
3-Dimethylamino-N,N-Dimethylpropionamide	3-Dimethylamino-N,N-Dimethylpropionamide N,N-Dimethylacrylamide	17268-47-2 2680-03-7
Intermediate Materials		
Sodium Thiooctanoate	Sodium Thiooctanoate Water Sodium Chloride Sodium Octonoate Sodium Hydrogen Sulfide	2207-90-1 NA 76747-14-5 1984-06-01 140650-84-6
Sodium Hydrosulfide	Sodium Hydrosulfide Water	16721-80-5
Hydrogen Sulfide vapor/gas		7783-06-4
Ethanol	Ethanol Water	64-17-5
Final Materials		
Organoalkoxysilane	Octanethoic acid, S-[3-(triethoxysilyl)propyl]ester Related silanes and and siloxanes	220727-26-4 NA 64-17-5
Sodium Hydroxide	Sodium Hydroxide Water	1310-73-2 NA
3-Dimethylamino-N,N-Dimethylpropionamide (DDPA)	3-Dimethylamino-N,N-Dimethylpropionamide N,N-Dimethylacrylamide	17268-47-2 2680-03-7
Niax Catylst A-4	Polyalkylene oxide alcohol 3-Dimethylamino-N,N-Dimethylpropionamide Hydroxyl compound	17268-47-2 Trade Secret
m-Phenylenediamine		108-45-2

Attachment

Technical Report Facility Map



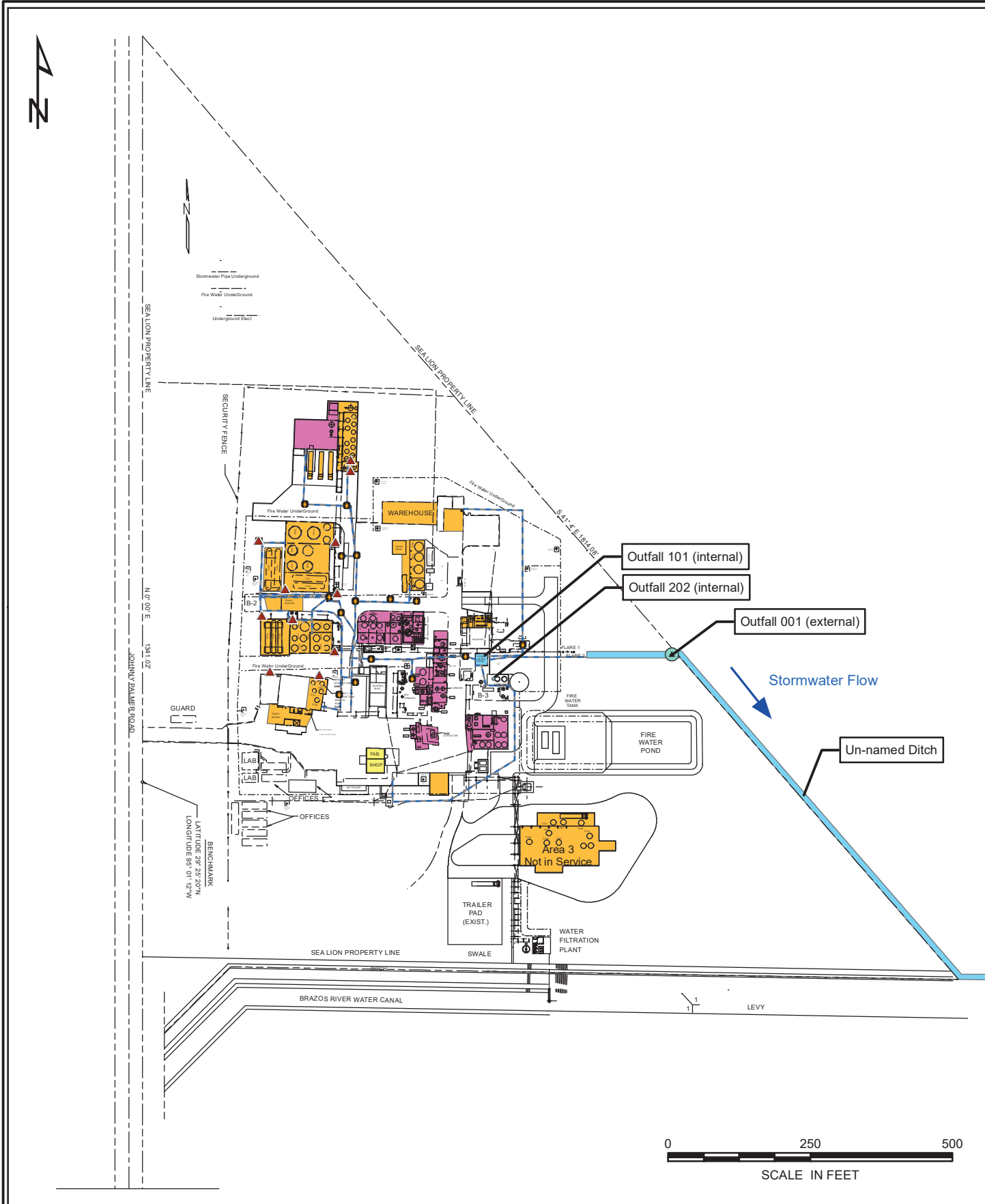
MPM Silicones, LLC
 5700 Century Blvd.
 Texas City, Texas 77590

Technical Report 1.0

Facility Map

FIGURE

T1



 Production Area	 Wastewater Outfall (TCEQ)
 Material Handling & Storage (<90 day)	 Stormwater Drain/Grating
 Maintenance Shop	 Sump
 Outfall Ditch	 Underground Storm Drain Line

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77590

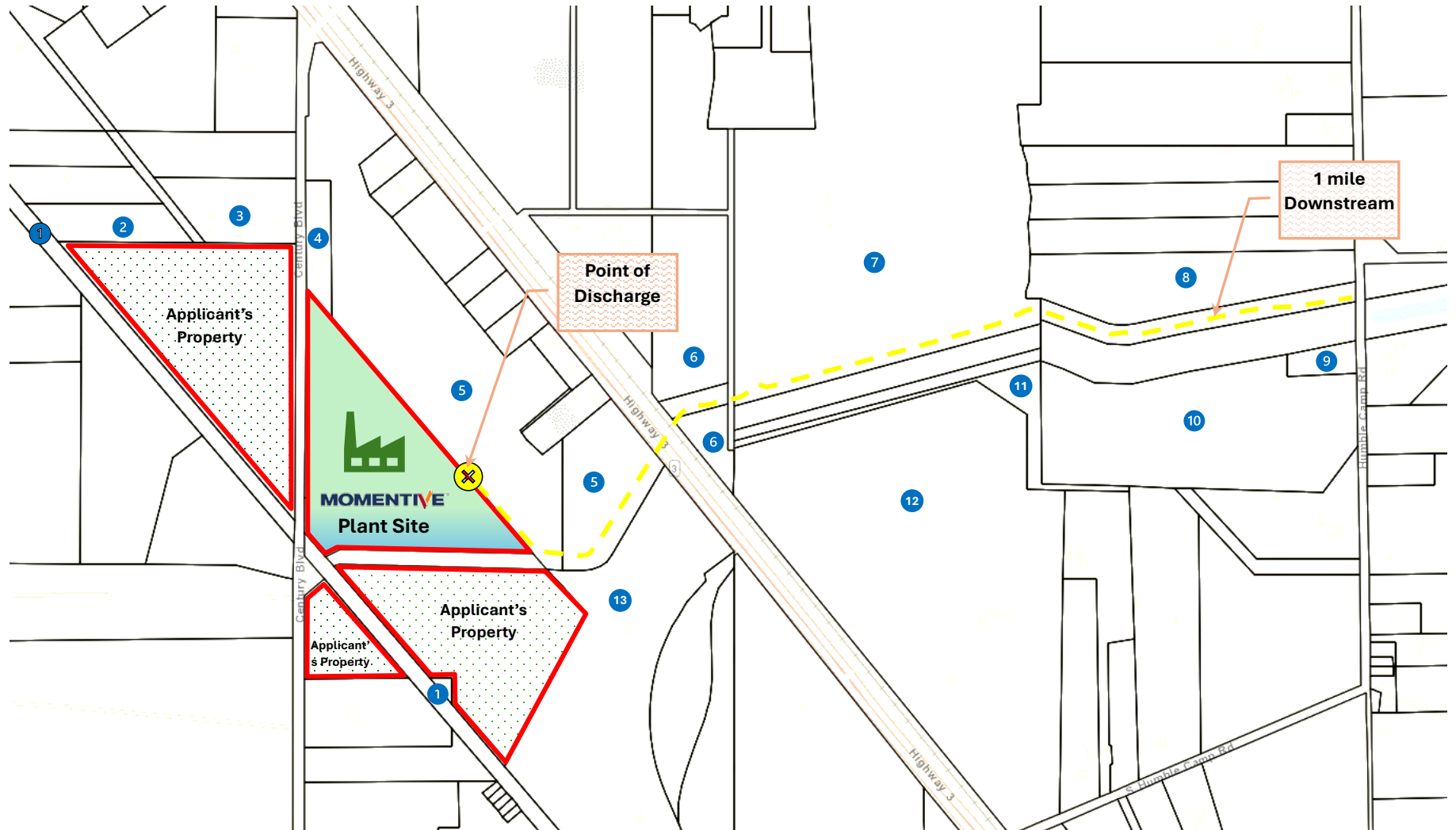
Worksheet 7.0 Stormwater Site Map

FIGURE
W7

Attachment

Affected Landowners Information

ADJACENT AND DOWNSTREAM LANDOWNERS MAP

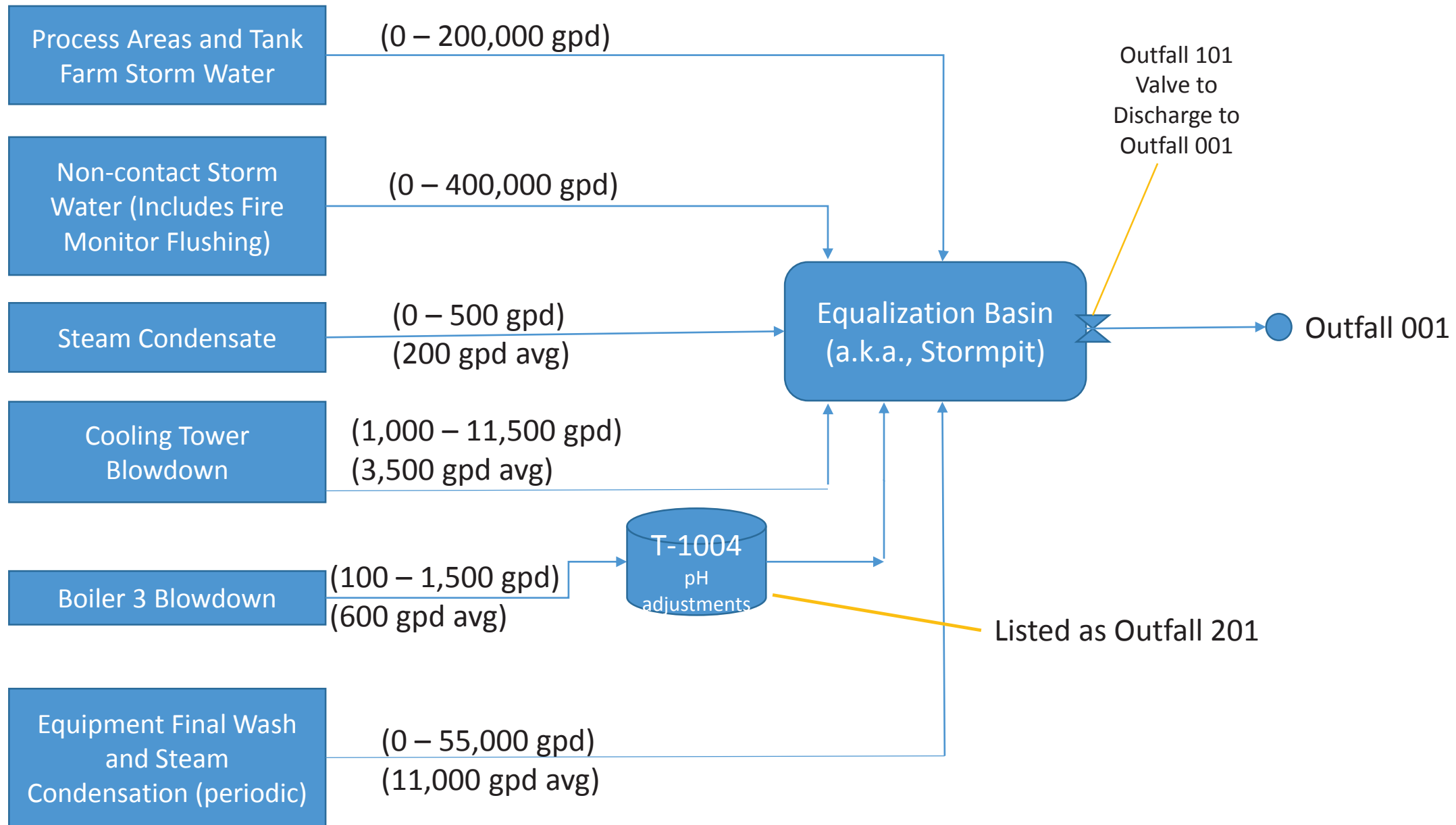


Affected Landowners List

Marker	Owner	Mailing Address	Parcel No.
1	PGC Gas Company	8150 N Central Expy., Ste 1475 Dallas, TX 75206-0506	227971
2	Francisco & Celinda Barrera	4414 40th St. Dickinson, TX 77539	369107
3	Jose Omar Reyna	6201 Century Blvd. Texas City, TX 77591	391348
4	Luis Medrano	6002 Century Blvd. Texas City, TX 77591	228017
5	American Farms LLC	2925 Gulf Fwy S, Ste B260, League City, TX 77573	422937
6	Ernest E. Deats	PO Box 1117 Dickinson, TX 77539-1117	378290
7	Ernest E. Deats	PO Box 1117 Dickinson, TX 77539-1117	380615
8	Christi & David J. Baggerly, Jr.	1316 Hwy 3 S League City, TX 77573-5416	381801
9	George Len Clark	5811 S Humble Camp Rd Dickinson, TX 77539	600358
10	Annette Clement Clark	8002 S Humble Camp Rd Dickinson, TX 77539	218317
11	Clayton L. Clark	8500 S Humble Camp Rd Dickinson, TX 77539	752141
12	Avila Real Estate LLC	600 Royal Oaks Dr Friendswood, TX 77546-7006	380617
13	SSLT LLC	11210 Blume Ave., Ste 200 Houston, TX 77034-5543	228227

Attachment

Schematic Flow with Water Balance



Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 356

Other means of identification : Not applicable.

Recommended use : CORROSION INHIBITOR

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 09/29/2014

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Flammable liquids : Category 3

Acute toxicity (Oral) : Category 4

Skin corrosion : Category 1B

Serious eye damage/eye irritation : Category 1

Reproductive toxicity : Category 2

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Flammable liquid and vapour.
Harmful if swallowed.
Causes severe skin burns and eye damage.
Suspected of damaging fertility or the unborn child.

Precautionary Statements : **Prevention:**
Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Keep away from heat/sparks/open flames/hot surfaces. - No smoking. Keep container tightly closed. Ground/bond container and receiving equipment. Use explosion-proof electrical/ ventilating/ lighting/ equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear

SAFETY DATA SHEET

NALCO® 356

protective gloves/ protective clothing/ eye protection/ face protection. Use personal protective equipment as required.

Response:

IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. IF exposed or concerned: Get medical advice/attention. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse. In case of fire: Use dry sand, dry chemical or alcohol-resistant foam for extinction.

Storage:

Store in a well-ventilated place. Keep cool. Store locked up.

Disposal:

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Cyclohexylamine	108-91-8	10 - 30
Morpholine	110-91-8	10 - 30

Section: 4. FIRST AID MEASURES

In case of eye contact	: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
In case of skin contact	: Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	: Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	: Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
Protection of first-aiders	: In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
Notes to physician	: Treat symptomatically.

See toxicological information (Section 11)

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local

SAFETY DATA SHEET

NALCO® 356

circumstances and the surrounding environment.

- Unsuitable extinguishing media : High volume water jet
- Specific hazards during firefighting : Fire Hazard
Keep away from heat and sources of ignition.
Flash back possible over considerable distance.
Beware of vapours accumulating to form explosive concentrations. Vapours can accumulate in low areas.
- Hazardous combustion products : Carbon oxides
- Special protective equipment for firefighters : Use personal protective equipment.
- Specific extinguishing methods : Use water spray to cool unopened containers. Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Remove all sources of ignition. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Eliminate all ignition sources if safe to do so. Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Take necessary action to avoid static electricity discharge (which might cause ignition of organic vapours). Do not ingest. Keep away from fire, sparks and heated surfaces. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Keep away from heat and sources of ignition. Keep in a cool, well-ventilated place. Keep away from oxidizing agents. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.
- Suitable material : Keep in properly labelled containers.

SAFETY DATA SHEET

NALCO® 356

Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Cyclohexylamine	108-91-8	TWA	10 ppm	ACGIH
		TWA	10 ppm 40 mg/m ³	NIOSH REL
Morpholine	110-91-8	TWA	20 ppm	ACGIH
		TWA	20 ppm 70 mg/m ³	NIOSH REL
		STEL	30 ppm 105 mg/m ³	NIOSH REL
		TWA	20 ppm 70 mg/m ³	OSHA Z1

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear the following personal protective equipment:
Standard glove type.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

Skin protection : Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing

Respiratory protection : When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.

Hygiene measures : Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance : Liquid
Colour : colourless
Odour : amine-like
Flash point : 57.2 °C
Method: ASTM D 93, Pensky-Martens closed cup

SAFETY DATA SHEET

NALCO® 356

pH	: 10.3, 100 %
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -8 °C
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: 0.5 mm Hg (37.8 °C)
Relative vapour density	: no data available
Relative density	: 0.985 (15.6 °C)
Density	: 0.98 g/cm ³ 8.2 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition	: Carbon oxides
Viscosity, dynamic	: 5.1 mPa.s (25 °C)
Viscosity, kinematic	: no data available
VOC	: 35.4 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Heat, flames and sparks.
Incompatible materials	: Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors. Acids Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors. Avoid contact with SO ₂ or acidic bisulfite products, which may react to form visible airborne amine salt particles. Certain amines in contact with nitrous acid, organic or inorganic nitrites or atmospheres with high nitrous oxide concentrations may produce N-nitrosamines, many of which are cancer-causing agents to laboratory animals.

SAFETY DATA SHEET

NALCO® 356

Hazardous decomposition products : Oxides of carbon
Oxides of nitrogen

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.
Skin : Causes severe skin burns.
Ingestion : Harmful if swallowed. Causes digestive tract burns.
Inhalation : May cause nose, throat, and lung irritation.
Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion
Skin contact : Redness, Pain, Corrosion
Ingestion : Corrosion, Abdominal pain
Inhalation : Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity : LD50 rat: 779 mg/kg
Test substance: Similar Product

Acute inhalation toxicity : LC50 rat:
Exposure time: 8 hrs
Test substance: Similar Product

Acute toxicity estimate : > 40 mg/l
Exposure time: 4 h

Acute dermal toxicity : LD50 rabbit: 2,055 mg/kg
Test substance: Similar Product

Skin corrosion/irritation : Species: Rabbit
Result: 8.0
Method: Draize Test
Test substance: Product

Serious eye damage/eye irritation : Species: rabbit
Result: 110.0
Method: Draize Test
Test substance: Product

SAFETY DATA SHEET

NALCO® 356

Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: Prolonged exposure to cyclohexylamine in the diet has produced reproductive effects in rats. The relevance to humans is unknown.
Germ cell mutagenicity	: Mutagenicity tests on morpholine provided the following results: A bacterial mutagenicity (Ames) bioassay was negative; sister chromatid exchange transformation was positive; mouse lymphoma was weakly positive and rat hepatocyte/DNA repair was negative. A mutagenicity test battery on cyclohexylamine was inconclusive. In a short-term test, cyclohexylamine caused mutation in human white blood cells.
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Harmful to aquatic life.

Product

Toxicity to fish : LC50 *Oncorhynchus mykiss* (rainbow trout): 130 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 *Pimephales promelas* (fathead minnow): 75 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 *Daphnia magna*: 180 mg/l
Exposure time: 48 hrs
Test substance: Product

Components

Toxicity to algae : Morpholine
EC50 : 28 mg/l
Exposure time: 96 h

Persistence and degradability

The organic portion of this preparation is expected to be readily biodegradable.

Chemical Oxygen Demand (COD): 573,000 mg/l

SAFETY DATA SHEET

NALCO® 356

Biochemical Oxygen Demand (BOD):

Incubation Period	Value	Test Descriptor
5 d	1,000 mg/l	

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste:	: D001
Disposal methods	: The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.
Disposal considerations	: Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name	: AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s)	: Morpholine, Cyclohexylamine
UN/ID No.	: UN 2734
Transport hazard class(es)	: 8, 3

SAFETY DATA SHEET

NALCO® 356

Packing group : II

Air transport (IATA)

Proper shipping name : AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s) : Morpholine, Cyclohexylamine
UN/ID No. : UN 2734
Transport hazard class(es) : 8, 3
Packing group : II

Sea transport (IMDG/IMO)

Proper shipping name : AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s) : Morpholine, Cyclohexylamine
UN/ID No. : UN 2734
Transport hazard class(es) : 8, 3
Packing group : II

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Cyclohexylamine	108-91-8	10000	40201

SARA 311/312 Hazards : Acute Health Hazard
Chronic Health Hazard
Fire Hazard

SARA 302 : The following components are subject to reporting levels established by SARA Title III, Section 302:
Cyclohexylamine 108-91-8 24.875 %

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

SAFETY DATA SHEET

NALCO® 356

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

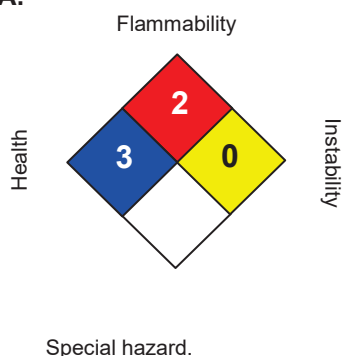
All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3*
FLAMMABILITY	2
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 09/29/2014
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

SAFETY DATA SHEET

NALCO® 356

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 1720

Other means of identification : Not applicable.

Recommended use : OXYGEN SCAVENGER

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC



Issuing date : 03/02/2016

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Acute toxicity (Oral) : Category 4
Serious eye damage : Category 1

GHS Label element

Hazard pictograms :  

Signal Word : Danger

Hazard Statements : Harmful if swallowed.
Causes serious eye damage.
Contact with acids liberates toxic gas.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear eye protection/face protection.
Response:
IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Rinse mouth.
Storage:
Protect product from freezing.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

SAFETY DATA SHEET

NALCO® 1720

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Sodium Bisulfite	7631-90-5	10 - 30
Potassium Bisulfite	7773-03-7	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off with soap and plenty of water. Get medical attention if symptoms occur.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : Decomposition products may include the following materials: metal oxides

Special protective equipment for firefighters : Use personal protective equipment.

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

SAFETY DATA SHEET

NALCO® 1720

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Flush away traces with water.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers. Amine and sulphite products should not be stored within close proximity or resulting vapors may form visible airborne particles. Protect product from freezing.
- Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Polypropylene, Buna-N, EPDM, Polyethylene, Polyurethane, PVC, Neoprene, Chlorosulfonated polyethylene rubber, Fluoroelastomer
The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
- Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Brass, Mild steel, Stainless Steel 304, Stainless Steel 316L, 100% phenolic resin liner, Epoxy phenolic resin
The following compatibility data is suggested based on similar product data and/or industry experience:

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Sodium Bisulfite	7631-90-5	TWA	5 mg/m3	ACGIH
		TWA	5 mg/m3	NIOSH REL

- Engineering measures : Effective exhaust ventilation system. Maintain air concentrations below occupational exposure standards.

SAFETY DATA SHEET

NALCO® 1720

Personal protective equipment

Eye protection	: Safety goggles Face-shield
Hand protection	: Wear protective gloves. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Wear suitable protective clothing.
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: clear
Odour	: Pungent
Flash point	: does not flash
pH	: 3.5 - 4.1, 100 %, Method: ASTM E 70
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -11 °C, ASTM D-1177
Initial boiling point and boiling range	: 96 °C, (760 mm Hg), Method: ASTM D 86
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: 1.22 - 1.28, (15.6 °C),
Density	: 10.1 - 10.7 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available

SAFETY DATA SHEET

NALCO® 1720

Thermal decomposition temperature	: no data available
Viscosity, dynamic	: 5 mPa.s (15 °C), Method: ASTM D 2983
Viscosity, kinematic	: no data available
Molecular weight	: no data available
VOC	: no data available

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Freezing temperatures.
Incompatible materials	: Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors. Contains Sulfite. SO ₂ may react with vapors from neutralizing amines and may produce a visible cloud of amine salt particles.
Hazardous decomposition products	: Decomposition products may include the following materials: metal oxides Carbon oxides

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure	: Inhalation, Eye contact, Skin contact
--	---

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Health injuries are not known or expected under normal use.
Ingestion	: Harmful if swallowed.
Inhalation	: Health injuries are not known or expected under normal use.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: No symptoms known or expected.
Ingestion	: No information available.
Inhalation	: No symptoms known or expected.

SAFETY DATA SHEET

NALCO® 1720

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : 1,782 mg/kg
Acute inhalation toxicity	: no data available
Acute dermal toxicity	: rabbit: > 3,000 mg/kg Test substance: Similar Product
Skin corrosion/irritation	: Result: 1.0 Method: Draize Test Test substance: Similar Product
Serious eye damage/eye irritation	: Result: 9.4 Method: Draize Test Test substance: Similar Product
Respiratory or skin sensitization	: Result: Contains an ingredient that can cause asthmatic-like reactions in sulfite-sensitive individuals.
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects	: This product has no known ecotoxicological effects.
-----------------------	---

Product

Toxicity to fish	: LC50 Pimephales promelas (fathead minnow): 382 mg/l Exposure time: 96 hrs Test substance: Product LC50 Inland Silverside: > 5,000 mg/l Exposure time: 96 hrs Test substance: Product
------------------	---

SAFETY DATA SHEET

NALCO® 1720

NOEC Pimephales promelas (fathead minnow): 250 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Inland Silverside: 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 728 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Mysid Shrimp (Mysidopsis bahia): > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Daphnia magna (Water flea): 250 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Mysid Shrimp (Mysidopsis bahia): 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

EC50 Ceriodaphnia dubia: 491 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Ceriodaphnia dubia: 508 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Ceriodaphnia dubia: 313 mg/l
Exposure time: 48 hrs
Test substance: Product

Persistence and degradability

Greater than 95% of this product consists of inorganic substances for which a biodegradation value is not applicable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air : <5%
Water : 30 - 50%
Soil : 50 - 70%

SAFETY DATA SHEET

NALCO® 1720

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

The product will not bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.
Technical name(s) : SODIUM BISULFITE
UN/ID No. : UN 3082
Transport hazard class(es) : 9
Packing group : III
Reportable Quantity (per package) : 18,347 lbs
RQ Component : SODIUM BISULFITE

Air transport (IATA)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.
Technical name(s) : SODIUM BISULFITE
UN/ID No. : UN 3082
Transport hazard class(es) : 9

SAFETY DATA SHEET

NALCO® 1720

Packing group : III
Reportable Quantity (per package) : 18,347 lbs
RQ Component : SODIUM BISULFITE

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Sodium Bisulfite	7631-90-5	5000	18347

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

SAFETY DATA SHEET

NALCO® 1720

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

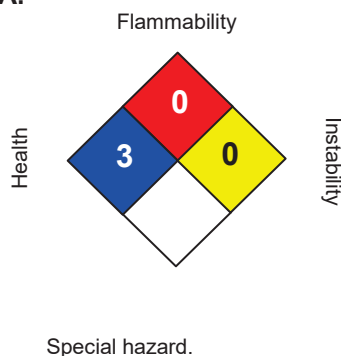
All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 03/02/2016
Version Number : 1.6
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. For additional copies of an SDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NexGuard® 22350

Other means of identification : Not applicable.

Recommended use : MULTIFUNCTIONAL BOILER TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 10/24/2014

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up.
Disposal:

SAFETY DATA SHEET

NexGuard® 22350

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Diethylethanolamine	100-37-8	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

See toxicological information (Section 11)

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : Carbon oxides

Special protective equipment for firefighters : Use personal protective equipment.

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

SAFETY DATA SHEET

NexGuard® 22350

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.
- Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: PVC, Buna-N, HDPE (high density polyethylene), Polypropylene, Polyethylene, Stainless Steel 304, Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
- Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Copper, and their alloys, Brass, Polyurethane, Neoprene, EPDM, Aluminum, Mild steel, Nickel, Fluoroelastomer, Chlorosulfonated polyethylene rubber

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Diethylethanolamine	100-37-8	TWA	2 ppm	ACGIH
		TWA	10 ppm 50 mg/m3	NIOSH REL
		TWA	10 ppm 50 mg/m3	OSHA Z1

- Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

- Eye protection : Safety goggles
Face-shield

SAFETY DATA SHEET

NexGuard® 22350

Hand protection	: Wear the following personal protective equipment: Standard glove type. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: dark orange
Odour	: Slight
Flash point	: > 93.3 °C Method: ASTM D 93, Pensky-Martens closed cup
pH	: 11.7, 100 % (25 °C)
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -10 °C, ASTM D-1177
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: similar to water
Relative vapour density	: no data available
Relative density	: 1.2 (25 °C)
Density	: 10.0 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition	: Carbon oxides
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available

SAFETY DATA SHEET

NexGuard® 22350

VOC : 1.9 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability : Stable under normal conditions.

Possibility of hazardous reactions : No dangerous reaction known under conditions of normal use.

Conditions to avoid : Freezing temperatures.

Incompatible materials : Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors.
Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
SO₂ may react with vapors from neutralizing amines and may produce a visible cloud of amine salt particles.
Certain amines in contact with nitrous acid, organic or inorganic nitrites or atmospheres with high nitrous oxide concentrations may produce N-nitrosamines, many of which are cancer-causing agents to laboratory animals.

Hazardous decomposition products : Oxides of carbon
Oxides of sulfur
Oxides of nitrogen

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.

Skin : Causes severe skin burns.

Ingestion : Causes digestive tract burns.

Inhalation : May cause nose, throat, and lung irritation.

Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion

Skin contact : Redness, Pain, Corrosion

Ingestion : Corrosion, Abdominal pain

Inhalation : Respiratory irritation, Cough

Toxicity

Product

SAFETY DATA SHEET

NexGuard® 22350

Acute oral toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Acute inhalation toxicity	: Acute toxicity estimate : > 40 mg/l Exposure time: 4 h
Acute dermal toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 3,540 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Pimephales promelas (fathead minnow): 3,704 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 2,870 mg/l
Exposure time: 48 hrs
Test substance: Product

EC50 Daphnia magna (Water flea): 1,770 mg/l
Exposure time: 48 hrs
Test substance: Product

SAFETY DATA SHEET

NexGuard® 22350

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Air transport (IATA)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

SAFETY DATA SHEET

NexGuard® 22350

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING
TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

KOREA

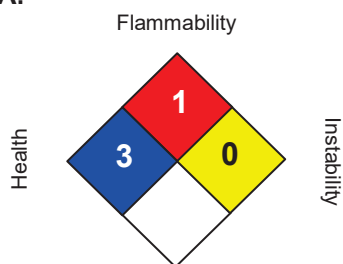
This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

NexGuard® 22350

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	1
PHYSICAL HAZARD	0

0 = not significant, 1 =Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 10/24/2014
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NexGuard® 22310

Other means of identification : Not applicable.

Recommended use : BOILER WATER INTERNAL TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 11/06/2014

Section: 2. HAZARDS IDENTIFICATION**GHS Classification**

Not a hazardous substance or mixture.

GHS Label element

Precautionary Statements : **Prevention:**
Wash hands thoroughly after handling.
Response:
Specific measures: consult MSDS Section 4.
Storage:
Store in accordance with local regulations.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

No hazardous ingredients

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse with plenty of water. Get medical attention if symptoms occur.

In case of skin contact : Wash off with soap and plenty of water. Get medical attention if symptoms occur.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do

SAFETY DATA SHEET

NexGuard® 22310

not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

- Notes to physician : Treat symptomatically.
- Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

- Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
- Unsuitable extinguishing media : None known.
- Specific hazards during firefighting : Not flammable or combustible.
- Hazardous combustion products : Carbon oxides nitrogen oxides (NOx) Sulphur oxides
- Special protective equipment for firefighters : Use personal protective equipment.
- Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations.

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : No special environmental precautions required.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : For personal protection see section 8. Wash hands after handling.
- Conditions for safe storage : Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

SAFETY DATA SHEET

NexGuard® 22310

Suitable material	: The following compatibility data is suggested based on similar product data and/or industry experience: PVC, Stainless Steel 304, EPDM, Buna-N, HDPE (high density polyethylene), Polyurethane, Neoprene, Polypropylene, Polyethylene, Stainless Steel 316L, 100% phenolic resin liner, Chlorosulfonated polyethylene rubber, Fluoroelastomer, Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
Unsuitable material	: The following compatibility data is suggested based on similar product data and/or industry experience: Brass, Mild steel, Epoxy phenolic resin

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Contains no substances with occupational exposure limit values.

Engineering measures	: Good general ventilation should be sufficient to control worker exposure to airborne contaminants.
----------------------	--

Personal protective equipment

Eye protection	: Safety glasses
Hand protection	: Wear protective gloves. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Wear suitable protective clothing.
Respiratory protection	: No personal respiratory protective equipment normally required.
Hygiene measures	: Wash hands before breaks and immediately after handling the product.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: Fluorescent Orange Yellow
Odour	: ammoniacal
Flash point	: does not flash
pH	: 8.5 - 12.5, (25 °C)
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -6 °C, ASTM D-1177
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available

SAFETY DATA SHEET

NexGuard® 22310

Lower explosion limit	: no data available
Vapour pressure	: similar to water
Relative vapour density	: no data available
Relative density	: 1.19 (25 °C) ASTM D-1298
Density	: 9.9 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available
VOC	: 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Freezing temperatures.
Incompatible materials	: Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors.
Hazardous decomposition products	: Oxides of carbon Oxides of nitrogen Oxides of sulfur

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure	: Inhalation, Eye contact, Skin contact
--	---

Potential Health Effects

Eyes	: Health injuries are not known or expected under normal use.
Skin	: Health injuries are not known or expected under normal use.
Ingestion	: Health injuries are not known or expected under normal use.
Inhalation	: Health injuries are not known or expected under normal use.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: No symptoms known or expected.
-------------	----------------------------------

SAFETY DATA SHEET

NexGuard® 22310

Skin contact : No symptoms known or expected.

Ingestion : No symptoms known or expected.

Inhalation : No symptoms known or expected.

Toxicity

Product

Acute oral toxicity : no data available

Acute inhalation toxicity : no data available

Acute dermal toxicity : no data available

Skin corrosion/irritation : no data available

Serious eye damage/eye irritation : no data available

Respiratory or skin sensitization : no data available

Carcinogenicity : no data available

Reproductive effects : no data available

Germ cell mutagenicity : no data available

Teratogenicity : no data available

STOT - single exposure : no data available

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 7,070 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Inland Silverside: > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

SAFETY DATA SHEET

NexGuard® 22310

LC50 Fathead Minnow: 2,935 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Fathead Minnow: 2,861 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 1,650 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Mysid Shrimp (Mysidopsis bahia): > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Ceriodaphnia dubia: 1,473 mg/l
Exposure time: 48 hrs
Test substance: Product

Product

Toxicity to algae : LC50 Algae: 10 mg/l
Exposure time: 72 hrs

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Total Organic Carbon (TOC) : 87,000 mg/l

Chemical Oxygen Demand (COD): 240,000 mg/l

Biochemical Oxygen Demand (BOD):

Incubation Period	Value	Test Descriptor
5 d	6,200 mg/l	Product

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 10 - 30%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

SAFETY DATA SHEET

NexGuard® 22310

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Air transport (IATA)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : No SARA Hazards

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SAFETY DATA SHEET

NexGuard® 22310

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substance(s) in this preparation are included in or exempted from the EINECS or ELINCS inventories

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

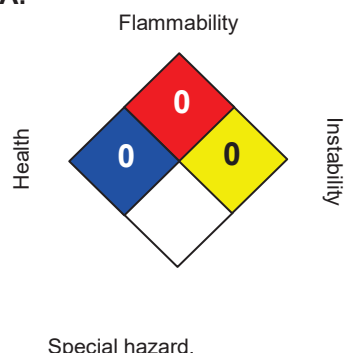
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

NexGuard® 22310

NFPA:



HMIS III:

HEALTH	0
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 11/06/2014
Version Number : 1.1
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : 3D TRASAR™ 3DT222

Other means of identification : Not applicable.

Recommended use : COOLING WATER TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 02/10/2016

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Other hazards : Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Phosphoric Acid	7664-38-2	1 - 5
Hydrochloric Acid	7647-01-0	1 - 5
Zinc Chloride	7646-85-7	1 - 5
2-Phosphono-1,2,4-Butanetricarboxylic Acid	37971-36-1	1 - 5

Section: 4. FIRST AID MEASURES

- In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
- In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
- If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
- If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
- Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
- Notes to physician : Treat symptomatically.
- Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

- Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
- Unsuitable extinguishing media : None known.
- Specific hazards during firefighting : Not flammable or combustible.
- Hazardous combustion products : Decomposition products may include the following materials: Carbon oxides nitrogen oxides (NOx) Oxides of phosphorus Hydrogen chloride
- Special protective equipment : Use personal protective equipment.

SAFETY DATA SHEET

3D TRASAR™ 3DT222

for firefighters

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Flush away traces with water.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation. Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Conditions for safe storage : Keep away from strong bases. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Unsuitable material : not determined

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Phosphoric Acid	7664-38-2	TWA	1 mg/m3	ACGIH
		STEL	3 mg/m3	ACGIH
		TWA	1 mg/m3	NIOSH REL
		STEL	3 mg/m3	NIOSH REL
		TWA	1 mg/m3	OSHA Z1
Hydrochloric Acid	7647-01-0	Ceiling	2 ppm	ACGIH
		Ceiling	5 ppm 7 mg/m3	NIOSH REL

SAFETY DATA SHEET

3D TRASAR™ 3DT222

		C	5 ppm 7 mg/m ³	OSHA Z1
Zinc Chloride	7646-85-7	TWA (Fumes)	1 mg/m ³	OSHA Z1
		TWA (Fumes)	1 mg/m ³	ACGIH
		STEL (Fumes)	2 mg/m ³	ACGIH
		TWA (Fumes)	1 mg/m ³	NIOSH REL
		STEL (Fumes)	2 mg/m ³	NIOSH REL
2-Phosphono-1,2,4-Butanetricarboxylic Acid	37971-36-1	TWA (Aerosol.)	10 mg/m ³	AIHA WEEL

Engineering measures : Effective exhaust ventilation system. Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear protective gloves.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

Skin protection : Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing

Respiratory protection : When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.

Hygiene measures : Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance : Liquid

Colour : Clear, yellow to amber

Odour : Acidic

Flash point : does not flash

pH : < 1.60, 100 %

Odour Threshold : no data available

Melting point/freezing point : FREEZING POINT: -11.67 °C

Initial boiling point and boiling range : no data available

Evaporation rate : no data available

Flammability (solid, gas) : no data available

Upper explosion limit : no data available

Lower explosion limit : no data available

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Vapour pressure	: 25.8 mm Hg (37.8 °C)
Relative vapour density	: no data available
Relative density	: 1.114 (25.0 °C)
Density	: 1.102 g/cm ³ 9.2 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: 20 mPa.s (25 °C)
Viscosity, kinematic	: 3.2 - 4 mm ² /s (20 °C)
Molecular weight	: no data available
VOC	: 0 % Calculation method

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: Do not mix with bleach or other chlorinated products – will cause chlorine gas.
Conditions to avoid	: Extremes of temperature
Incompatible materials	: Bases Contact with strong alkalis (e.g. ammonia and its solutions, carbonates, sodium hydroxide (caustic), potassium hydroxide, calcium hydroxide (lime), cyanide, sulfide, hypochlorites, chlorites) may generate heat, splattering or boiling and toxic vapors. Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors. Metals
Hazardous decomposition products	: Decomposition products may include the following materials: Carbon oxides nitrogen oxides (NO _x) Oxides of phosphorus HCl Gives off hydrogen by reaction with metals.

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of : Inhalation, Eye contact, Skin contact

SAFETY DATA SHEET

3D TRASAR™ 3DT222

exposure

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Causes severe skin burns.
Ingestion	: Causes digestive tract burns.
Inhalation	: May cause nose, throat, and lung irritation.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: Redness, Pain, Corrosion
Ingestion	: Corrosion, Abdominal pain
Inhalation	: Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Acute inhalation toxicity	: Acute toxicity estimate : > 40 mg/l Exposure time: 4 h
Acute dermal toxicity	: no data available
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available

SAFETY DATA SHEET

3D TRASAR™ 3DT222

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Components

Acute dermal toxicity : Phosphoric Acid
LD50 rabbit: > 2,000 mg/kg

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Toxic to aquatic life with long lasting effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 13.5 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Oncorhynchus mykiss (rainbow trout): 10.21 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Oncorhynchus mykiss (rainbow trout): 5.0 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Oncorhynchus mykiss (rainbow trout): 2.5 mg/l
Exposure time: 96 hrs
Test substance: Product

Toxicity to daphnia and other aquatic invertebrates : EC50 Ceriodaphnia dubia: 12.94 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Ceriodaphnia dubia: 6.25 mg/l
Exposure time: 48 hrs
Test substance: Product

Components

Toxicity to algae : Phosphoric Acid
EC50 Desmodesmus subspicatus (green algae): > 100 mg/l
Exposure time: 72 h

Persistence and degradability

The organic portion of this preparation is expected to be inherently biodegradable.

Total Organic Carbon (TOC) : 40,000 mg/l

Chemical Oxygen Demand (COD): 430,000 mg/l

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Biochemical Oxygen Demand (BOD):

Incubation Period

5 d

Value

689 mg/l

Test Descriptor

Product

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	:	<5%
Water	:	30 - 50%
Soil	:	50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste: : D002

Disposal methods : The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

SAFETY DATA SHEET

3D TRASAR™ 3DT222

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III
Reportable Quantity (per package) : 33,333 lbs
RQ Component : ZINC CHLORIDE

Air transport (IATA)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III
Reportable Quantity (per package) : 33,333 lbs
RQ Component : ZINC CHLORIDE

Sea transport (IMDG/IMO)

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Zinc Chloride	7646-85-7	1000	33333

SARA 304 Extremely Hazardous Substances Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Hydrochloric Acid	7647-01-0	5000	132031

SAFETY DATA SHEET

3D TRASAR™ 3DT222

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : The following components are subject to reporting levels established by SARA Title III, Section 302:
Hydrochloric Acid 7647-01-0

SARA 313 : The following components are subject to reporting levels established by SARA Title III, Section 313:
Hydrochloric Acid 7647-01-0 1 - 5 %
Zinc Chloride 7646-85-7 1 - 5 %

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

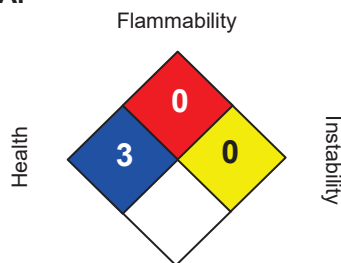
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

3D TRASAR™ 3DT222

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 02/10/2016
Version Number : 1.2
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. For additional copies of an SDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 73801WR

Other means of identification : Not applicable.

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC


Issuing date : 01/23/2015

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Acute toxicity (Oral) : Category 4
Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms : 

Signal Word : Danger

Hazard Statements : Harmful if swallowed.
Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:

SAFETY DATA SHEET

NALCO® 73801WR

Store locked up.

Disposal:

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Substituted aromatic amine	Proprietary	30 - 60
Alkyl amine diol	Proprietary	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact	: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
In case of skin contact	: Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	: Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	: Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
Protection of first-aiders	: In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
Notes to physician	: Treat symptomatically.
Most important symptoms and effects, both acute and delayed	: See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media	: Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
Unsuitable extinguishing media	: None known.
Specific hazards during firefighting	: Not flammable or combustible.
Hazardous combustion products	: Carbon oxides
Special protective equipment for firefighters	: Use personal protective equipment.

SAFETY DATA SHEET

NALCO® 73801WR

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.

Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Unsuitable material : not determined

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Contains no substances with occupational exposure limit values.

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear the following personal protective equipment:
Standard glove type.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

SAFETY DATA SHEET

NALCO® 73801WR

Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: amber
Odour	: sweet
Flash point	: > 94 °C
pH	: 11.5 - 14.0, 100 %
Odour Threshold	: no data available
Melting point/freezing point	: no data available
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: 1.2 (15.5 °C)
Density	: 10.0 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available
VOC	: 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
--------------------	-----------------------------------

SAFETY DATA SHEET

NALCO® 73801WR

Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Extremes of temperature
Incompatible materials	: Acids Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
Hazardous decomposition products	: Carbon oxides nitrogen oxides (NOx) Hydrogen chloride

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Causes severe skin burns.
Ingestion	: Harmful if swallowed. Causes digestive tract burns.
Inhalation	: May cause nose, throat, and lung irritation.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: Redness, Pain, Corrosion
Ingestion	: Corrosion, Abdominal pain
Inhalation	: Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : 1,103 mg/kg
Acute inhalation toxicity	: no data available
Acute dermal toxicity	: no data available
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin	: no data available

SAFETY DATA SHEET

NALCO® 73801WR

sensitization

Carcinogenicity : no data available

Reproductive effects : no data available

Germ cell mutagenicity : no data available

Teratogenicity : no data available

STOT - single exposure : no data available

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Harmful to aquatic life.

Product

Toxicity to fish : LC50 Pimephales promelas (fathead minnow): 90.6 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

LC50 Oncorhynchus mykiss (rainbow trout): 36.2 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

NOEC Pimephales promelas (fathead minnow): 50 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

NOEC Oncorhynchus mykiss (rainbow trout): 25 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

Toxicity to daphnia and other aquatic invertebrates : LC50 Ceriodaphnia dubia: 105.1 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

LC50 Daphnia magna (Water flea): 138.7 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

NOEC Ceriodaphnia dubia: 62.5 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

SAFETY DATA SHEET

NALCO® 73801WR

NOEC Daphnia magna (Water flea): 62.5 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	:	<5%
Water	:	30 - 50%
Soil	:	50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste: : D002

Disposal methods : The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

SAFETY DATA SHEET

NALCO® 73801WR

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted Aromatic Amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Air transport (IATA)

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted Aromatic Amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Sea transport (IMDG/IMO)

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted aromatic amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

This product contains substance(s) which are not listed on the Domestic Substances List (DSL) or the Non-Domestic Substances List (NDSL).

SAFETY DATA SHEET

NALCO® 73801WR

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

This product contains substance(s) which are not in compliance with the Provisions on the Environmental Administration of New Chemical Substances and may require additional review.

JAPAN

This product contains substance(s) which are not in compliance with the Law Regulating the Manufacture and Importation Of Chemical Substances and are not listed on the Existing and New Chemical Substances list (ENCS).

KOREA

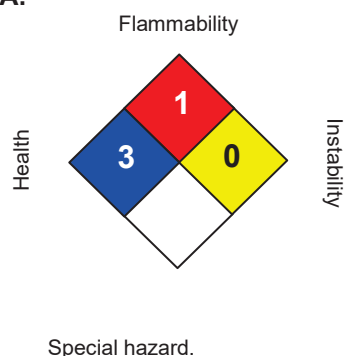
This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

PHILIPPINES

This product contains substance(s) which are not in compliance with the Republic Act 6969 (RA 6969) and may require additional review.

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	1
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 01/23/2015
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : 460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Other means of identification : Not applicable.

Recommended use : REAGENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 01/26/2015

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up. Protect product from freezing.
Disposal:

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Sodium Hydroxide	1310-73-2	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : None known

Special protective equipment for firefighters : Use personal protective equipment.

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.

Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : Keep in properly labelled containers.

Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Do not use aluminum or mild steel.

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Sodium Hydroxide	1310-73-2	Ceiling	2 mg/m ³	ACGIH
		Ceiling	2 mg/m ³	NIOSH REL
		TWA	2 mg/m ³	OSHA Z1

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Hand protection	: Wear the following personal protective equipment: Standard glove type. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: Colorless
Odour	: None
Flash point	: does not flash
pH	: 14, 100 % Method: ASTM E 70
Odour Threshold	: no data available
Melting point/freezing point	: no data available
Initial boiling point and boiling range	: no data available
Evaporation rate	: similar to water
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: no data available
Density	: no data available
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

VOC : 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability : Stable under normal conditions.

Possibility of hazardous reactions : No dangerous reaction known under conditions of normal use.

Conditions to avoid : Freezing temperatures.

Incompatible materials : Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
Gives off hydrogen by reaction with metals.

Hazardous decomposition products : None known

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.

Skin : Causes severe skin burns.

Ingestion : Causes digestive tract burns.

Inhalation : May cause nose, throat, and lung irritation.

Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion

Skin contact : Redness, Pain, Corrosion

Ingestion : Corrosion, Abdominal pain

Inhalation : Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity : no data available

Acute inhalation toxicity : no data available

Acute dermal toxicity : no data available

Skin corrosion/irritation : no data available

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Persistence and degradability

Greater than 95% of this product consists of inorganic substances for which a biodegradation value is not applicable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste: : D002

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Air transport (IATA)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Sea transport (IMDG/IMO)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Sodium Hydroxide	1310-73-2	1000	25000

SARA 304 Extremely Hazardous Substances Reportable Quantity

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

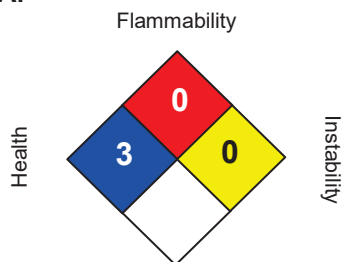
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 =Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 01/26/2015
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

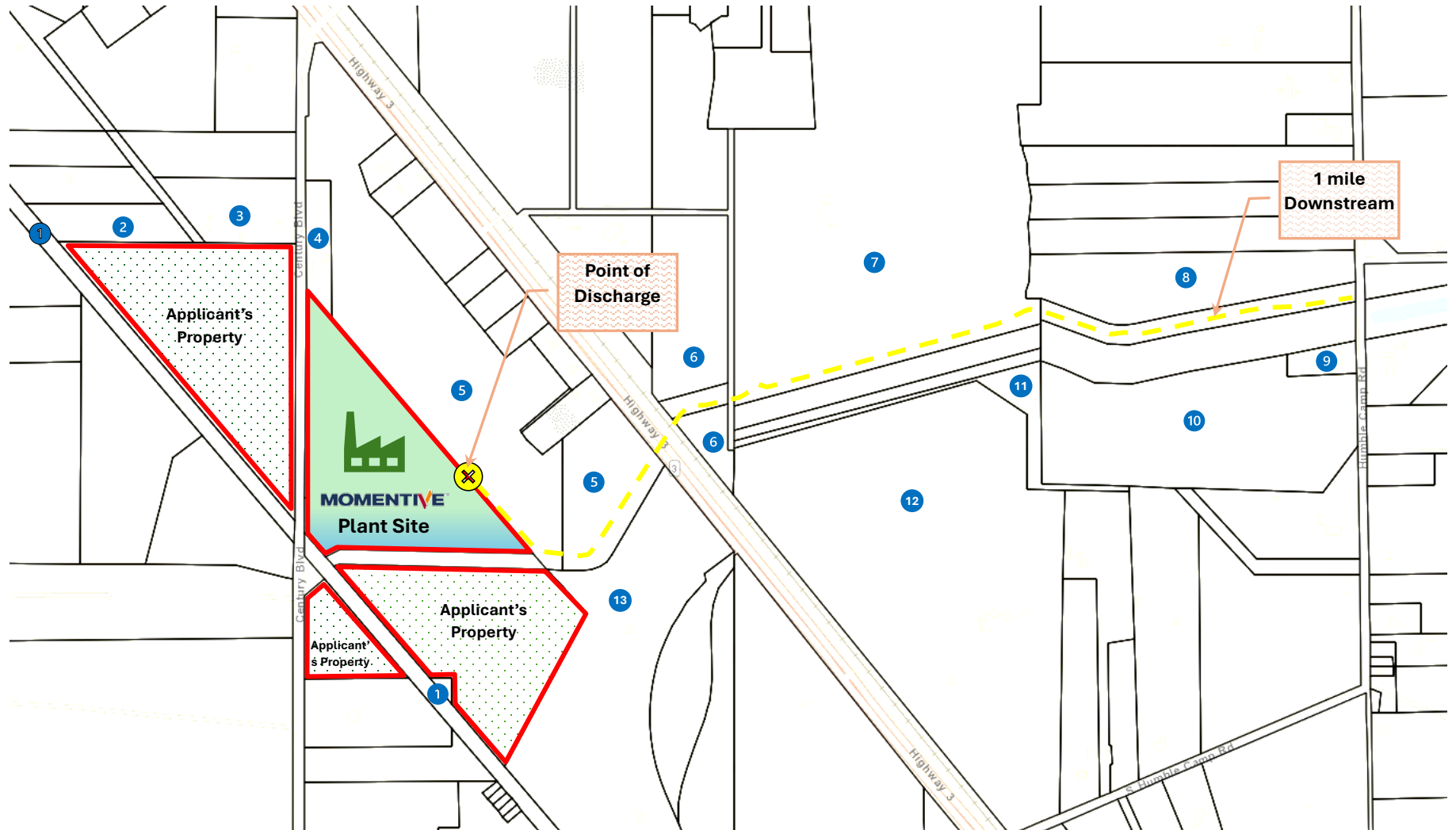
The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Attachment

Affected Landowners Information

ADJACENT AND DOWNSTREAM LANDOWNERS MAP



Affected Landowners List

Marker	Owner	Mailing Address	Parcel No.
1	PGC Gas Company	8150 N Central Expy., Ste 1475 Dallas, TX 75206-0506	227971
2	Francisco & Celinda Barrera	4414 40th St. Dickinson, TX 77539	369107
3	Jose Omar Reyna	6201 Century Blvd. Texas City, TX 77591	391348
4	Luis Medrano	6002 Century Blvd. Texas City, TX 77591	228017
5	American Farms LLC	2925 Gulf Fwy S, Ste B260, League City, TX 77573	422937
6	Ernest E. Deats	PO Box 1117 Dickinson, TX 77539-1117	378290
7	Ernest E. Deats	PO Box 1117 Dickinson, TX 77539-1117	380615
8	Christi & David J. Baggerly, Jr.	1316 Hwy 3 S League City, TX 77573-5416	381801
9	George Len Clark	5811 S Humble Camp Rd Dickinson, TX 77539	600358
10	Annette Clement Clark	8002 S Humble Camp Rd Dickinson, TX 77539	218317
11	Clayton L. Clark	8500 S Humble Camp Rd Dickinson, TX 77539	752141
12	Avila Real Estate LLC	600 Royal Oaks Dr Friendswood, TX 77546-7006	380617
13	SSLT LLC	11210 Blume Ave., Ste 200 Houston, TX 77034-5543	228227

PGC Gas Co., Inc.

8150 N Expressway Suite 1475
Dallas, TX 75206-0506

Avila Real Estate LLC

600 Royal Oaks Drive
Friendswood, TX 77546-7006

Francisco & Celinda Barrera

4414 40th Street
Dickinson, TX 77539

SSLT LLC

11210 Blume Avenue Suite 200
Houston, TX 77034-5543

Jose Omar Reyna

6201 Century Boulevard
Texas City, TX 77591

Luis Medrano

6002 Century Boulevard
Texas City, TX 77591

American Farms LLC

2925 Gulf Freeway S, Suite B260
League City, TX 77573

Ernest E. Deats

PO Box 1117
Dickinson, TX 77539-1117

Christi & David J. Baggerly, Jr.

1316 Highway 3 S
League City, TX 77573-5416

George Len Clark

5811 S Humble Camp Road
Dickinson, TX 77539

Annette Clement Clark

8002 S Humble Camp Road
Dickinson, TX 77539

Clayton L. Clark

8500 S Humble Camp Road
Dickinson, TX 77539

Leah Whallon

From: Mark, Justin <justin.mark@momentive.com>
Sent: Thursday, October 3, 2024 10:25 AM
To: Leah Whallon
Subject: RE: [⚠ External]Application to Amend Permit No. WQ0003479000; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter
Attachments: Industrial Wastewater Permit Application - MPM Silicones LLC 2024 (Renewal and Amendment) final.pdf; Affected Landowners Mailing Address.docx; Affected Landowners Information.pdf

Leah, I think I finally got everything that you needed, thanks for being patient with me on this situation. LMK if there's anything else you need on my end.

Thanks,
Justin Mark
EHS Site Leader- Texas City, Tx
Cell- 832-244-5064
Email- justin.mark@momentive.com
MOMENTIVE

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>
Sent: Monday, September 30, 2024 9:24 AM
To: Mark, Justin <justin.mark@momentive.com>
Subject: RE: [⚠ External]Application to Amend Permit No. WQ0003479000; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter

ALERT: This is an external email. **DO NOT CLICK** on **links** or **attachments** unless you recognize the sender and know the content is safe. Please report the email using Report Phish when in doubt.

Hi Justin,

Item 1 requested in the letter is missing from this attachment. We still need the Administrative Report 1.1 pages 12-13 to be completed, and the attachments including the affected landowner map, cross reference list, and mailing labels. Please let me know if you have any questions on the affected landowner requirements, this is required for all major amendment applications.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at
www.tceq.texas.gov/customersurvey

From: Mark, Justin <justin.mark@momentive.com>

Sent: Monday, September 30, 2024 9:16 AM

To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Subject: RE: [⚠ External]Application for Proposed Permit No. WQ0016576001; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter

Leah, I believe this is what you're looking for with the maps and everything starting on page 114 out of 199. Please let me know if there's anything else that you need on my end. I'm just trying to make sure I get you all the information asked for.

Thanks,

Justin Mark

EHS Site Leader- Texas City, Tx

Cell- 832-244-5064

Email- justin.mark@momentive.com

MOMENTIVE

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Sent: Monday, September 30, 2024 9:00 AM

To: Mark, Justin <justin.mark@momentive.com>

Subject: RE: [⚠ External]Application for Proposed Permit No. WQ0016576001; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter

ALERT: This is an external email. **DO NOT CLICK** on **links** or **attachments** unless you recognize the sender and know the content is safe. Please report the email using Report Phish when in doubt.

Hi Mark,

The response is needed by email only. Please let me know if you have any other questions.

Thanks,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

From: Mark, Justin <justin.mark@momentive.com>

Sent: Monday, September 30, 2024 8:13 AM

To: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Subject: RE: [⚠ External]Application for Proposed Permit No. WQ0016576001; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter

Just want to verify before I put this in the mail. You did want this mailed to you and not emailed correct?

From: Leah Whallon <Leah.Whallon@Tceq.Texas.Gov>

Sent: Tuesday, September 24, 2024 1:48 PM

To: Mark, Justin <justin.mark@momentive.com>

Subject: [⚠ External]Application for Proposed Permit No. WQ0016576001; MPM Silicones, LLC; MPM Texas City; Notice of Deficiency 30-Day Will Return Letter

ALERT: This is an external email. **DO NOT CLICK** on links or attachments unless you recognize the sender and know the content is safe. Please report the email using Report Phish when in doubt.

Good Afternoon,

Please see the attached Notice of Deficiency 30-Day Will Return Letter dated September 24, 2024 requesting the response needed to declare the application administratively complete. Please send the complete response by October 24, 2024.

Thank you,



Leah Whallon

Texas Commission on Environmental Quality

Water Quality Division

512-239-0084

leah.whallon@tceq.texas.gov

How is our customer service? Fill out our online customer satisfaction survey at www.tceq.texas.gov/customersurvey

This message, including attached files, is confidential and intended for the addressees. It may contain information that is proprietary, privileged or exempt for disclosure under applicable law. Any unauthorized use and dissemination of the information or copying of this message is strictly prohibited. Any views, opinions or conclusions expressed in this message are those of the individual sender and do not necessarily reflect the views of Momentive or its affiliates. If you received this message in error, please immediately advise the sender by reply email, delete all copies of this message and refrain from printing, copying, or disseminating this message or otherwise using the information in it. Thank you.

Although Momentive routinely screens incoming and outgoing mail messages for viruses, addressees should scan this e-mail and any attachments for viruses themselves. Momentive does not guarantee in any way the absence of viruses in this e-mail or any attachments and disclaims any liability in case of security problem that this message may cause to any system.

This message, including attached files, is confidential and intended for the addressees. It may contain information that is proprietary, privileged or exempt for disclosure under applicable law. Any unauthorized use and dissemination of the information or copying of this message is strictly prohibited. Any views, opinions or conclusions expressed in this message are those of the individual sender and do not necessarily reflect the views of Momentive or its affiliates. If you received this message in error, please immediately advise the sender by reply email, delete all copies of this message and refrain from printing, copying, or disseminating this message or otherwise using the information in it. Thank you.

Although Momentive routinely screens incoming and outgoing mail messages for viruses, addressees should scan this e-mail and any attachments for viruses themselves. Momentive does not guarantee in any way the absence of viruses in this e-mail or any attachments and disclaims any liability in case of security problem that this message may cause to any system.

This message, including attached files, is confidential and intended for the addressees. It may contain information that is proprietary, privileged or exempt for disclosure under applicable law. Any unauthorized use and dissemination of the information or copying of this message is strictly prohibited. Any views, opinions or conclusions expressed in this message are those of the individual sender and do not necessarily reflect the views of Momentive or its affiliates. If you received this message in error, please immediately advise the sender by reply email, delete all copies of this message and refrain from printing, copying, or disseminating this message or otherwise using the information in it. Thank you.

Although Momentive routinely screens incoming and outgoing mail messages for viruses, addressees should scan this e-mail and any attachments for viruses themselves. Momentive does not guarantee in any way the absence of viruses in this e-mail or any attachments and disclaims any liability in case of security problem that this message may cause to any system.

Comisión de Calidad Ambiental del Estado de Texas



AVISO DE RECIBO DE LA SOLICITUD Y EL INTENTO DE OBTENER PERMISO PARA LA CALIDAD DEL AGUA PERMISO MODIFICACION

PERMISO NO. WQ000_____

SOLICITUD. MPM Silicones, LLC, 5700 Century Blvd Texas City, TX 77591 ha solicitado a la Comisión de Calidad Ambiental de Texas (TCEQ) para modificar el Permiso No. WQ00003479000 (EPA I.D. No. TX0108367) del Sistema de Eliminación de Descargas de Contaminantes de Texas (TPDES) para autorizar para eliminar E. Coli como parámetro de análisis, ya que la fuente es una granja vecina. La planta está ubicada 5700 Century Blvd Texas City en el Condado de Galveston, Texas 77591. La ruta de descarga es del sitio de la planta a una zanja sin nombre, de ahí a la zanja 5B del Distrito de Drenaje del Condado de Galveston, de ahí a la zanja 5A, de ahí a Dickenson Bayou Tidal. La TCEQ recibió esta solicitud el día August 26, 2024. La solicitud para el permiso estará disponible para leerla y copiarla en Moore Memorial Library, 1701 9th Avenue North, Texas City, en Galveston County, Texas antes de la fecha de publicación de este aviso en el periódico. La solicitud (cualquier actualización y aviso inclusive) está disponible electrónicamente en la siguiente página web: <https://www.tceq.texas.gov/permitting/wastewater/pending-permits/tpdes-applications>. Este enlace a un mapa electrónico de la ubicación general del sitio o de la instalación es proporcionado como una cortesía y no es parte de la solicitud o del aviso. Para la ubicación exacta, consulte la solicitud.

[Insert web link from English notice]

Include the following non-italicized sentence if the facility is located in the Coastal Management Program boundary and is an application for a major amendment which will increase the pollutant loads to coastal waters or would result in relocation of an outfall to a critical area, or a renewal with such a major amendment. The Coastal Management Program boundary is the area along the Texas Coast of the Gulf of México as depicted on the map in 31 TAC §503.1 and includes part or all of the following counties: Cameron, Willacy, Kenedy, Kleberg, Nueces, San Patricio, Aransas, Refugio, Calhoun, Victoria, Jackson, Matagorda, Brazoria, Galveston, Harris, Chambers, Jefferson y Orange. If the application is for amendment that does not meet the above description or a renewal without such a major amendment, do not include the sentence:

El Director Ejecutivo de la TCEQ ha revisado esta medida para ver si está de acuerdo con los objetivos y las regulaciones del Programa de Administración Costero de Texas (CMP) de acuerdo con las regulaciones del Consejo Coordinador de la Costa (CCC) y ha determinado que la acción es conforme con las metas y regulaciones pertinentes del CMP.

AVISO ADICIONAL. El Director Ejecutivo de la TCEQ ha determinado que la solicitud es administrativamente completa y conducirá una revisión técnica de la solicitud. Después de

completar la revisión técnica, el Director Ejecutivo puede preparar un borrador del permiso y emitirá una Decisión Preliminar sobre la solicitud. **El aviso de la solicitud y la decisión preliminar serán publicados y enviado a los que están en la lista de correo de las personas a lo largo del condado que desean recibir los avisos y los que están en la lista de correo que desean recibir avisos de esta solicitud. El aviso dará la fecha límite para someter comentarios públicos.**

COMENTARIO PUBLICO / REUNION PUBLICA. Usted puede presentar comentarios públicos o pedir una reunión pública sobre esta solicitud. El propósito de una reunión pública es dar la oportunidad de presentar comentarios o hacer preguntas acerca de la solicitud. La TCEQ realiza una reunión pública si el Director Ejecutivo determina que hay un grado de interés público suficiente en la solicitud o si un legislador local lo pide. Una reunión pública no es una audiencia administrativa de lo contencioso.

OPORTUNIDAD DE UNA AUDIENCIA ADMINISTRATIVA DE LO CONTENCIOSO. Después del plazo para presentar comentarios públicos, el Director Ejecutivo considerará todos los comentarios apropiados y preparará una respuesta a todo los comentarios públicos esenciales, pertinentes, o significativos. **A menos que la solicitud haya sido referida directamente a una audiencia administrativa de lo contencioso, la respuesta a los comentarios y la decisión del Director Ejecutivo sobre la solicitud serán enviados por correo a todos los que presentaron un comentario público y a las personas que están en la lista para recibir avisos sobre esta solicitud. Si se reciben comentarios, el aviso también proveerá instrucciones para pedir una reconsideración de la decisión del Director Ejecutivo y para pedir una audiencia administrativa de lo contencioso.** Una audiencia administrativa de lo contencioso es un procedimiento legal similar a un procedimiento legal civil en un tribunal de distrito del estado.

PARA SOLICITAR UNA AUDIENCIA DE CASO IMPUGNADO, USTED DEBE INCLUIR EN SU SOLICITUD LOS SIGUIENTES DATOS: su nombre, dirección, y número de teléfono; el nombre del solicitante y número del permiso; la ubicación y distancia de su propiedad/actividad con respecto a la instalación; una descripción específica de la forma cómo usted sería afectado adversamente por el sitio de una manera no común al público en general; una lista de todas las cuestiones de hecho en disputa que usted presente durante el período de comentarios; y la declaración "[Yo/nosotros] solicito/solicitamos una audiencia de caso impugnado". Si presenta la petición para una audiencia de caso impugnado de parte de un grupo o asociación, debe identificar una persona que representa al grupo para recibir correspondencia en el futuro; identificar el nombre y la dirección de un miembro del grupo que sería afectado adversamente por la planta o la actividad propuesta; proveer la información indicada anteriormente con respecto a la ubicación del miembro afectado y su distancia de la planta o actividad propuesta; explicar cómo y porqué el miembro sería afectado; y explicar cómo los intereses que el grupo desea proteger son pertinentes al propósito del grupo.

Después del cierre de todos los períodos de comentarios y de petición que aplican, el Director Ejecutivo enviará la solicitud y cualquier petición para reconsideración o para una audiencia de caso impugnado a los Comisionados de la TCEQ para su consideración durante una reunión programada de la Comisión. La Comisión sólo puede conceder una solicitud de una audiencia de caso impugnado sobre los temas que el solicitante haya presentado en sus comentarios oportunos que no fueron retirados posteriormente. Si se

concede una audiencia, el tema de la audiencia estará limitado a cuestiones de hecho en disputa o cuestiones mixtas de hecho y de derecho relacionadas a intereses pertinentes y materiales de calidad del agua que se hayan presentado durante el período de comentarios.

LISTA DE CORREO. Si somete comentarios públicos, un pedido para una audiencia administrativa de lo contencioso o una reconsideración de la decisión del Director Ejecutivo, la Oficina del Secretario Principal enviará por correo los avisos públicos en relación con la solicitud. Además, puede pedir que la TCEQ ponga su nombre en una o más de las listas correos siguientes (1) la lista de correo permanente para recibir los avisos del solicitante indicado por nombre y número del permiso específico y/o (2) la lista de correo de todas las solicitudes en un condado específico. Si desea que se agregue su nombre en una de las listas designe cual lista(s) y envía por correo su pedido a la Oficina del Secretario Principal de la TCEQ.

CONTACTOS E INFORMACIÓN A LA AGENCIA. Todos los comentarios públicos y solicitudes deben ser presentadas electrónicamente vía <http://www14.tceq.texas.gov/epic/eComment/> o por escrito dirigidos a la Comisión de Texas de Calidad Ambiental, Oficial de la Secretaría (Office of Chief Clerk), MC-105, P.O. Box 13087, Austin, Texas 78711-3087. Tenga en cuenta que cualquier información personal que usted proporcione, incluyendo su nombre, número de teléfono, dirección de correo electrónico y dirección física pasarán a formar parte del registro público de la Agencia. Para obtener más información acerca de esta solicitud de permiso o el proceso de permisos, llame al programa de educación pública de la TCEQ, gratis, al 1-800-687-4040. Si desea información en español, puede llamar al 1-800-687-4040.

También se puede obtener información adicional del MPM Silicones, LLC, a la dirección indicada arriba o llamando a Justin Mark al 281-337-2531, ext. 144.

Fecha de emisión _____ *[Date notice issued]*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST

Complete and submit this checklist with the industrial wastewater permit application.

APPLICANT NAME: MPM Silicones, LLC

PERMIT NUMBER (If new, leave blank): WQ00 003479000

Indicate if each of the following items is included in your application.

	Y	N		Y	N
Administrative Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 8.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Administrative Report 1.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Worksheet 9.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPIF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 10.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Core Data Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Involvement Plan Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plain Language Summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Technical Report 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Worksheet 11.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 1.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Original USGS Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 2.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Affected Landowners Map	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landowner Disk or Labels	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 3.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flow Diagram	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Site Drawing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 3.3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Original Photographs	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Design Calculations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Worksheet 4.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Solids Management Plan	<input type="checkbox"/>	<input type="checkbox"/>
Worksheet 5.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water Balance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Worksheet 6.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worksheet 7.0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

For TCEQ Use Only

Segment Number _____ County _____
Expiration Date _____ Region _____
Permit Number _____



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.0

This report is required for all applications for TPDES permits and TLAPs, except applications for oil and gas extraction operations subject to 40 CFR Part 435. Contact the Applications Review and Processing Team at 512-239-4671 with any questions about completing this report.

Applications for oil and gas extraction operations subject to 40 CFR Part 435 must use the Oil and Gas Exploration and Production Administrative Report ([TCEQ Form-20893 and 20893-inst¹](#)).

Item 1. Application Information and Fees (Instructions, Page 26)

- a. Complete each field with the requested information, if applicable.

Applicant Name: MPM Silicones, LLC

Permit No.: WQ0003479000

EPA ID No.: TX0108367

Expiration Date: February 19, 2025

- b. Check the box next to the appropriate authorization type.

☒ Industrial Wastewater (wastewater and stormwater)

☐ Industrial Stormwater (stormwater only)

- c. Check the box next to the appropriate facility status.

☒ Active

☐ Inactive

- d. Check the box next to the appropriate permit type.

☒ TPDES Permit

☐ TLAP

☐ TPDES with TLAP component

- e. Check the box next to the appropriate application type.

☐ New

☐ Renewal with changes

☐ Renewal without changes

☒ Major amendment with renewal

☐ Major amendment without renewal

☐ Minor amendment without renewal

☐ Minor modification without renewal

- f. If applying for an amendment or modification, describe the request: Request to remove E. Coli as a testing parameter, the source is a neighboring farm. Request to Remove Outfall 201, this is a tank that does not discharge, only pumped out.

For TCEQ Use Only

Segment Number _____ County _____

Expiration Date _____ Region _____

Permit Number _____

¹ https://www.tceq.texas.gov/publications/search_forms.html

g. Application Fee

EPA Classification	New	Major Amend. (with or without renewal)	Renewal (with or without changes)	Minor Amend. / Minor Mod. (without renewal)
Minor facility not subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$350	<input checked="" type="checkbox"/> \$350	<input type="checkbox"/> \$315	<input type="checkbox"/> \$150
Minor facility subject to EPA categorical effluent guidelines (40 CFR Parts 400-471)	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$150
Major facility	N/A ²	<input type="checkbox"/> \$2,050	<input type="checkbox"/> \$2,015	<input type="checkbox"/> \$450

h. Payment Information

Mailed

Check or money order No.: [Click to enter text.](#)

Check or money order amt.: [Click to enter text.](#)

Named printed on check or money order: [Click to enter text.](#)

Epay

Voucher number: [71737](#)

Copy of voucher attachment: [Payment Voucher](#)

Item 2. Applicant Information (Instructions, Pages 26)

a. Customer Number, if applicant is an existing customer: [CN604046466](#)

Note: Locate the customer number using the [TCEQ's Central Registry Customer Search](#)³.

b. Legal name of the entity (applicant) applying for this permit: [MPM Silicones, LLC](#)

Note: The owner of the facility must apply for the permit. The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: [Mr.](#) Full Name (Last/First Name): [Pevoto/ Toby](#)

Title: [Plant Manager](#)

Credential: [Click to enter text.](#)

d. Will the applicant have overall financial responsibility for the facility?

☒ Yes ☐ No

² All facilities are designated as minors until formally classified as a major by EPA.

³ <https://www15.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 3. Co-applicant Information (Instructions, Page 27)

☒ Check this box if there is no co-applicant.; otherwise, complete the below questions.

a. Legal name of the entity (co-applicant) applying for this permit: [Click to enter text.](#)

Note: The legal name must be spelled exactly as filed with the TX SOS, Texas Comptroller of Public Accounts, County, or in the legal documents forming the entity.

b. Customer Number (if applicant is an existing customer): [CNClick to enter text.](#)

Note: Locate the customer number using the TCEQ's Central Registry Customer Search.

c. Name and title of the person signing the application. (**Note:** The person must be an executive official that meets signatory requirements in 30 TAC § 305.44.)

Prefix: [Click to enter text.](#)

Full Name (Last/First Name): [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

d. Will the co-applicant have overall financial responsibility for the facility?

☐ Yes ☐ No

Note: The entity with overall financial responsibility for the facility must apply as a co-applicant, if not the facility owner.

Item 4. Core Data Form (Instructions, Pages 27)

a. Complete one Core Data Form (TCEQ Form 10400) for each customer (applicant and co-applicant(s)) and include as an attachment. If the customer type selected on the Core Data Form is Individual, complete Attachment 1 of the Administrative Report. Attachment: [Core Data Form](#)

Item 5. Application Contact Information (Instructions, Page 27)

Provide names of two individuals who can be contact for additional information about this application. Indicate if the individual can be contact about administrative or technical information, or both.

a. ☒ Administrative Contact ☒ Technical Contact

Prefix: [Mr.](#) Full Name (Last/First Name): [Mark/Justin](#)

Title: [EHS Leader](#)

Credential: [Click to enter text.](#)

Organization Name: [MPM Silicones, LLC](#)

Mailing Address: [5700 Century Blvd.](#)

City/State/Zip: [Texas City, TX 77591](#)

Phone No: [281-337-2531 ext.144](#)

Email: [Justin.mark@momentive.com](#)

b. ☐ Administrative Contact ☐ Technical Contact

Prefix: [Click to enter text.](#)

Full Name (Last/First Name): [Click to enter text.](#)

Title: [Click to enter text.](#)

Credential: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City/State/Zip: [Click to enter text.](#)

Phone No: [Click to enter text.](#) Email: [Click to enter text.](#)

Attachment: [Click to enter text.](#)

Item 6. Permit Contact Information (Instructions, Page 28)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.144

Email: Justin.mark@momentive.com

b. Prefix: Mr. Full Name (Last/First Name): Pevoto/Toby

Title: Plant Manager Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.120

Email: Toby.pevoto@momentive.com

Attachment: [Click to enter text.](#)

Item 7. Billing Contact Information (Instructions, Page 28)

The permittee is responsible for paying the annual fee. The annual fee will be assessed for permits **in effect on September 1 of each year**. The TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed (form TCEQ-20029).

Provide the complete mailing address where the annual fee invoice should be mailed and the name and phone number of the permittee's representative responsible for payment of the invoice.

Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531 ext.144

Email: Justin.mark@momentive.com

Item 8. DMR/MER Contact Information (Instructions, Page 28)

Provide the name and mailing address of the person delegated to receive and submit DMRs or MERs. **Note:** DMR data must be submitted through the NetDMR system. An electronic reporting account can be established once the facility has obtained the permit number.

Prefix: Mr. Full Name (Last/First Name): Mark/Justin

Title: EHS Leader Credential: [Click to enter text.](#)

Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Item 9. Notice Information (Instructions, Pages 28)

a. Individual Publishing the Notices

Prefix: Mr. Full Name (Last/First Name): Mark/JustinTitle: EHS LeaderCredential: Click to enter text.Organization Name: MPM Silicones, LLCMailing Address: 5700 Century Blvd.City/State/Zip: Texas City, TX 77591Phone No: 281-337-2531 ext.144Email: Justin.mark@momentive.com

b. Method for Receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package (only for NORI, NAPD will be sent via regular mail)

☒ E-mail: Justin.mark@momentive.com☐ Fax: Click to enter text.☒ Regular Mail (USPS)Mailing Address: 5700 Century Blvd.City/State/Zip Code: Texas City, TX 77591

c. Contact in the Notice

Prefix: Mr. Full Name (Last/First Name): Mark/JustinTitle: EHS LeaderCredential: Click to enter text.Organization Name: MPM Silicones, LLCPhone No: 281-337-2531 ext.144Email: Justin.mark@momentive.com

d. Public Viewing Location Information

Note: If the facility or outfall is located in more than one county, provide a public viewing place for each county.Public building name: Moore Memorial LibraryLocation within the building: Local History RoomPhysical Address of Building: 1704 9th Avenue NCity: Texas City County: Galveston

e. Bilingual Notice Requirements

This information is required for new, major amendment, minor amendment or minor modification, and renewal applications.

This section of the application is only used to determine if alternative language notices will be needed. Complete instructions on publishing the alternative language notices will be in your public notice package.

Call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice(s) is required.

1. Is a bilingual education program required by the Texas Education Code at the elementary or middle school nearest to the facility or proposed facility?

☒ Yes ☐ No

If no, publication of an alternative language notice is not required; skip to Item 8 (Regulated Entity and Permitted Site Information.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?

☒ Yes ☐ No

3. Do the students at these schools attend a bilingual education program at another location?

☐ Yes ☒ No

4. Would the school be required to provide a bilingual education program, but the school has waived out of this requirement under 19 TAC §89.1205(g)?

☐ Yes ☒ No ☐ N/A

5. If the answer is yes to question 1, 2, 3, or 4, public notices in an alternative language are required. Which language is required by the bilingual program? Spanish

- f. Plain Language Summary Template – Complete the Plain Language Summary (TCEQ Form 20972) and include as an attachment. Attachment: Plain Language Summary Form
- g. Complete one Public Involvement Plan (PIP) Form (TCEQ Form 20960) for each application for a new permit or major amendment and include as an attachment. Attachment: Public Involvement Plan Form

Item 10. Regulated Entity and Permitted Site Information (Instructions Page 29)

- a. TCEQ issued Regulated Entity Number (RN), if available: RN100870179

Note: If your business site 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 the TCEQ's Central Registry to determine the RN or to see if the larger site may already be registered as a Regulated Entity. If the site is found, provide the assigned RN.

- b. Name of project or site (the name known by the community where located): MPM Silicones, LLC

- c. Is the location address of the facility in the existing permit the same?

☒ Yes ☐ No ☐ N/A (new permit)

Note: If the facility is located in Bexar, Comal, Hays, Kinney, Medina, Travis, Uvalde, or Williamson County, additional information concerning protection of the Edwards Aquifer may be required.

- d. Owner of treatment facility:

Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.

or Organization Name: MPM Silicones, LLC

Mailing Address: 5700 Century Blvd.

City/State/Zip: Texas City, TX 77591

Phone No: 281-337-2531

Email: Justin.mark@momentive.com

- e. Ownership of facility: ☐ Public ☒ Private ☐ Both ☐ Federal

- f. Owner of land where treatment facility is or will be: MPM Silicones, LLC
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: MPM Silicones, LLC
 Mailing Address: 5700 Century Blvd. City/State/Zip: Texas City, TX 77591
 Phone No: 281-337-2531 Email: Justin.mark@momentive.com
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years (In some cases, a lease may not suffice - see instructions). Attachment: Not Applicable
- g. Owner of effluent TLAP disposal site (if applicable): Not Applicable
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Click to enter text.
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.
- h. Owner of sewage sludge disposal site (if applicable):
 Prefix: Click to enter text. Full Name (Last/First Name): Click to enter text.
 or Organization Name: Not Applicable
 Mailing Address: Click to enter text. City/State/Zip: Click to enter text.
 Phone No: Click to enter text. Email: Click to enter text.
Note: If not the same as the facility owner, attach a long-term lease agreement in effect for at least six years. Attachment: Click to enter text.

Item 11. TDPES Discharge/TLAP Disposal Information (Instructions, Page 31)

- a. Is the facility located on or does the treated effluent cross Native American Land?
☐ Yes ☒ No
- b. Attach an original full size USGS Topographic Map (or an 8.5"×11" reproduced portion for renewal or amendment applications) with all required information. Check the box next to each item below to confirm it has been included on the map.
- | | |
|---|--|
| <input checked="" type="checkbox"/> One-mile radius | <input type="checkbox"/> Three-miles downstream information |
| <input checked="" type="checkbox"/> Applicant's property boundaries | <input checked="" type="checkbox"/> Treatment facility boundaries |
| <input checked="" type="checkbox"/> Labeled point(s) of discharge | <input checked="" type="checkbox"/> Highlighted discharge route(s) |
| <input type="checkbox"/> Effluent disposal site boundaries | <input checked="" type="checkbox"/> All wastewater ponds |
| <input type="checkbox"/> Sewage sludge disposal site | <input type="checkbox"/> New and future construction |
- Attachment: Administrative Report Topographic Map
- c. Is the location of the sewage sludge disposal site in the existing permit accurate?
☐ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Not Applicable

- d. Are the point(s) of discharge in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new application, provide an accurate location description: Click to enter text.

- e. Are the discharge route(s) in the existing permit correct?

☒ Yes ☐ No or New Permit

If no, or a new permit, provide an accurate description of the discharge route: Click to enter text.

- f. City nearest the outfall(s): Texas City

- g. County in which the outfalls(s) is/are located: Galveston

- h. Is or will the treated wastewater discharge to a city, county, or state highway right-of-way, or a flood control district drainage ditch?

☒ Yes ☐ No

If yes, indicate by a check mark if: ☒ Authorization granted ☐ Authorization pending

For new and amendment applications, attach copies of letters that show proof of contact and provide the approval letter upon receipt. Attachment: Click to enter text.

For all applications involving an average daily discharge of 5 MGD or more, provide the names of all counties located within 100 statute miles downstream of the point(s) of discharge: Click to enter text.

- i. For TLAPs, is the location of the effluent disposal site in the existing permit accurate?

☐ Yes No or New Permit ☒ Not Applicable

If no, or a new application, provide an accurate location description: Click to enter text.

- j. City nearest the disposal site: Not Applicable

- k. County in which the disposal site is located: Not Applicable

- l. For TLAPs, describe how effluent is/will be routed from the treatment facility to the disposal site: Not Applicable

- m. For TLAPs, identify the nearest watercourse to the disposal site to which rainfall runoff might flow if not contained: Not Applicable

Item 12. Miscellaneous Information (Instructions, Page 33)

- a. Did any person formerly employed by the TCEQ represent your company and get paid for service regarding this application?

☐ Yes ☒ No

If yes, list each person: [Click to enter text.](#)

- b. Do you owe any fees to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Account no.: [Click to enter text.](#)

Total amount due: [Click to enter text.](#)

- c. Do you owe any penalties to the TCEQ?

☐ Yes ☒ No

If yes, provide the following information:

Enforcement order no.: [Click to enter text.](#)

Amount due: [Click to enter text.](#)

Item 13. Signature Page (Instructions, Page 33)

Permit No: WQ0003479000

Applicant Name: MPM Silicones, LLC

Certification: I, Toby Pevoto, 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I further certify that I am authorized under 30 Texas Administrative Code §305.44 to sign and submit this document and can provide documentation in proof of such authorization upon request.

Signatory name (typed or printed): Toby Pevoto

Signatory title: Plant Manager

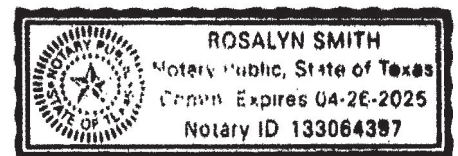
Signature: _____ Date: 8-13-2024
(Use blue ink)

Subscribed and Sworn to before me by the said Toby Pevoto
on this 13th day of August, 20 24.
My commission expires on the 26th day of April, 20 25.

Rosalyn Smith
Notary Public

Galveston
County, Texas

[SEAL]



Note: If co-applicants are necessary, each entity must submit an original, separate signature page.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

ADMINISTRATIVE REPORT 1.1

The following information is required for new and amendment applications.

Item 1. Affected Landowner Information (Instructions, Page 35)

- a. Attach a landowner map or drawing, with scale, as applicable. Check the box next to each item to confirm it has been provided.
- ☐ The applicant's property boundaries.
 - ☐ The facility site boundaries within the applicant's property boundaries.
 - ☐ The distance the buffer zone falls into adjacent properties and the property boundaries of the landowners located within the buffer zone.
 - ☐ The property boundaries of all landowners surrounding the applicant's property. (Note: if the application is a major amendment for a lignite mine, the map must include the property boundaries of all landowners adjacent to the new facility (ponds).)
 - ☐ The point(s) of discharge and highlighted discharge route(s) clearly shown for one mile downstream.
 - ☐ The property boundaries of the landowners located on both sides of the discharge route for one full stream mile downstream of the point of discharge.
 - ☐ The property boundaries of the landowners along the watercourse for a one-half mile radius from the point of discharge if the point of discharge is into a lake, bay, estuary, or affected by tides.
 - ☐ The boundaries of the effluent disposal site (e.g., irrigation area or subsurface drainfield site) and all evaporation/holding ponds within the applicant's property.
 - ☐ The property boundaries of all landowners surrounding the applicant's property boundaries where the effluent disposal site is located.
 - ☐ The boundaries of the sludge land application site (for land application of sewage sludge for beneficial use) and the property boundaries of landowners within one-quarter mile of the applicant's property boundaries where the sewage sludge land application site is located.
 - ☐ The property boundaries of landowners within one-half mile in all directions from the applicant's property boundaries where the sewage sludge disposal site (e.g., sludge surface disposal site or sludge monofil) is located.

Attachment: [Click to enter text.](#)

- b. Check the box next to the format of the landowners list:

☐ Readable/Writeable CD ☐ Four sets of labels

Attachment: [Click to enter text.](#)

- d. Provide the source of the landowners' names and mailing addresses: [Click to enter text.](#)

- e. As required by Texas Water Code § 5.115, is any permanent school fund land affected by this application?

☐ Yes ☐ No

If yes, provide the location and foreseeable impacts and effects this application has on the land(s): [Click to enter text.](#)

Item 2. Original Photographs (Instructions, Page 37)

Provide original ground level photographs. Check the box next to each of the following items to indicate it is included.

- ☐ At least one original photograph of the new or expanded treatment unit location.
- ☐ At least two photographs of the existing/proposed point of discharge and as much area downstream (photo 1) and upstream (photo 2) as can be captured. If the discharge is to an open water body (e.g., lake, bay), the point of discharge should be in the right or left edge of each photograph showing the open water and with as much area on each respective side of the discharge as can be captured.
- ☐ At least one photograph of the existing/proposed effluent disposal site.
- ☐ A plot plan or map showing the location and direction of each photograph.

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

This form applies to TPDES permit applications only. Complete and attach the Supplemental Permit information Form (SPIF) (TCEQ Form 20971).

Attachment: Supplemental Permit Information Form

WATER QUALITY PERMIT

PAYMENT SUBMITTAL FORM

Use this form to submit the Application Fee, if mailing the payment. (Instructions, Page 36-37)

- Complete items 1 through 5 below.
- Staple the check or money order in the space provided at the bottom of this document.
- Do not mail this form with the application form.
- Do not mail this form to the same address as the application.
- Do not submit a copy of the application with this form as it could cause duplicate permit entries.

Mail this form and the check or money order to:

BY REGULAR U.S. MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
P.O. Box 13088
Austin, Texas 78711-3088

BY OVERNIGHT/EXPRESS MAIL

Texas Commission on Environmental Quality
Financial Administration Division
Cashier's Office, MC-214
12100 Park 35 Circle
Austin, Texas 78753

Fee Code: WQP **Permit No: WQ0003479000**

1. Check or Money Order Number: [Click to enter text.](#)
2. Check or Money Order Amount: [Click to enter text.](#)
3. Date of Check or Money Order: [Click to enter text.](#)
4. Name on Check or Money Order: [Click to enter text.](#)
5. APPLICATION INFORMATION

Name of Project or Site: MPM Silicones, LLC

Physical Address of Project or Site: 5700 Century Blvd., Texas City, TX 77591

If the check is for more than one application, attach a list which includes the name of each Project or Site (RE) and Physical Address, exactly as provided on the application.

Attachment: [Click to enter text.](#)

Staple Check or Money Order in This Space

ATTACHMENT 1

INDIVIDUAL INFORMATION

Item 1. Individual information (Instructions, Page 38)

Complete this attachment if the facility applicant or co-applicant is an individual. Make additional copies of this attachment if both are individuals.

Prefix (Mr., Ms., or Miss): [Click to enter text.](#)

Full legal name (first, middle, and last): [Click to enter text.](#)

Driver's License or State Identification Number: [Click to enter text.](#)

Date of Birth: [Click to enter text.](#)

Mailing Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone No.: [Click to enter text.](#)

Fax No.: [Click to enter text.](#)

E-mail Address: [Click to enter text.](#)

CN: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION CHECKLIST OF COMMON DEFICIENCIES

Below is a list of common deficiencies found during the administrative review of industrial wastewater permit applications. To ensure the timely processing of this application, please review the items below and indicate each item is complete and in accordance applicable rules at 30 TAC Chapters 21, 281, and 305 by checking the box next to the item. If an item is not required this application, indicate by checking N/A where appropriate. Please do not submit the application until all items below are addressed.

- ☐ Core Data Form (TCEQ Form No. 10400)
*(Required for all applications types. Must be completed in its entirety and signed.
Note: Form may be signed by applicant representative.)*
- ☐ Correct and Current Industrial Wastewater Permit Application Forms
(TCEQ Form Nos. 10055 and 10411. Version dated 5/10/2019 or later.)
- ☐ Water Quality Permit Payment Submittal Form (Page 14)
(Original payment sent to TCEQ Revenue Section. See instructions for mailing address.)
- ☐ 7.5 Minute USGS Quadrangle Topographic Map Attached
*(Full-size map if seeking "New" permit.
8 ½ x 11 acceptable for Renewals and Amendments.)*
- ☐ N/A ☐ Current/Non-Expired, Executed Lease Agreement or Easement Attached
- ☐ N/A ☐ Landowners Map
(See instructions for landowner requirements.)

Things to Know:

- All the items shown on the map must be labeled.
- The applicant's complete property boundaries must be delineated which includes boundaries of contiguous property owned by the applicant.
- The applicant cannot be its own adjacent landowner. You must identify the landowners immediately adjacent to their property, regardless of how far they are from the actual facility.
- If the applicant's property is adjacent to a road, creek, or stream, the landowners on the opposite side must be identified. Although the properties are not adjacent to applicant's property boundary, they are considered potentially affected landowners. If the adjacent road is a divided highway as identified on the USGS topographic map, the applicant does not have to identify the landowners on the opposite side of the highway.

- ☐ N/A ☐ Landowners Cross Reference List
(See instructions for landowner requirements.)
- ☐ N/A ☐ Landowners Labels or CD-RW attached
(See instructions for landowner requirements.)
- ☐ Original signature per 30 TAC § 305.44 – Blue Ink Preferred
*(If signature page is not signed by an elected official or principle executive officer,
a copy of signature authority/delegation letter must be attached.)*
- ☐ Plain Language Summary



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

INDUSTRIAL WASTEWATER PERMIT APPLICATION TECHNICAL REPORT 1.0

The following information **is required** for all applications for a TLAP or an individual TPDES discharge permit.

For **additional information** or clarification on the requested information, please refer to the [Instructions for Completing the Industrial Wastewater Permit Application](#)¹ available on the TCEQ website. Please contact the Industrial Permits Team at 512-239-4671 with any questions about this form.

If more than one outfall is included in the application, provide applicable information for each individual outfall. **If an item does not apply to the facility, enter N/A** to indicate that the item has been considered. Include separate reports or additional sheets as **clearly cross-referenced attachments** and provide the attachment number in the space provided for the item the attachment addresses.

NOTE: This application is for an industrial wastewater permit only. Additional authorizations from the TCEQ Waste Permits Division or the TCEQ Air Permits Division may be needed.

Item 1. Facility/Site Information (Instructions, Page 39)

- a. Describe the general nature of the business and type(s) of industrial and commercial activities. Include all applicable SIC codes (up to 4).

MPM Silicones, LLC in Texas City, TX contract tolling, manufacturing of specialty chemicals, and blending.

- b. Describe all wastewater-generating processes at the facility.

Wastewater generated from manufacturing and blending operations is collected and disposed off-site. Plant stormwater run-off, wash-down, utility wastewater, fire monitor flushes, blowdown, and wash water are discharged from the site. Collection of these water streams are collected in the Equalization Basin where a preliminary pH and internal company TOC are taken prior to discharge. If the internal preliminary tests are approved by Laboratory Technicians, the valve at Outfall 101 (Equalization Basin) may be opened and waters released through Outfall 001. Insoluble materials are separated and skimmed from the water in a trap structure inside the Equalization Basin. The maximum pumping rate is 0.58MGPD from the equalization basin to outfall 001. Site utility water is made up of cooling tower blowdown that is collected in the Equalization Basin and the boiler blowdown from the Boilers and collected in T-1004 and T-204. Multiple rinsing and steaming of equipment is shipped off-site for disposal until the final rinse and steam water (washwater) is generated. The final wash water is tested for pH and TOC prior to being transferred to the Equalization Basin. Storm water run-off from the tank farms and process areas, non-process water from the facilities berms, wash-down water, steam condensate, and fire monitor flush water are pumped to the Equalization Basin and discharged through Outfall 101 and then through 001. The facility has a perimeter retention system to contain on-site waters and keep off-site water from entering the plant. In addition, the tank farms and process areas have concrete curbs or walls in

¹
https://www.tceq.texas.gov/permitting/wastewater/industrial/TPDES_industrial_wastewater_steps.html

order to isolate the contact storm water until the water can be visually checked prior to being pumped to the Equalization Basin. Storm water run-off from non-contact areas (outside process areas and tank farms) utilizes gravity to flow through a surface and subsurface drainage collection system into the concrete equalization basin.

- c. Provide a list of raw materials, major intermediates, and final products handled at the facility.

Materials List

Raw Materials	Intermediate Products	Final Products
See Attachment Materials List		

Attachment: Materials List

- d. Attach a facility map (drawn to scale) with the following information:

- Production areas, maintenance areas, materials-handling areas, waste-disposal areas, and water intake structures.
- The location of each unit of the WWTP including the location of wastewater collection sumps, impoundments, outfalls, and sampling points, if significantly different from outfall locations.

Attachment: Technical Report Facility Map

- e. Is this a new permit application for an existing facility?

☐ Yes ☒ No

If **yes**, provide background discussion: [Click to enter text.](#)

- f. Is/will the treatment facility/disposal site be located above the 100-year frequency flood level.

☒ Yes ☐ No

List source(s) used to determine 100-year frequency flood plain: FEMA FIRM Panel 4855140025C from 5/2/1983 confirms that the site is not within the mapped 100-year flood plain

If **no**, provide the elevation of the 100-year frequency flood plain and describe what protective measures are used/proposed to prevent flooding (including tail water and rainfall run-on controls) of the treatment facility and disposal area: Not Applicable

Attachment: Not Applicable

- g. For **new** or **major amendment** permit applications, will any construction operations result in a discharge of fill material into a water in the state?

☐ Yes ☒ No ☐ N/A (renewal only)

- h. If **yes** to Item 1.g, has the applicant applied for a USACE CWA Chapter 404 Dredge and Fill permit?

☐ Yes ☐ No

If **yes**, provide the permit number: [Click to enter text.](#)

If **no**, provide an approximate date of application submittal to the USACE: [Click to enter text.](#)

Item 2. Treatment System (Instructions, Page 40)

- a. List any physical, chemical, or biological treatment process(es) used/proposed to treat wastewater at this facility. Include a description of each treatment process, starting with initial treatment and finishing with the outfall/point of disposal.

(1) pH control by dilute sulfuric acid or sodium hydroxide. (2) Equalization basin for storm water, utility water Please note that wastewater is not chlorinated prior to discharge. The wastewater is discharged via Outfall 001 into an unnamed ditch, then into an unnamed ditch within Galveston County Drainage District No. 2 (GCDD No. 2) Ditch 6 system, then into GCDD No. 2 Ditch 5B, then Dickenson Bayou Tidal in Segment 1103 of the San Jacinto-Brazos Coastal Basin.

- b. Attach a flow schematic **with a water balance** showing all sources of water and wastewater flow into the facility, wastewater flow into and from each treatment unit, and wastewater flow to each outfall/point of disposal.

Attachment: Schematic Flow with Water Balance

Item 3. Impoundments (Instructions, Page 40)

Does the facility use or plan to use any wastewater impoundments (e.g., lagoons or ponds?)

☐ Yes ☒ No

If **no**, proceed to Item 4. If **yes**, complete **Item 3.a** for **existing** impoundments and **Items 3.a - 3.e** for **new or proposed** impoundments. **NOTE:** See instructions, Pages 40-42, for additional information on the attachments required by Items 3.a - 3.e.

- a. Complete the table with the following information for each existing, new, or proposed impoundment. Attach additional copies of the Impoundment Information table, if needed.

Use Designation: Indicate the use designation for each impoundment as Treatment (T), Disposal (D), Containment (C), or Evaporation (E).

Associated Outfall Number: Provide an outfall number if a discharge occurs or will occur.

Liner Type: Indicate the liner type as Compacted clay liner (C), In-situ clay liner (I), Synthetic/plastic/rubber liner (S), or Alternate liner (A). **NOTE:** See instructions for further detail on liner specifications. If an alternate liner (A) is selected, include an attachment that

provides a description of the alternate liner and any additional technical information necessary for an evaluation.

Leak Detection System: If any leak detection systems are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no.

Groundwater Monitoring Wells and Data: If groundwater monitoring wells are in place/planned, enter **Y** for yes. Otherwise, enter **N** for no. Attach any existing groundwater monitoring data.

Dimensions: Provide the dimensions, freeboard, surface area, storage capacity of the impoundments, and the maximum depth (not including freeboard). For impoundments with irregular shapes, submit surface area instead of length and width.

Compliance with 40 CFR Part 257, Subpart D: If the impoundment is required to be in compliance with 40 CFR Part 257, Subpart D, enter **Y** for yes. Otherwise, enter **N** for no.

Date of Construction: Enter the date construction of the impoundment commenced (mm/dd/yy).

Impoundment Information

Parameter	Pond #	Pond #	Pond #	Pond #
Use Designation: (T) (D) (C) or (E)				
Associated Outfall Number				
Liner Type (C) (I) (S) or (A)				
Alt. Liner Attachment Reference				
Leak Detection System, Y/N				
Groundwater Monitoring Wells, Y/N				
Groundwater Monitoring Data Attachment				
Pond Bottom Located Above The Seasonal High-Water Table, Y/N				
Length (ft)				
Width (ft)				
Max Depth From Water Surface (ft), Not Including Freeboard				
Freeboard (ft)				
Surface Area (acres)				
Storage Capacity (gallons)				
40 CFR Part 257, Subpart D, Y/N				
Date of Construction				

Attachment: [Click to enter text.](#)

The following information (**Items 3.b – 3.e**) is required only for **new or proposed** impoundments.

- b. For new or proposed impoundments, attach any available information on the following items. If attached, check **yes** in the appropriate box. Otherwise, check **no** or **not yet designed**.

1. Liner data

☐ Yes ☐ No ☐ Not yet designed

2. Leak detection system or groundwater monitoring data

☐ Yes ☐ No ☐ Not yet designed

3. Groundwater impacts

☐ Yes ☐ No ☐ Not yet designed

NOTE: Item b.3 is required if the bottom of the pond is not above the seasonal high-water table in the shallowest water-bearing zone.

Attachment: [Click to enter text.](#)

For TLAP applications: Items 3.c – 3.e are **not required**, continue to Item 4.

- c. Attach a USGS map or a color copy of original quality and scale which accurately locates and identifies all known water supply wells and monitor wells within ½-mile of the impoundments.

Attachment: [Click to enter text.](#)

- d. Attach copies of State Water Well Reports (e.g., driller's logs, completion data, etc.), and data on depths to groundwater for all known water supply wells including a description of how the depths to groundwater were obtained.

Attachment: [Click to enter text.](#)

- e. Attach information pertaining to the groundwater, soils, geology, pond liner, etc. used to assess the potential for migration of wastes from the impoundments or the potential for contamination of groundwater or surface water.

Attachment: [Click to enter text.](#)

Item 4. Outfall/Disposal Method Information (Instructions, Page 42)

Complete the following tables to describe the location and wastewater discharge or disposal operations for each outfall for discharge, and for each point of disposal for TLAP operations.

If there are more outfalls/points of disposal at the facility than the spaces provided, copies of pages 6 and/or numbered accordingly (i.e., page 6a, 6b, etc.) may be used to provide information on the additional outfalls.

For TLAP applications: Indicate the disposal method and each individual irrigation area **I**, evaporation pond **E**, or subsurface drainage system **S** by providing the appropriate letter designation for the disposal method followed by a numerical designation for each disposal area in the space provided for **Outfall** number (e.g. **E1** for evaporation pond 1, **I2** for irrigation area No. 2, etc.).

Outfall Longitude and Latitude

Outfall No.	Latitude (Decimal Degrees)	Longitude (Decimal Degrees)
001	29.424526	-95.017250
101	29.424549	-95.018174

Outfall Location Description

Outfall No.	Location Description
001	End of pipe that discharges into unnamed ditch, then to GCDD ditch 5B, then Ditch 5A, then Segment 1103. Flow is intermittent and variable.
101	At point of pumping from equalization basin.

Description of Sampling Point(s) (if different from Outfall location)

Outfall No.	Description of sampling point

Outfall Flow Information - Permitted and Proposed

Outfall No.	Permitted Daily Avg Flow (MGD)	Permitted Daily Max Flow (MGD)	Proposed Daily Avg Flow (MGD)	Proposed Daily Max Flow (MGD)	Anticipated Discharge Date (mm/dd/yy)
001	Report	Report	Report	Report	-
101	Report	Report	Report	Report	-
201	0.02 MGD	0.03 MGD	(To be removed from the permit)	(To be removed from the permit)	(To be removed from the permit)

Outfall Discharge - Method and Measurement

Outfall No.	Pumped Discharge? Y/N	Gravity Discharge? Y/N	Type of Flow Measurement Device Used
001	Y	N	Flow Meter
101	Y	N	Flow Meter

Outfall Discharge - Flow Characteristics

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)
001	Y	N	N	Variable	Variable	Variable
101	Y	N	N	Variable	Variable	Variable

Outfall No.	Intermittent Discharge? Y/N	Continuous Discharge? Y/N	Seasonal Discharge? Y/N	Discharge Duration (hrs/day)	Discharge Duration (days/mo)	Discharge Duration (mo/yr)

Outfall Wastestream Contributions

Outfall No. 001

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Contact storm water	0-0.2	30
Non-contact water and fire monitor flushing	0-0.4	60
Steam condensate	0-0.0005	0
Cooling tower blowdown	0-0.0115	0
Boiler blowdown	0.0001-0.0015	1
Periodic equipment final wash/rinse condensate	0-0.055	8

Outfall No. 101

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow
Contact storm water	0-0.2	30
Non-contact water and fire monitor flushing	0-0.4	60
Steam condensate	0-0.0005	0
Cooling tower blowdown	0-0.0115	0
Boiler blowdown	0.0001-0.0015	1
Periodic equipment final wash/rinse condensate	0-0.055	8

Outfall No. Click to enter text.

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Contributing Wastestream	Volume (MGD)	Percent (%) of Total Flow

Attachment: [Click to enter text.](#)

Item 5. Blowdown and Once-Through Cooling Water Discharges (Instructions, Page 43)

a. Indicate if the facility currently or proposes to:

☒ Yes ☐ No Use cooling towers that discharge blowdown or other wastestreams

☒ Yes ☐ No Use boilers that discharge blowdown or other wastestreams

☒ Yes ☐ No Discharge once-through cooling water

NOTE: If the facility uses or plans to use cooling towers or once-through cooling water, Item 12 **is required**.

b. If **yes** to any of the above, attach an SDS with the following information for each chemical additive.

- Manufacturers Product Identification Number
- Product use (e.g., biocide, fungicide, corrosion inhibitor, etc.)
- Chemical composition including CASRN for each ingredient
- Classify product as non-persistent, persistent, or bioaccumulative
- Product or active ingredient half-life
- Frequency of product use (e.g., 2 hours/day once every two weeks)
- Product toxicity data specific to fish and aquatic invertebrate organisms
- Concentration of whole product or active ingredient, as appropriate, in wastestream.

In addition to each SDS, attach a summary of the above information for each specific wastestream and the associated chemical additives. Specify which outfalls are affected.

Attachment: [Click to enter text.](#)

c. Cooling Towers and Boilers

If the facility currently or proposes to use cooling towers or boilers that discharge blowdown or other wastestreams to the outfall(s), complete the following table.

Cooling Towers and Boilers

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Cooling Towers	2	3,500	11,500

Type of Unit	Number of Units	Daily Avg Blowdown (gallons/day)	Daily Max Blowdown (gallons/day)
Boilers	2	600	1,500

Item 6. Stormwater Management (Instructions, Page 44)

Will any existing/proposed outfalls discharge stormwater associated with industrial activities, as defined at 40 CFR § 122.26(b)(14), commingled with any other wastestream?

☒ Yes ☐ No

If **yes**, briefly describe the industrial processes and activities that occur outdoors or in a manner which may result in exposure of the activities or materials to stormwater: Storm water run-off from non-contact areas (outside process areas and tank farms) utilizes gravity to flow through a surface and subsurface drainage collection system into a concrete equalization basin.

Item 7. Domestic Sewage, Sewage Sludge, and Septage Management and Disposal (Instructions, Page 44)

Domestic Sewage - Waste and wastewater from humans or household operations that is discharged to a wastewater collection system or otherwise enters a treatment works.

- a. Check the box next to the appropriate method of domestic sewage and domestic sewage sludge treatment or disposal. Complete Worksheet 5.0 or Item 7.b if directed to do so.
 - ☐ Domestic sewage is routed (i.e., connected to or transported to) to a WWTP permitted to receive domestic sewage for treatment, disposal, or both. Complete Item 7.b.
 - ☒ Domestic sewage disposed of by an on-site septic tank and drainfield system. Complete Item 7.b.
 - ☐ Domestic and industrial treatment sludge ARE commingled prior to use or disposal.
 - ☐ Industrial wastewater and domestic sewage are treated separately, and the respective sludge IS NOT commingled prior to sludge use or disposal. Complete Worksheet 5.0.
 - ☐ Facility is a POTW. Complete Worksheet 5.0.
 - ☐ Domestic sewage is not generated on-site.
 - ☐ Other (e.g., portable toilets), specify and Complete Item 7.b: [Click to enter text.](#)
- b. Provide the name and TCEQ, NPDES, or TPDES Permit No. of the waste-disposal facility which receives the domestic sewage/septage. If hauled by motorized vehicle, provide the name and TCEQ Registration No. of the hauler.

Domestic Sewage Plant/Hauler Name

Plant/Hauler Name	Permit/Registration No.
Galveston County-On-site Sewage Facility	LC13134
(Maintenance contract with Larry Cloudt Construction Company)	

Item 8. Improvements or Compliance/Enforcement Requirements (Instructions, Page 45)

- a. Is the permittee currently required to meet any implementation schedule for compliance or enforcement?
- ☐ Yes ☒ No
- b. Has the permittee completed or planned for any improvements or construction projects?
- ☐ Yes ☒ No
- c. If **yes** to either 8.a or 8.b, provide a brief summary of the requirements and a status update: [Click to enter text.](#)

Item 9. Toxicity Testing (Instructions, Page 45)

Have any biological tests for acute or chronic toxicity been made on any of the discharges or on a receiving water in relation to the discharge within the last three years?

☐ Yes ☒ No

If **yes**, identify the tests and describe their purposes: [Click to enter text.](#)

Additionally, attach a copy of all tests performed which **have not** been submitted to the TCEQ or EPA. **Attachment:** [Click to enter text.](#)

Item 10. Off-Site/Third Party Wastes (Instructions, Page 45)

- a. Does or will the facility receive wastes from off-site sources for treatment at the facility, disposal on-site via land application, or discharge via a permitted outfall?
- ☐ Yes ☒ No

If **yes**, provide responses to Items 10.b through 10.d below.

If **no**, proceed to Item 11.

- b. Attach the following information to the application:
- List of wastes received (including volumes, characterization, and capability with on-site wastes).
 - Identify the sources of wastes received (including the legal name and addresses of the generators).
 - Description of the relationship of waste source(s) with the facility's activities.

Attachment: [Click to enter text.](#)

- c. Is or will wastewater from another TCEQ, NPDES, or TPDES permitted facility commingled with this facility's wastewater after final treatment and prior to discharge via the final outfall/point of disposal?
- ☐ Yes ☐ No

If **yes**, provide the name, address, and TCEQ, NPDES, or TPDES permit number of the contributing facility and a copy of any agreements or contracts relating to this activity.

Attachment: [Click to enter text.](#)

d. Is this facility a POTW that accepts/will accept process wastewater from any SIU and has/is required to have an approved pretreatment program under the NPDES/TPDES program?

☐ Yes ☐ No

If **yes**, **Worksheet 6.0** of this application is required.

Item 11. Radioactive Materials (Instructions, Page 46)

a. Are/will radioactive materials be mined, used, stored, or processed at this facility?

☐ Yes ☒ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L.

Radioactive Materials Mined, Used, Stored, or Processed

Radioactive Material Name	Concentration (pCi/L)

b. Does the applicant or anyone at the facility have any knowledge or reason to believe that radioactive materials may be present in the discharge, including naturally occurring radioactive materials in the source waters or on the facility property?

☐ Yes ☐ No

If **yes**, use the following table to provide the results of one analysis of the effluent for all radioactive materials that may be present. Provide results in pCi/L. Do not include information provided in response to Item 11.a.

Radioactive Materials Present in the Discharge

Radioactive Material Name	Concentration (pCi/L)

Item 12. Cooling Water (Instructions, Page 46)

a. Does the facility use or propose to use water for cooling purposes?

☐ Yes ☒ No

If **no**, stop here. If **yes**, complete Items 12.b thru 12.f.

b. Cooling water is/will be obtained from a groundwater source (e.g., on-site well).

☐ Yes ☐ No

If **yes**, stop here. If **no**, continue.

c. Cooling Water Supplier

1. Provide the name of the owner(s) and operator(s) for the CWIS that supplies or will supply water for cooling purposes to the facility.

Cooling Water Intake Structure(s) Owner(s) and Operator(s)

CWIS ID				
Owner				
Operator				

2. Cooling water is/will be obtained from a Public Water Supplier (PWS)

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the PWS Registration No. and stop here: PWS No. [Click to enter text.](#)

3. Cooling water is/will be obtained from a reclaimed water source?

☐ Yes ☐ No

If **no**, continue. If **yes**, provide the Reuse Authorization No. and stop here: [Click to enter text.](#)

4. Cooling water is/will be obtained from an Independent Supplier

☐ Yes ☐ No

If **no**, proceed to Item 12.d. If **yes**, provide the actual intake flow of the Independent Supplier's CWIS that is/will be used to provide water for cooling purposes and proceed: [Click to enter text.](#)

d. 316(b) General Criteria

1. The CWIS(s) used to provide water for cooling purposes to the facility has or will have a cumulative design intake flow of 2 MGD or greater.

☐ Yes ☐ No

2. At least 25% of the total water withdrawn by the CWIS is/will be used at the facility exclusively for cooling purposes on an annual average basis.

☐ Yes ☐ No

3. The CWIS(s) withdraw(s)/propose(s) to withdraw water for cooling purposes from surface waters that meet the definition of Waters of the United States in *40 CFR § 122.2*.

☐ Yes ☐ No

If **no**, provide an explanation of how the waterbody does not meet the definition of Waters of the United States in *40 CFR § 122.2*: [Click to enter text.](#)

If **yes** to all three questions in Item 12.d, the facility **meets** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA. Proceed to **Item 12.f**.

If **no** to any of the questions in Item 12.d, the facility **does not meet** the minimum criteria to be subject to the full requirements of Section 316(b) of the CWA; however, a determination is required based upon BPJ. Proceed to **Item 12.e**.

- e. The facility does not meet the minimum requirements to be subject to the fill requirements of Section 316(b) **and uses/proposes to use cooling towers**.

☐ Yes ☐ No

If **yes**, stop here. If **no**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ.

- f. Oil and Gas Exploration and Production

1. The facility is subject to requirements at 40 CFR Part 435, Subparts A or D.

☐ Yes ☐ No

If **yes**, continue. If **no**, skip to Item 12.g.

2. The facility is an existing facility as defined at 40 CFR § 125.92(k) or a new unit at an existing facility as defined at 40 CFR § 125.92(u).

☐ Yes ☐ No

If **yes**, complete Worksheet 11.0, Items 1.a, 1.b.1-3 and 6, 2.b.1, and 3.a to allow for a determination based upon BPJ. If **no**, skip to Item 12.g.3.

- g. Compliance Phase and Track Selection

1. Phase I - New facility subject to 40 CFR Part 125, Subpart I

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection, attach the requested information, and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.

☐ Track I - AIF greater than 2 MGD, but less than 10 MGD

- Attach information required by 40 CFR §§ 125.86(b)(2)-(4).

☐ Track I - AIF greater than 10 MGD

- Attach information required by 40 CFR § 125.86(b).

☐ Track II

- Attach information required by 40 CFR § 125.86(c).

Attachment: [Click to enter text.](#)

2. Phase II - Existing facility subject to 40 CFR Part 125, Subpart J

☐ Yes ☐ No

If **yes**, complete Worksheets 11.0 through 11.3, as applicable.

3. Phase III - New facility subject to 40 CFR Part 125, Subpart N

☐ Yes ☐ No

If **yes**, check the box next to the compliance track selection and provide the requested information.

- ☐ Track I – Fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Items 2 and 3, and Worksheet 11.2.
- ☐ Track I – Not a fixed facility
 - Attach information required by 40 CFR § 125.136(b) and complete Worksheet 11.0, Item 2 (except CWIS latitude/longitude under Item 2.a).
- ☐ Track II – Fixed facility
 - Attach information required by 40 CFR § 125.136(c) and complete Worksheet 11.0, Items 2 and 3.

Attachment: [Click to enter text.](#)

Item 13. Permit Change Requests (Instructions, Page 48)

This item is only applicable to existing permitted facilities.

a. Is the facility requesting a **major amendment** of an existing permit?

☒ Yes ☐ No

If **yes**, list each request individually and provide the following information: 1) detailed information regarding the scope of each request and 2) a justification for each request. Attach any supplemental information or additional data to support each request.

Request to remove E. Coli as a testing parameter since this parameter could be affected by the livestock close to the facility especially during heavy rains as the drainage from the nearby areas flow to the streets then downward towards the plant.

b. Is the facility requesting any **minor amendments** to the permit?

☒ Yes ☐ No

If **yes**, list and describe each change individually.

Request to remove Outfall 201 since this is a tank that does not discharge. This only serves as a holding tank where batch of wastewater is collected then pumped out to Outfall 101 which discharges to Outfall 001.

c. Is the facility requesting any **minor modifications** to the permit?

☐ Yes ☒ No

If **yes**, list and describe each change individually.

[Click to enter text.](#)

Item 14. Laboratory Accreditation (Instructions, Page 49)

All laboratory tests performed must meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*, which includes the following general exemptions from National Environmental Laboratory Accreditation Program (NELAP) certification requirements:

- The laboratory is an in-house laboratory and is:
 - periodically inspected by the TCEQ; or
 - located in another state and is accredited or inspected by that state; or
 - performing work for another company with a unit located in the same site; or
 - performing pro bono work for a governmental agency or charitable organization.
- The laboratory is accredited under federal law.
- The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review *30 TAC Chapter 25* for specific requirements.

The following certification statement shall be signed and submitted with every application. See the *Signature Page* section in the Instructions, for a list of designated representatives who may sign the certification.

CERTIFICATION:

I certify that all laboratory tests submitted with this application meet the requirements of *30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification*.

Printed Name: Toby Pevoto

Title: Plant Manager

Signature: _____

Date: 8-13-2024

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 1.0: EPA CATEGORICAL EFFLUENT GUIDELINES

This worksheet **is required** for all applications for TPDES permits for discharges of wastewaters subject to EPA categorical effluent limitation guidelines (ELGs).

Item 1. Categorical Industries (Instructions, Page 53)

Is this facility subject to any 40 CFR categorical ELGs outlined on page 53 of the instructions?

☐ Yes ☒ No

If **no**, this worksheet is not required. If **yes**, provide the appropriate information below.

40 CFR Effluent Guideline

Industry	40 CFR Part

Item 2. Production/Process Data (Instructions, Page 54)

NOTE: For all TPDES permit applications requesting individual permit coverage for discharges of oil and gas exploration and production wastewater (discharges into or adjacent to water in the state, falling under the Oil and Gas Extraction Effluent Guidelines – 40 CFR Part 435), see Worksheet 12.0, Item 2 instead.

a. Production Data

Provide appropriate data for effluent guidelines with production-based effluent limitations.

Production Data

Subcategory	Actual Quantity/Day	Design Quantity/Day	Units

b. Organic Chemicals, Plastics, and Synthetic Fibers Manufacturing Data (40 CFR Part 414)

Provide each applicable subpart and the percent of total production. Provide data for metal-bearing and cyanide-bearing wastestreams, as required by *40 CFR Part 414, Appendices A and B*.

Percentage of Total Production

Subcategory	Percent of Total Production	Appendix A and B - Metals	Appendix A - Cyanide

c. Refineries (40 CFR Part 419)

Provide the applicable subcategory and a brief justification.

Click to enter text.

Item 3. Process/Non-Process Wastewater Flows (Instructions, Page 54)

Provide a breakdown of wastewater flow(s) generated by the facility, including both process and non-process wastewater flow(s). Specify which wastewater flows are to be authorized for discharge under this permit and the disposal practices for wastewater flows, excluding domestic, which are not to be authorized for discharge under this permit.

Click to enter text.

Item 4. New Source Determination (Instructions, Page 54)

Provide a list of all wastewater-generating processes subject to EPA categorical ELGs, identify the appropriate guideline Part and Subpart, and provide the date the process/construction commenced.

Wastewater Generating Processes Subject to Effluent Guidelines

Process	EPA Guideline Part	EPA Guideline Subpart	Date Process/ Construction Commenced

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 2.0: POLLUTANT ANALYSIS

Worksheet 2.0 is **required** for all applications submitted for a TPDES permit. Worksheet 2.0 is not required for applications for a permit to dispose of all wastewater by land disposal or for discharges solely of stormwater associated with industrial activities.

Item 1. General Testing Requirements (Instructions, Page 55)

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.
Attachment: [Click to enter text.](#)

Item 2. Specific Testing Requirements (Instructions, Page 56)

Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** [Click to enter text.](#)

TABLE 1 and TABLE 2 (Instructions, Page 58)

Completion of Tables 1 and 2 is required for all external outfalls for all TPDES permit applications.

Table 1 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO3)				
Temperature (°F)				
pH (standard units)				

Table 2 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

TABLE 3 (Instructions, Page 58)

Completion of Table 3 is required for all **external outfalls** which discharge process wastewater.

Partial completion of Table 3 is required for all **external outfalls** which discharge non-process wastewater and stormwater associated with industrial activities commingled with other wastestreams (see instructions for additional guidance).

Table 3 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Acrylonitrile					50
Anthracene					10
Benzene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
Bis(2-chloroethyl)ether					10
Bis(2-ethylhexyl)phthalate					10
Bromodichloromethane [Dichlorobromomethane]					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane [Dibromochloromethane]					10
Chloroform					10
Chrysene					5
m-Cresol [3-Methylphenol]					10
o-Cresol [2-Methylphenol]					10
p-Cresol [4-Methylphenol]					10
1,2-Dibromoethane					10
m-Dichlorobenzene [1,3-Dichlorobenzene]					10
o-Dichlorobenzene [1,2-Dichlorobenzene]					10
p-Dichlorobenzene [1,4-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
1,2-Dichloroethane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
1,1-Dichloroethene [1,1-Dichloroethylene]					10
Dichloromethane [Methylene chloride]					20
1,2-Dichloropropane					10
1,3-Dichloropropene [1,3-Dichloropropylene]					10
2,4-Dimethylphenol					10
Di-n-Butyl phthalate					10
Ethylbenzene					10
Fluoride					500
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Methyl ethyl ketone					50
Nitrobenzene					10
N-Nitrosodiethylamine					20
N-Nitroso-di-n-butylamine					20
Nonylphenol					333
Pentachlorobenzene					20
Pentachlorophenol					5
Phenanthrene					10
Polychlorinated biphenyls (PCBs) (**)					0.2
Pyridine					20
1,2,4,5-Tetrachlorobenzene					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethene [Tetrachloroethylene]					10
Toluene					10
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethene [Trichloroethylene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
2,4,5-Trichlorophenol					50
TTHM (Total trihalomethanes)					10
Vinyl chloride					10

(*) Indicate units if different from µg/L.

(**) Total of detects for PCB-1242, PCB-1254, PCB-1221, PCB-1232, PCB-1248, PCB-1260, and PCB-1016. If all non-detects, enter the highest non-detect preceded by a "<".

TABLE 4 (Instructions, Pages 58-59)

Partial completion of Table 4 **is required** for each **external outfall** based on the conditions below.

a. Tributyltin

Is this facility an industrial/commercial facility which currently or proposes to directly dispose of wastewater from the types of operations listed below or a domestic facility which currently or proposes to receive wastewater from the types of industrial/commercial operations listed below?

☐ Yes ☒ No

If **yes**, check the box next to each of the following criteria which apply and provide the appropriate testing results in Table 4 below (check all that apply).

- ☐ Manufacturers and formulators of tributyltin or related compounds.
- ☐ Painting of ships, boats and marine structures.
- ☐ Ship and boat building and repairing.
- ☐ Ship and boat cleaning, salvage, wrecking and scaling.
- ☐ Operation and maintenance of marine cargo handling facilities and marinas.
- ☐ Facilities engaged in wood preserving.
- ☐ Any other industrial/commercial facility for which tributyltin is known to be present, or for which there is any reason to believe that tributyltin may be present in the effluent.

b. Enterococci (discharge to saltwater)

This facility discharges/proposes to discharge directly into saltwater receiving waters **and** Enterococci bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

c. **E. coli (discharge to freshwater)**

This facility discharges/proposes to discharge directly into freshwater receiving waters **and** *E. coli* bacteria are expected to be present in the discharge based on facility processes.

☐ Yes ☒ No

Domestic wastewater is/will be discharged.

☐ Yes ☒ No

If **yes to either** question, provide the appropriate testing results in Table 4 below.

Table 4 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1	Sample 2	Sample 3	Sample 4	MAL
Tributyltin (µg/L)					0.010
Enterococci (cfu or MPN/100 mL)					N/A
<i>E. coli</i> (cfu or MPN/100 mL)					N/A

TABLE 5 (Instructions, Page 59)

Completion of Table 5 **is required** for all **external outfalls** which discharge process wastewater from a facility which manufactures or formulates pesticides or herbicides or other wastewaters which may contain pesticides or herbicides.

If this facility does not/will not manufacture or formulate pesticides or herbicides and does not/will not discharge other wastewaters that may contain pesticides or herbicides, check N/A.

☒ N/A

Table 5 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Aldrin					0.01
Carbaryl					5
Chlordane					0.2
Chlorpyrifos					0.05
4,4'-DDD					0.1
4,4'-DDE					0.1
4,4'-DDT					0.02
2,4-D					0.7
Danitol [Fenpropathrin]					—
Demeton					0.20
Diazinon					0.5/0.1
Dicofol [Kelthane]					1
Dieldrin					0.02
Diuron					0.090

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)*
Endosulfan I (<i>alpha</i>)					0.01
Endosulfan II (<i>beta</i>)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Guthion [Azinphos methyl]					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
Hexachlorocyclohexane (<i>alpha</i>)					0.05
Hexachlorocyclohexane (<i>beta</i>)					0.05
Hexachlorocyclohexane (<i>gamma</i>) [Lindane]					0.05
Hexachlorophene					10
Malathion					0.1
Methoxychlor					2.0
Mirex					0.02
Parathion (ethyl)					0.1
Toxaphene					0.3
2,4,5-TP [Silvex]					0.3

* Indicate units if different from µg/L.

TABLE 6 (Instructions, Page 59)

Completion of Table 6 is required for all external outfalls.

Table 6 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutants	Believed Present	Believed Absent	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)	MAL (µg/L)*
Bromide	<input type="checkbox"/>	<input checked="" type="checkbox"/>					400
Color (PCU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Nitrate-Nitrite (as N)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Sulfite (as SO ₃)	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>					—
Boron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Cobalt, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.3
Iron, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					7
Magnesium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					20
Manganese, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					0.5
Molybdenum, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					1
Tin, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					5
Titanium, total	<input type="checkbox"/>	<input checked="" type="checkbox"/>					30

TABLE 7 (Instructions, Page 60)

Check the box next to any of the industrial categories applicable to this facility. If no categories are applicable, check N/A. If GC/MS testing is required, check the box provided to confirm the testing results for the appropriate parameters are provided with the application.

☒ N/A

Table 7 for Applicable Industrial Categories

Industrial Category	40 CFR Part	Volatiles Table 8	Acids Table 9	Bases/Neutrals Table 10	Pesticides Table 11
<input type="checkbox"/> Adhesives and Sealants		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Aluminum Forming	467	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Auto and Other Laundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Battery Manufacturing	461	<input type="checkbox"/> Yes	No	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Coal Mining	434	No	No	No	No
<input type="checkbox"/> Coil Coating	465	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Copper Forming	468	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Electric and Electronic Components	469	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Electroplating	413	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Explosives Manufacturing	457	No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Foundries		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts A,B,C,E	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Gum and Wood Chemicals - Subparts D,F	454	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Inorganic Chemicals Manufacturing	415	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Iron and Steel Manufacturing	420	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Leather Tanning and Finishing	425	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Mechanical Products Manufacturing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Nonferrous Metals Manufacturing	421,471	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Oil and Gas Extraction - Subparts A, D, E, F, G, H	435	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Ore Mining - Subpart B	440	No	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Organic Chemicals Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Paint and Ink Formulation	446,447	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Pesticides	455	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Petroleum Refining	419	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Pharmaceutical Preparations	439	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Photographic Equipment and Supplies	459	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Plastic and Synthetic Materials Manufacturing	414	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Plastic Processing	463	<input type="checkbox"/> Yes	No	No	No
<input type="checkbox"/> Porcelain Enameling	466	No	No	No	No
<input type="checkbox"/> Printing and Publishing		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart C	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts F, K	430	<input type="checkbox"/> *	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts A, B, D, G, H	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> *
<input type="checkbox"/> Pulp and Paperboard Mills - Subparts I, J, L	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *	<input type="checkbox"/> Yes
<input type="checkbox"/> Pulp and Paperboard Mills - Subpart E	430	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> *
<input type="checkbox"/> Rubber Processing	428	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Soap and Detergent Manufacturing	417	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Steam Electric Power Plants	423	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No	No
<input type="checkbox"/> Textile Mills (Not Subpart C)	410	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	No
<input type="checkbox"/> Timber Products Processing	429	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

* Test if believed present.

TABLES 8, 9, 10, and 11 (Instructions, Page 60)

Completion of Tables 8, 9, 10, and 11 **is required** as specified in Table 7 for all **external outfalls** that contain process wastewater.

Completion of Tables 8, 9, 10, and 11 **may be required** for types of industry not specified in Table 7 for specific parameters that are believed to be present in the wastewater.

Table 8 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acrolein					50
Acrylonitrile					50
Benzene					10
Bromoform					10
Carbon tetrachloride					2
Chlorobenzene					10
Chlorodibromomethane					10
Chloroethane					50
2-Chloroethylvinyl ether					10
Chloroform					10
Dichlorobromomethane [Bromodichloromethane]					10
1,1-Dichloroethane					10
1,2-Dichloroethane					10
1,1-Dichloroethylene [1,1-Dichloroethene]					10
1,2-Dichloropropane					10
1,3-Dichloropropylene [1,3-Dichloropropene]					10
Ethylbenzene					10
Methyl bromide [Bromomethane]					50
Methyl chloride [Chloromethane]					50
Methylene chloride [Dichloromethane]					20
1,1,2,2-Tetrachloroethane					10
Tetrachloroethylene [Tetrachloroethene]					10
Toluene					10
1,2-Trans-dichloroethylene [1,2-Trans-dichloroethene]					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
1,1,1-Trichloroethane					10
1,1,2-Trichloroethane					10
Trichloroethylene [Trichloroethene]					10
Vinyl chloride					10

* Indicate units if different from µg/L.

Table 9 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
2-Chlorophenol					10
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					5
Phenol					10
2,4,6-Trichlorophenol					10

* Indicate units if different from µg/L.

Table 10 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Acenaphthene					10
Acenaphthylene					10
Anthracene					10
Benzidine					50
Benzo(a)anthracene					5
Benzo(a)pyrene					5
3,4-Benzofluoranthene [Benzo(b)fluoranthene]					10
Benzo(ghi)perylene					20
Benzo(k)fluoranthene					5
Bis(2-chloroethoxy)methane					10

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Bis(2-chloroethyl)ether					10
Bis(2-chloroisopropyl)ether					10
Bis(2-ethylhexyl)phthalate					10
4-Bromophenyl phenyl ether					10
Butylbenzyl phthalate					10
2-Chloronaphthalene					10
4-Chlorophenyl phenyl ether					10
Chrysene					5
Dibenzo(a,h)anthracene					5
1,2-Dichlorobenzene [o-Dichlorobenzene]					10
1,3-Dichlorobenzene [m-Dichlorobenzene]					10
1,4-Dichlorobenzene [p-Dichlorobenzene]					10
3,3'-Dichlorobenzidine					5
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-Diphenylhydrazine (as Azobenzene)					20
Fluoranthene					10
Fluorene					10
Hexachlorobenzene					5
Hexachlorobutadiene					10
Hexachlorocyclopentadiene					10
Hexachloroethane					20
Indeno(1,2,3-cd)pyrene					5
Isophorone					10
Naphthalene					10
Nitrobenzene					10
N-Nitrosodimethylamine					50

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
N-Nitrosodi-n-propylamine					20
N-Nitrosodiphenylamine					20
Phenanthrene					10
Pyrene					10
1,2,4-Trichlorobenzene					10

* Indicate units if different from µg/L.

Table 11 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
Aldrin					0.01
alpha-BHC [alpha-Hexachlorocyclohexane]					0.05
beta-BHC [beta-Hexachlorocyclohexane]					0.05
gamma-BHC [gamma-Hexachlorocyclohexane]					0.05
delta-BHC [delta-Hexachlorocyclohexane]					0.05
Chlordane					0.2
4,4'-DDT					0.02
4,4'-DDE					0.1
4,4'-DDD					0.1
Dieldrin					0.02
Endosulfan I (alpha)					0.01
Endosulfan II (beta)					0.02
Endosulfan sulfate					0.1
Endrin					0.02
Endrin aldehyde					0.1
Heptachlor					0.01
Heptachlor epoxide					0.01
PCB 1242					0.2
PCB 1254					0.2
PCB 1221					0.2
PCB 1232					0.2
PCB 1248					0.2

Pollutant	Sample 1 (µg/L)*	Sample 2 (µg/L)*	Sample 3 (µg/L)*	Sample 4 (µg/L)*	MAL (µg/L)
PCB 1260					0.2
PCB 1016					0.2
Toxaphene					0.3

* Indicate units if different from µg/L.

Attachment: [Click to enter text.](#)

TABLE 12 (DIOXINS/FURAN COMPOUNDS)

Complete of Table 12 **is required** for **external outfalls**, as directed below. (Instructions, Pages 59-60)

Indicate which compound(s) are manufactured or used at the facility and provide a brief description of the conditions of its/their presence at the facility (check all that apply).

- ☐ 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) CASRN 93-76-5
- ☐ 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP) CASRN 93-72-1
- ☐ 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) CASRN 136-25-4
- ☐ 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnell) CASRN 299-84-3
- ☐ 2,4,5-trichlorophenol (TCP) CASRN 95-95-4
- ☐ hexachlorophene (HCP) CASRN 70-30-4
- ☐ None of the above

Description: [Click to enter text.](#)

Does the applicant or anyone at the facility know or have any reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) or any congeners of TCDD may be present in the effluent proposed for discharge?

- ☐ Yes ☒ No

Description: [Click to enter text.](#)

If **yes** to either Items a **or** b, complete Table 12 as instructed.

Table 12 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDD	1					10
1,2,3,7,8-PeCDD	1.0					50
2,3,7,8-HxCDDs	0.1					50
1,2,3,4,6,7,8-HpCDD	0.01					50

Compound	Toxicity Equivalent Factors	Wastewater Concentration (ppq)	Wastewater Toxicity Equivalents (ppq)	Sludge Concentration (ppt)	Sludge Toxicity Equivalents (ppt)	MAL (ppq)
2,3,7,8-TCDF	0.1					10
1,2,3,7,8-PeCDF	0.03					50
2,3,4,7,8-PeCDF	0.3					50
2,3,7,8-HxCDFs	0.1					50
2,3,4,7,8-HpCDFs	0.01					50
OCDD	0.0003					100
OCDF	0.0003					100
PCB 77	0.0001					500
PCB 81	0.0003					500
PCB 126	0.1					500
PCB 169	0.03					500
Total						

TABLE 13 (HAZARDOUS SUBSTANCES)

Complete Table 13 **is required** for all **external outfalls** as directed below. (Instructions, Pages 60-61)

Are there any pollutants listed in the instructions (pages 55-62) believed present in the discharge?

☐ Yes ☒ No

Are there pollutants listed in Item 1.c. of Technical Report 1.0 which are believed present in the discharge and have not been analytically quantified elsewhere in this application?

☐ Yes ☒ No

If **yes** to either Items a or b, complete Table 13 as instructed.

Table 13 for Outfall No.: **Not Applicable** Samples are (check one): ☐ Composite ☐ Grab

Pollutant	CASRN	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	Analytical Method

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 3.0: LAND APPLICATION OF EFFLUENT

This worksheet **is required** for all applications for a permit to disposal of wastewater by land application (i.e., TLAP)).

Item 1. Type of Disposal System (Instructions, Page 69)

Check the box next to the type of land disposal requested by this application:

- | | |
|--|---|
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Subsurface application |
| <input type="checkbox"/> Evaporation | <input type="checkbox"/> Subsurface soils absorption |
| <input type="checkbox"/> Evapotranspiration beds | <input type="checkbox"/> Surface application |
| <input type="checkbox"/> Drip irrigation system | <input type="checkbox"/> Other, specify: Click to enter text. |

Item 2. Land Application Area (Instructions, Page 69)

Land Application Area Information

Effluent Application (gallons/day)	Irrigation Acreage (acres)	Describe land use & indicate type(s) of crop(s)	Public Access? (Y/N)

Item 3. Annual Cropping Plan (Instructions, Page 69)

Attach the required cropping plan that includes each of the following:

- Cool and warm season plant species
- Breakdown of acreage and percent of total acreage for each crop
- Crop growing season
- Harvesting method/number of harvests
- Minimum/maximum harvest height
- Crop yield goals
- Soils map
- Nitrogen requirements per crop
- Additional fertilizer requirements
- Supplemental watering requirements
- Crop salt tolerances
- Justification for not removing existing vegetation to be irrigated

Attachment:

Item 4. Well and Map Information (Instructions, Page 70)

- a. Check each box to confirm the required information is shown and labeled on the attached USGS map:

- ☐ The exact boundaries of the land application area
- ☐ On-site buildings
- ☐ Waste-disposal or treatment facilities
- ☐ Effluent storage and tailwater control facilities
- ☐ Buffer zones
- ☐ All surface waters in the state onsite and within 500 feet of the property boundaries
- ☐ All water wells within ½-mile of the disposal site, wastewater ponds, or property boundaries
- ☐ All springs and seeps onsite and within 500 feet of the property boundaries

Attachment: [Click to enter text.](#)

- b. List and cross reference all water wells located on or within 500 feet of the disposal site, wastewater ponds, or property boundaries in the following table. Attach additional pages as necessary to include all of the wells.

Well and Map Information Table

Well ID	Well Use	Producing? Y/N/U	Open, cased, capped, or plugged?	Proposed Best Management Practice

Attachment: [Click to enter text.](#)

- c. Groundwater monitoring wells or lysimeters are/will be installed around the land application site or wastewater ponds.

- ☐ Yes ☐ No

If **yes**, provide the existing/proposed location of the monitoring wells or lysimeters on the site map attached for Item 4.a. Additionally, attach information on the depth of the wells or lysimeters, sampling schedule, and monitoring parameters for TCEQ review, possible modification, and approval.

Attachment: [Click to enter text.](#)

- d. Attach a short groundwater technical report using *30 TAC § 309.20(a)(4)* as guidance.

Attachment:

Item 5. Soil Map and Soil Information (Instructions, Page 71)

Check each box to confirm that the following information is attached:

- ☐ USDA NRCS Soil Survey Map depicting the area to be used for land application with the locations identified by fields and crops.
- ☐ Breakdown of acreage and percent of total acreage for each soil type.
- ☐ Copies of laboratory soil analyses. **Attachment:**

Item 6. Effluent Monitoring Data (Instructions, Page 72)

- a. Completion of Table 14 **is required** for all **renewal** and **major amendment** applications. Complete the table with monitoring data for the previous two years for all parameters regulated in the current permit. An additional table has been provided with blank headers for parameters regulated in the current permit which are not listed in Table 14.

Table 14 for Outfall No.: Samples are (check one): ☐ Composite ☐ Grab

Samples are (check one): ☒ Composite ☐ Grab

Composite ☒ Grab

[illegible]

Item 7. Pollutant Analysis (Instructions, Page 72)

- Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- Complete Tables 15 and 16.

Table 15 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)	Sample 2 (mg/L)	Sample 3 (mg/L)	Sample 4 (mg/L)
BOD (5-day)				
CBOD (5-day)				
Chemical oxygen demand				
Total organic carbon				
Dissolved oxygen				
Ammonia nitrogen				
Total suspended solids				
Nitrate nitrogen				
Total organic nitrogen				
Total phosphorus				
Oil and grease				
Total residual chlorine				
Total dissolved solids				
Sulfate				
Chloride				
Fluoride				
Total alkalinity (mg/L as CaCO ₃)				
Temperature (°F)				
pH (standard units)				

Table 16 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Aluminum, total					2.5
Antimony, total					5
Arsenic, total					0.5
Barium, total					3

Pollutant	Sample 1 (µg/L)	Sample 2 (µg/L)	Sample 3 (µg/L)	Sample 4 (µg/L)	MAL (µg/L)
Beryllium, total					0.5
Cadmium, total					1
Chromium, total					3
Chromium, hexavalent					3
Chromium, trivalent					N/A
Copper, total					2
Cyanide, available					2/10
Lead, total					0.5
Mercury, total					0.005/0.0005
Nickel, total					2
Selenium, total					5
Silver, total					0.5
Thallium, total					0.5
Zinc, total					5.0

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.1: SURFACE LAND APPLICATION AND APPLICATION

This worksheet **is required** for all applications for a permit to disposal of wastewater by surface land application or evaporation.

Item 1. Edwards Aquifer (Instructions, Page 73)

a. Is the facility subject to *30 TAC Chapter 213*, Edwards Aquifer Rules?

☐ Yes ☐ No

If **no**, proceed to Item 2. If **yes**, complete Items 1.b and 1.c.

b. Check the box next to the subchapter applicable to the facility.

☐ 30 TAC Chapter 213, Subchapter A
☐ 30 TAC Chapter 213, Subchapter B

c. If *30 TAC Chapter 213, Subchapter A* applies, attach **either**: 1) a Geologic Assessment (if conducted in accordance with *30 TAC § 213.5*) **or** 2) a report that contains the following:

- A description of the surface geological units within the proposed land application site and wastewater pond area.
- The location and extent of any sensitive recharge features in the land application site and wastewater pond area
- A list of any proposed BMPs to protect the recharge features.

Attachment: [Click to enter text.](#)

Item 2. Surface Spray/Irrigation (Instructions, Page 73)

a. Provide the following information on the irrigation operations:

Area under irrigation (acres): [Click to enter text.](#)

Design application rate (acre-ft/acre/yr): [Click to enter text.](#)

Design application frequency (hours/day): [Click to enter text.](#)

Design application frequency (days/week): [Click to enter text.](#)

Design total nitrogen loading rate (lbs nitrogen/acre/year): [Click to enter text.](#)

Average slope of the application area (percent): [Click to enter text.](#)

Maximum slope of the application area (percent): [Click to enter text.](#)

Irrigation efficiency (percent): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

Soil conductivity (mmhos/cm): [Click to enter text.](#)

Curve number: [Click to enter text.](#)

Describe the application method and equipment: [Click to enter text.](#)

- b. Attach a detailed engineering report which includes a water balance, storage volume calculations, and a nitrogen balance. **Attachment:** [Click to enter text.](#)

Item 3. Evaporation Ponds (Instructions, Page 74)

- a. Daily average effluent flow into ponds: [Click to enter text.](#) gallons per day
- b. Attach a separate engineering report of evaporation calculations for average long-term and worst-case critical conditions. **Attachment:** [Click to enter text.](#)

Item 4. Evapotranspiration Beds (Instructions, Page 74)

- a. Provide the following information on the evapotranspiration beds:
- Number of beds: [Click to enter text.](#)
- Area of bed(s) (acres): [Click to enter text.](#)
- Depth of bed(s) (feet): [Click to enter text.](#)
- Void ratio of soil in the beds: [Click to enter text.](#)
- Storage volume within the beds (include units): [Click to enter text.](#)
- Description of any lining to protect groundwater: [Click to enter text.](#)
- b. Attach a certification by a licensed Texas professional engineer that the liner meets TCEQ requirements. **Attachment:** [Click to enter text.](#)
- c. Attach a separate engineering report with water balance, storage volume calculations, and description of the liner. **Attachment:** [Click to enter text.](#)

Item 5. Overland Flow (Instructions, Page 74)

- a. Provide the following information on the overland flow:
- Area used for application (acres): [Click to enter text.](#)
- Slopes for application area (percent): [Click to enter text.](#)
- Design application rate (gpm/foot of slope width): [Click to enter text.](#)
- Slope length (feet): [Click to enter text.](#)
- Design BOD5 loading rate (lbs BOD5/acre/day): [Click to enter text.](#)
- Design application frequency (hours/day): [Click to enter text.](#)
- Design application frequency (days/week): [Click to enter text.](#)
- b. Attach a separate engineering report with the method of application and design requirements according to 30 TAC § 217.212. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.2: SUBSURFACE IRRIGATION (NON-DRIP)

This worksheet **is required** for all applications for a permit to disposal of wastewater by subsurface land application.

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 75)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?
- ☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Subsurface Application (Instructions, Page 75)

- a. Check the box next to the type of subsurface land disposal system requested:
- ☐ Conventional drainfield, beds, or trenches
- ☐ Low pressure dosing
- ☐ Other: [Click to enter text.](#)
- b. Provide the following information on the irrigation operations:
- Application area (acres): [Click to enter text.](#)
- Area of drainfield (square feet): [Click to enter text.](#)
- Application rate (gal/square ft/day): [Click to enter text.](#)
- Depth to groundwater (feet): [Click to enter text.](#)
- Area of trench (square feet): [Click to enter text.](#)
- Dosing duration per area (hours): [Click to enter text.](#)
- Number of beds: [Click to enter text.](#)
- Dosing amount per area (inches/day): [Click to enter text.](#)
- Soil infiltration rate (inches/hour): [Click to enter text.](#)
- Storage volume (gallons): [Click to enter text.](#)
- Area of bed(s) (square feet): [Click to enter text.](#)
- Soil classification: [Click to enter text.](#)
- c. Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 3.3: SUBSURFACE AREA DRIP DISPERSAL SYSTEMS

This worksheet **is required** for all applications for a permit to dispose of wastewater using a subsurface area drip dispersal system (SADDs).

- ☐ Check the box to confirm the Class V Injection Well Inventory/Authorization Form (Worksheet 9.0) has been submitted to the TCEQ UIC Permits Team as directed.

Item 1. Edwards Aquifer (Instructions, Page 76)

- a. The subsurface system is/will be located on the Edwards Aquifer Recharge Zone, as mapped by TCEQ?
- ☐ Yes ☐ No
- b. The subsurface system is/will be located on the Edwards Aquifer Transition Zone, as mapped by TCEQ?
- ☐ Yes ☐ No

If **yes** to Item 1.a **or** 1.b, the subsurface system may be prohibited by *30 TAC § 213.8*. Contact the Water Quality Assessment Section at (512) 239-4671 for a preapplication meeting.

Item 2. Administrative Information (Instructions, Page 76)

- a. Provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the treatment facility: [Click to enter text.](#)
- b. The owner of the land where the WWTF is/will be located is the same as the owner of the WWTF.
- ☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the owner of the land where the WWTF is/will be located: [Click to enter text.](#)

- c. Provide the legal name of the owner of the SADDs: [Click to enter text.](#)
- d. The owner of the SADDs is the same as the owner of the WWTF or the site where the WWTF is/will be located.
- ☐ Yes ☐ No

If **no**, identify the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in Item 1.c: [Click to enter text.](#)

- e. Provide the legal name of the owner of the land where the SADDs is located: [Click to enter text.](#)

- f. The owner of the land where the SADDs is/will be located is the same as owner of the WWTF, the site where the WWTF is located, or the owner of the SADDs.

☐ Yes ☐ No

If **no**, provide the legal name of all corporations or other business entities managed, owned, or otherwise closely related to the entity identified in item 1.e: [Click to enter text.](#)

Item 3. SADDs (Instructions, Page 77)

- a. Check the box next to the type SADDs requested by this application:

☐ Subsurface drip/trickle irrigation
☐ Surface drip irrigation
☐ Other: [Click to enter text.](#)

- b. Attach a description of the SADDs proposed/used by the facility (see instructions for guidance). **Attachment:** [Click to enter text.](#)

- c. Provide the following information on the SADDs:

Application area (acres): [Click to enter text.](#)

Soil infiltration rate (inches/hour): [Click to enter text.](#)

Average slope of the application area: [Click to enter text.](#)

Maximum slope of the application area: [Click to enter text.](#)

Storage volume (gallons): [Click to enter text.](#)

Major soil series: [Click to enter text.](#)

Depth to groundwater (feet): [Click to enter text.](#)

Effluent conductivity (mmhos/cm): [Click to enter text.](#)

- d. The facility is/will be located west of the boundary shown in 30 TAC § 222.83 **and** using a vegetative cover of non-native grasses over seeded with cool-season grasses.

☐ Yes ☐ No

If **yes**, the facility may propose a hydraulic application rate up to, but not to exceed, 0.1 gal/ft²/day.

- e. The facility is/will be located east of the boundary shown in 30 TAC § 222.83 **or** is the facility proposing any crop other than non-native grasses.

☐ Yes ☐ No

If **yes**, the facility must use the formula in 30 TAC § 222.83 to calculate the maximum hydraulic application rate.

- f. The facility has or plans to submit an alternative method to calculate the hydraulic application rate for approval by the ED.

☐ Yes ☐ No

If **yes**, provide the following information on the hydraulic application rates:

- Hydraulic application rate (gal/square foot/day): [Click to enter text.](#)
- Nitrogen application rate (gal/square foot/day): [Click to enter text.](#)

g. Provide the following dosing information:

Number of doses per day: [Click to enter text.](#)

Dosing duration per area (hours): [Click to enter text.](#)

Rest period between doses (hours): [Click to enter text.](#)

Dosing amount per area (inches/day): [Click to enter text.](#)

Number of zones: [Click to enter text.](#)

h. The system is/will be a surface drip irrigation system using existing native vegetation as a crop?

☐ Yes ☐ No

If **yes**, attach the following information:

- A vegetation survey by a certified arborist describing the percent canopy cover and relative percentage of major overstory and understory plant species.
Attachment: [Click to enter text.](#)
- Attach a separate engineering report using *30 TAC § 309.20, Subchapter C, Land Disposal of Sewage Effluent* as guidance, excluding items b(3)(A) and b(3)(B). Include a description of the schedule of dosing basin rotation.
Attachment: [Click to enter text.](#)

Item 4. Required Plans (Instructions, Page 78)

a. Attach a Soil Evaluation with all information required in *30 TAC § 222.73*.

Attachment: [Click to enter text.](#)

b. Attach a Site Preparation Plan with all information required in *30 TAC § 222.75*.

Attachment: [Click to enter text.](#)

c. Attach a Recharge Feature Plan with all information required in *30 TAC § 222.79*.

Attachment: [Click to enter text.](#)

d. Provide soil sampling and testing with all information required in *30 TAC § 222.157*.

Attachment: [Click to enter text.](#)

Item 5. Flood and Run-On Protection (Instructions, Page 79)

a. Is the existing/proposed SADDs located within the 100-year frequency flood level?

☐ Yes ☐ No

Source: [Click to enter text.](#)

If **yes**, describe how the site will be protected from inundation: [Click to enter text.](#)

b. Is the existing/proposed SADDs within a designated floodway?

☐ Yes ☐ No

If **yes**, attach either the FEMA flood map or alternate information used to make this determination. **Attachment:** [Click to enter text.](#)

Item 6. Surface Waters in The State (Instructions, Page 79)

a. Attach a buffer map which shows the appropriate buffers on surface waters in the state, water wells, and springs/seeps. **Attachment:** [Click to enter text.](#)

b. The facility has or plans to request a buffer variance from water wells or waters in the state?

☐ Yes ☐ No

If **yes**, attach the additional information required in *30 TAC § 222.81(c)*. **Attachment:** [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.0: RECEIVING WATERS

This worksheet **is required** for all TPDES permit applications.

Item 1. Domestic Drinking Water Supply (Instructions, Page 80)

- a. There is a surface water intake for domestic drinking water supply located within 5 (five) miles downstream from the point/proposed point of discharge.

☐ Yes ☒ No

If **no**, stop here and proceed to Item 2. If **yes**, provide the following information:

1. The legal name of the owner of the drinking water supply intake: [Click to enter text.](#)
2. The distance and direction from the outfall to the drinking water supply intake: [Click to enter text.](#)

- b. Locate and identify the intake on the USGS 7.5-minute topographic map provided for Administrative Report 1.0.

☐ Check this box to confirm the above requested information is provided.

Item 2. Discharge Into Tidally Influenced Waters (Instructions, Page 80)

If the discharge is to tidally influenced waters, complete this section. Otherwise, proceed to Item 3.

- a. Width of the receiving water at the outfall: [Approximately 5](#) feet

- b. Are there oyster reefs in the vicinity of the discharge?

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the oyster reefs: [Click to enter text.](#)

- c. Are there sea grasses within the vicinity of the point of discharge?

☐ Yes ☒ No

If **yes**, provide the distance and direction from the outfall(s) to the grasses: [Click to enter text.](#)

Item 3. Classified Segment (Instructions, Page 80)

The discharge is/will be directly into (or within 300 feet of) a classified segment.

☐ Yes ☒ No

If **yes**, stop here and do not complete Items 4 and 5 of this worksheet or Worksheet 4.1.

If **no**, complete Items 4 and 5 and Worksheet 4.1 may be required.

Item 4. Description of Immediate Receiving Waters (Instructions, Page 80)

a. Name of the immediate receiving waters: Unnamed ditch to GCDD No.2 Unnamed Ditch within the ditch 6 system

b. Check the appropriate description of the immediate receiving waters:

☐ Lake or Pond

- Surface area (acres): Click to enter text.

- Average depth of the entire water body (feet): Click to enter text.

- Average depth of water body within a 500-foot radius of the discharge point (feet): Click to enter text.

☒ Man-Made Channel or Ditch

☐ Stream or Creek

☐ Freshwater Swamp or Marsh

☐ Tidal Stream, Bayou, or Marsh

☐ Open Bay

☐ Other, specify:

If **Man-Made Channel or Ditch** or **Stream or Creek** were selected above, provide responses to Items 4.c – 4.g below:

c. For **existing discharges**, check the description below that best characterizes the area **upstream** of the discharge.

For **new discharges**, check the description below that best characterizes the area **downstream** of the discharge.

☐ Intermittent (dry for at least one week during most years)

☒ Intermittent with Perennial Pools (enduring pools containing habitat to maintain aquatic life uses)

☐ Perennial (normally flowing)

Check the source(s) of the information used to characterize the area upstream (existing discharge) or downstream (new discharge):

☐ USGS flow records

☒ personal observation

☐ historical observation by adjacent landowner(s)

☒ other, specify: Galveston County District No. 2 Records

d. List the names of all perennial streams that join the receiving water within three miles downstream of the discharge point: None

- e. The receiving water characteristics change within three miles downstream of the discharge (e.g., natural or man-made dams, ponds, reservoirs, etc.).

☒ Yes ☐ No

If **yes**, describe how: Wet, with water pooling

- f. General observations of the water body during normal dry weather conditions: Intermittent with pooling water.

Date and time of observation: 2/28/2018 1:47PM

- g. The water body was influenced by stormwater runoff during observations.

☐ Yes ☒ No

If **yes**, describe how: Click to enter text.

Item 5. General Characteristics of Water Body (Instructions, Page 81)

- a. Is the receiving water upstream of the existing discharge or proposed discharge site influenced by any of the following (check all that apply):

<input type="checkbox"/> oil field activities	<input type="checkbox"/> urban runoff
<input type="checkbox"/> agricultural runoff	<input type="checkbox"/> septic tanks
<input type="checkbox"/> upstream discharges	<input type="checkbox"/> other, specify: <u>Click to enter text.</u>

- b. Uses of water body observed or evidence of such uses (check all that apply):

<input type="checkbox"/> livestock watering	<input type="checkbox"/> industrial water supply
<input type="checkbox"/> non-contact recreation	<input type="checkbox"/> irrigation withdrawal
<input type="checkbox"/> domestic water supply	<input type="checkbox"/> navigation
<input type="checkbox"/> contact recreation	<input type="checkbox"/> picnic/park activities
<input type="checkbox"/> fishing	<input type="checkbox"/> other, specify: <u>Click to enter text.</u>

- c. Description which best describes the aesthetics of the receiving water and the surrounding area (check only one):

☐ **Wilderness:** outstanding natural beauty; usually wooded or un-pastured area: water clarity exceptional

☒ **Natural Area:** trees or native vegetation common; some development evident (from fields, pastures, dwellings); water clarity discolored

☐ **Common Setting:** not offensive, developed but uncluttered; water may be colored or turbid

☐ **Offensive:** stream does not enhance aesthetics; cluttered; highly developed; dumping areas; water discolored

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 4.1: WATERBODY PHYSICAL CHARACTERISTICS

The following information **is required** for new applications, EPA-designated Major facilities, and major amendment applications requesting to add an outfall if the receiving waters are perennial or intermittent with perennial pools (including impoundments) for a TDPES permit.

Complete the transects downstream of the existing or proposed discharges.

Item 1. Data Collection (Instructions, Page 82)

- a. Date of study: [Click to enter text.](#) Time of study: [Click to enter text.](#)
 Waterbody name: [Click to enter text.](#)
 General location: [Click to enter text.](#)
- b. Type of stream upstream of an existing discharge or downstream of a proposed discharge (check only one):
☐ perennial ☐ intermittent with perennial pools ☐ impoundment
- c. No. of defined stream bends:
 Well: [Click to enter text.](#) Moderately: [Click to enter text.](#) Poorly: [Click to enter text.](#)
- d. No. of riffles: [Click to enter text.](#)
- e. Evidence of flow fluctuations (check one):
☐ Minor ☐ Moderate ☐ Severe
- f. Provide the observed stream uses and where there is evidence of channel obstructions/modifications: [Click to enter text.](#)
- g. Complete the following table with information regarding the transect measurements.

Stream Transect Data

Transect Location	Habitat Type*	Water Surface Width (ft)	Stream Depths (ft)**								

* riffle, run, glide, or pool
 ** channel bed to water surface

Item 2. Summarize Measurements (Instructions, Page 83)

Provide the following information regarding the transect measurements:

Streambed slope of entire reach (from USGS map in ft. /ft.): [Click to enter text.](#)

Approximate drainage area above the most downstream transect from USGS map or county highway map (square miles): [Click to enter text.](#)

Length of stream evaluated (ft): [Click to enter text.](#)

Number of lateral transects made: [Click to enter text.](#)

Average stream width (ft): [Click to enter text.](#)

Average stream depth (ft): [Click to enter text.](#)

Average stream velocity (ft/sec): [Click to enter text.](#)

Instantaneous stream flow (ft³/sec): [Click to enter text.](#)

Indicate flow measurement method (VERY IMPORTANT – type of meter, floating chip timed over a fixed distance, etc.): [Click to enter text.](#)

Flow fluctuations (i.e., minor, moderate, or severe): [Click to enter text.](#)

Size of pools (i.e., large, small, moderate, or none): [Click to enter text.](#)

Maximum pool depth (ft): [Click to enter text.](#)

Total number of stream bends: [Click to enter text.](#)

Number well defined: [Click to enter text.](#)

Number moderately defined: [Click to enter text.](#)

Number poorly defined: [Click to enter text.](#)

Total number of riffles: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 5.0: SEWAGE SLUDGE MANAGEMENT AND DISPOSAL

The following information **is required** for all TPDES permit applications that meet the conditions as outlined in Technical Report 1.0, Item 7.

Item 1. Sewage Sludge Solids Management Plan (Instructions, Page 84)

a. Is this a new permit application or an amendment permit application?

☐ Yes ☐ No

b. Does or will the facility discharge in the Lake Houston watershed?

☐ Yes ☐ No

If **yes** to either Item 1.a or 1.b, attach a solids management plan. **Attachment:** [Click to enter text.](#)

Item 2. Sewage Sludge Management and Disposal (Instructions, Page 84)

a. Check the box next to the sludge disposal method(s) authorized under the facility's existing permit (check all that apply).

- ☐ Permitted landfill
- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Registered land application site, attach Form TCEQ-00565
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Transported to another WWTP
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach the required TCEQ forms as directed. Failure to submit the required TCEQ form will result in delays in processing the application

Attachment: [Click to enter text.](#)

b. Provide the following information for each disposal site:

Disposal site name: [Click to enter text.](#)

TCEQ Permit/Registration Number: [Click to enter text.](#)

County where disposal site is located: [Click to enter text.](#)

c. Method of sewage sludge transportation:

☐ truck ☐ train ☐ pipe ☐ other: [Click to enter text.](#)

TCEQ Hauler Registration Number: [Click to enter text.](#)

d. Sludge is transported as a:

☐ liquid ☐ semi-liquid ☐ semi-solid ☐ solid

e. Purpose of land application: ☐ reclamation ☐ soil conditioning ☐ N/A

f. If sewage sludge is transported to another WWTP for treatment, attach a written statement or copy of contractual agreements confirming that the WWTP identified above will accept and be responsible for the sludge from this facility for the life of the permit (at least 5 years).

Attachment: [Click to enter text.](#)

Item 3. Authorization for Sewage Sludge Disposal (Instructions, Page 85)

If this is a new or major amendment application which requests authorization of a new sewage sludge disposal method, check the new sewage disposal method(s) requested for authorization (check all that apply):

- ☐ Marketing and distribution by the permittee, attach Form TCEQ-00551
- ☐ Processed by the permittee, attach Form TCEQ-00744
- ☐ Surface disposal site (sludge monofill), attach Form TCEQ-00744
- ☐ Beneficial land application, attach Form TCEQ-10451
- ☐ Incineration, attach Form TCEQ-00744

Based on the selection(s) made above, complete and attach any required TCEQ forms, as directed. Failure to submit the required TCEQ form will result in delays in processing the application.

Attachment: [Click to enter text.](#)

NOTE: New authorization for beneficial land application, incineration, processing, or disposal in the TPDES permit or TLAP **requires a major amendment to the permit.** New authorization for composting may require a major amendment to the permit. See the instructions to determine if a major amendment is required or if authorization for composting can be added through the renewal process.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 6.0: INDUSTRIAL WASTE CONTRIBUTION

The following information is **required** for all applications for publicly-owned treatment works (POTWs).

For an explanation of the terms used in this worksheet, refer to the General Definitions on pages 4-12 and the Definitions Relating to Pretreatment on pages 13-14 of the Instructions.

Item 1. All POTWs (Instructions, Page 86)

- a. Complete the following table with the number of each type of industrial users (IUs) that discharge to the POTW and the daily average flows from each.

Industrial User Information

Type of Industrial User	Number of Industrial Users	Daily Average Flow (gallons per day)
CIU		
SIU - Non-categorical		
Other IU		

- b. In the past three years, has the POTW experienced treatment plant interference?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, nature of interference, and probable cause(s) and possible source(s) of each interference event. Include the names of the IU(s) that may have caused the interference: [Click to enter text.](#)

- c. In the past three years, has the POTW experienced pass-through?

☐ Yes ☐ No

If **yes**, identify the date(s), duration, pollutants passing through the treatment plant, and probable cause(s) and possible source(s) of each pass-through event. Include the names of the IU(s) that may have caused the pass-through: [Click to enter text.](#)

- d. Does the POTW have, or is it required to develop, an approved pretreatment program?

☐ Yes ☐ No

If **yes**, answer all questions in Item 2 and skip Item 3.

If **no**, skip Item 2 and answer all questions in Item 3 for each SIU and CIU.

Item 2. POTWs With Approved Pretreatment Programs or Those Required To Develop A Pretreatment Program (Instructions, Page 86)

- a. Have there been any substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ) for approval according to 40 CFR § 403.18?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all substantial modifications that have not been submitted to the TCEQ and the purpose of the modifications.

Attachment: [Click to enter text.](#)

- b. Have there been any non-substantial modifications to the POTW's approved pretreatment program that have not been submitted to the Approval Authority (TCEQ)?

☐ Yes ☐ No

If **yes**, include an attachment which identifies all non-substantial modifications that have not been submitted to the TCEQ and the purpose of the modification.

Attachment: [Click to enter text.](#)

- c. List all parameters measured above the MAL in the POTW's effluent monitoring during the last three years:

Effluent Parameters Measured Above the MAL

Pollutant	Concentration	MAL	Units	Date

Attachment: [Click to enter text.](#)

- d. Has any SIU, CIU, or other IU caused or contributed to any other problems (excluding interference or pass-through) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including date(s), duration, description of problems, and probable pollutants. Include the name(s) of the SIU(s)/CIU(s)/other IU(s) that may have caused or contributed to any of the problems: [Click to enter text.](#)

Item 3. Significant Industrial User and Categorical Industrial User Information (Instructions, Pages 88-87)

POTWs that **do not** have an approved pretreatment program **are required** to provide the following information for each SIU and CIU:

- a. Mr. or Ms.: [Click to enter text.](#) First/Last Name: [Click to enter text.](#)

Organization Name: [Click to enter text.](#)

SIC Code: [Click to enter text.](#)

Phone number: [Click to enter text.](#)

Email address: [Click to enter text.](#)

Physical Address: [Click to enter text.](#)

City/State/ZIP Code: [Click to enter text.](#)

Attachment: [Click to enter text.](#)

- b. Describe the industrial processes or other activities that affect or contribute to the SIU(s) or CIU(s) discharge (e.g., process and non-process wastewater): [Click to enter text.](#)

c. Provide a description of the principal products(s) or service(s) performed: [Click to enter text.](#)

d. Flow rate information

Flow Rate Information

Effluent Type	Discharge Day (gallons per day)	Discharge Frequency (Continuous, batch, or intermittent)
Process Wastewater		
Non-process Wastewater		

e. Pretreatment Standards

1. Is the SIU or CIU subject to technology-based local limits as defined in the application instructions?

☐ Yes ☐ No

2. Is the SIU subject to categorical pretreatment standards?

☐ Yes ☐ No

If **yes**, provide the category and subcategory or subcategories in the SIUs Subject To Categorical Pretreatment Standards table.

SIUs Subject to Categorical Pretreatment Standards

Category in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR	Subcategory in 40 CFR

f. Has the SIU or CIU caused or contributed to any problem(s) (e.g., interferences, pass through, odors, corrosion, blockages) at the POTW in the past three years?

☐ Yes ☐ No

If **yes**, provide a description of each episode, including dates, duration, description of problems, and probable pollutants, and include the name(s) of the SIU(s)/CIU(s) that may have caused or contributed to the problem(s): [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 7.0: STORMWATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges consisting of **either**: 1) solely of stormwater discharges associated with industrial activities, as defined in *40 CFR § 122.26(b)(14)(i-xi)*, **or** 2) stormwater discharges associated with industrial activities and any of the listed allowable non-stormwater discharges, as defined in the MSGP (TXR05000), Part II, Section A, Item 6.

Discharges of stormwater as defined in *40 CFR § 122.26 (b)(13)* are not required to obtain authorization under a TPDES permit (see exceptions at *40 CFR §§ 122.26(a)(1)* and *(9)*). Authorization for discharge may be required from a local municipal separate storm sewer system.

Item 1. Applicability (Instructions, Page 89)

Do discharges from any of the existing/proposed outfalls consist either 1) solely of stormwater discharges associated with industrial activities **or** 2) stormwater discharges associated with industrial activities and any of the allowable non-stormwater discharges?

☐ Yes ☒ No

If **no**, stop here. If **yes**, proceed as directed.

Item 2. Stormwater Coverage (Instructions, Page 89)

List each existing/proposed stormwater outfall at the facility and indicate which type of authorization covers or is proposed to cover discharges.

Authorization Coverage

Outfall	Authorization under MSGP	Authorized Under Individual Permit
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

If **all** existing/proposed outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) are **authorized under the MSGP**, **stop** here.

If **seeking authorization** for any outfalls which discharge stormwater associated with industrial activities (and any of the allowable non-stormwater discharges) **under an individual permit**, **proceed**.

NOTE: The following information is required for each existing/proposed stormwater outfall for which the facility is seeking individual permit authorization under this application

Item 3. Site Map (Instructions, Page 90)

Attach a site map or maps (drawn to scale) of the entire facility with the following information.

- the location of each stormwater outfall to be covered by the permit
- an outline of the drainage area that is within the facility's boundary and that contributes stormwater to each outfall to be covered by the permit
- connections or discharge points to municipal separate storm sewer systems
- locations of all structures (e.g. buildings, garages, storage tanks)
- structural control devices that are designed to reduce pollution in discharges of stormwater associated with industrial activities
- process wastewater treatment units (including ponds)
- bag house and other air treatment units exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)
- landfills; scrapyards; surface water bodies (including wetlands)
- vehicle and equipment maintenance areas
- physical features of the site that may influence discharges of stormwater associated with industrial activities or contribute a dry weather flow
- locations where spills or leaks of reportable quality (as defined in *30 TAC § 327.4*) have occurred during the three years before this application was submitted to obtain coverage under an individual permit
- processing areas, storage areas, material loading/unloading areas, and other locations where significant materials are exposed to stormwater (stormwater runoff, snow melt runoff, and surface runoff and drainage)

☐ Check the box to confirm all above information was provided on the facility site map(s).

Attachment: [Click to enter text.](#)

Item 4. Facility/Site Information (Instructions, Page 90)

- a. Provide the area of impervious surface and the total area drained by each stormwater outfall requested for authorization by this permit application.

Impervious Surfaces

Outfall	Area of Impervious Surface (include units)	Total Area Drained (include units)

- b. Provide the following local area rainfall information and the source of the information.
Wettest month: [Click to enter text.](#)
Average rainfall for wettest month (total inches): [Click to enter text.](#)
25-year, 24-hour rainfall (inches): [Click to enter text.](#)
Source: [Click to enter text.](#)
- c. Attach an inventory, or list, of materials currently handled at the facility that may be exposed to precipitation. **Attachment:** [Click to enter text.](#)
- d. Attach narrative descriptions of the industrial processes and activities involving the materials in the above-listed inventory that occur outdoors or in some manner that may result in exposure of the materials to precipitation or runoff (see instructions for guidance). **Attachment:** [Click to enter text.](#)
- e. Describe any BMPs and controls the facility uses/proposes to prevent or effectively reduce pollution in stormwater discharges from the facility: [Click to enter text.](#)

Item 5. Pollutant Analysis (Instructions, Page 91)

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Complete Table 17 as directed on page 92 of the Instructions.

Table 17 for Outfall No.: [Click to enter text.](#)

Pollutant	Grab Sample* Maximum (mg/L)	Composite Sample** Maximum (mg/L)	Grab Sample* Average (mg/L)	Composite Sample** Average (mg/L)	Number of Storm Events Sampled	MAL (mg/L)
pH (standard units)	(max)	—	(min)	—		—
Total suspended solids						—
Chemical oxygen demand						—
Total organic carbon						—
Oil and grease						—
Arsenic, total						0.0005
Barium, total						0.003
Cadmium, total						0.001
Chromium, total						0.003
Chromium, trivalent						—
Chromium, hexavalent						0.003
Copper, total						0.002

Item 6. Storm Event Data (Instructions, Page 93)

Provide the following data for the storm event(s) which resulted in the maximum values for the analytical data submitted:

Date of storm event: [Click to enter text.](#)

Duration of storm event (minutes): [Click to enter text.](#)

Total rainfall during storm event (inches): [Click to enter text.](#)

Number of hours the between beginning of the storm measured and the end of the previous measurable storm event (hours): [Click to enter text.](#)

Maximum flow rate during rain event (gallons/minute): [Click to enter text.](#)

Total stormwater flow from rain event (gallons): [Click to enter text.](#)

Provide a description of the method of flow measurement or estimate:

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 8.0: AQUACULTURE

This worksheet **is required** for all TPDES permit applications requesting individual permit coverage for discharges of aquaculture wastewater.

Item 1. Facility/Site Information (Instructions, Page 94)

- a. Complete the following table with information regarding production ponds, raceways, and fabricated tanks at the facility.

Production Pond Descriptions

Number of Ponds	Dimensions (include units)	Area of Each Pond (include units)	Number of Ponds x Area of Ponds (include Units)

Total surface area of all ponds: [Click to enter text.](#)

Raceway Descriptions

Number of Raceways	Dimensions (include units)

Fabricated Tank Descriptions

Number of Tanks	Dimensions (include units)

b. Does the facility have a TPWD-approved emergency plan?

☐ Yes ☐ No

If **yes**, attach a copy of the approved plan.

Attachment: [Click to enter text.](#)

c. Does the facility have an aquatic plant transplant authorization?

☐ Yes ☐ No

If **yes**, attach a copy of the authorization letter.

Attachment: [Click to enter text.](#)

d. Provide the number of aquaculture facilities located within 25-miles of this facility: [Click to enter text.](#)

Item 2. Species Identification (Instructions, Page 95)

Complete the following table regarding each species raised, source, origin, and disease status of the stock. Identify and attach copies of any current relevant authorizations or permits that authorize the species.

Stock Species Information

Species	Source of Stock	Origin of Stock	Disease Status	Authorizations

Attachment: [Click to enter text.](#)

Item 3. Stock Management Plan (Instructions, Page 95)

Attach a detailed stock management plan: [Click to enter text.](#)

Item 4. Water Treatment and Discharge Description (Instructions, Page 96)

Attach a detailed description of the discharge practices and water treatment process(es): [Click to enter text.](#)

Item 5. Solid Waste Management (Instructions, Page 96)

Attach a description of the solid waste-disposal practices: [Click to enter text.](#)

Item 6. Site Assessment Report (Instructions, Page 96)

All new and expanding commercial shrimp facilities located/to be located within the coastal zone must attach a detailed site assessment report which identifies sensitive aquatic habitats within the coastal zone: [Click to enter text.](#)

WORKSHEET 9.0

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

CLASS V INJECTION WELL INVENTORY/AUTHORIZATION FORM

Submit the completed form to:

TCEQ
IUC Permits Team
Radioactive Materials Division
MC-233
PO Box 13087
Austin, Texas 78711-3087
512-239-6466

For TCEQ Use Only

Reg. No. _____

Date Received _____

Date Authorized _____

Item 1. General Information (Instructions Page 99)

1. TCEQ Program Area

Program Area (PST, VCP, IHW, etc.): [Click to enter text.](#)

Program ID: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

2. Agent/Consultant Contact Information

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

3. Owner/Operator Contact Information

☐ Owner ☐ Operator

Owner/Operator Name: [Click to enter text.](#)

Contact Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

4. Facility Contact Information

Facility Name: [Click to enter text.](#)

Address: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Location description (if no address is available): [Click to enter text.](#)

Facility Contact Person: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

5. Latitude and Longitude, in degrees-minutes-seconds

Latitude: [Click to enter text.](#)

Longitude: [Click to enter text.](#)

Method of determination (GPS, TOPO, etc.): [Click to enter text.](#)

Attach topographic quadrangle map as attachment A.

6. Well Information

Type of Well Construction, select one:

- ☐ Vertical Injection
- ☐ Subsurface Fluid Distribution System
- ☐ Infiltration Gallery
- ☐ Temporary Injection Points
- ☐ Other, Specify: [Click to enter text.](#)

Number of Injection Wells: [Click to enter text.](#)

7. Purpose

Detailed Description regarding purpose of Injection System:

[Click to enter text.](#)

Attach a Site Map as Attachment B (Attach the Approved Remediation Plan, if appropriate.)

8. Water Well Driller/Installer

Water Well Driller/Installer Name: [Click to enter text.](#)

City, State, and Zip Code: [Click to enter text.](#)

Phone Number: [Click to enter text.](#)

License Number: [Click to enter text.](#)

Item 2. Proposed Down Hole Design

Attach a diagram signed and sealed by a licensed engineer as Attachment C.

Down Hole Design Table

Name of String	Size	Setting Depth	Sacks Cement/Grout – Slurry Volume – Top of Center	Hole Size	Weight (lbs/ft) PVC/Steel
Casing					
Tubing					
Screen					

Item 3. Proposed Trench System, Subsurface Fluid Distribution System, or Infiltration Gallery

Attach a diagram signed and sealed by a licensed engineer as Attachment D.

System(s) Dimensions: [Click to enter text.](#)

System(s) Construction: [Click to enter text.](#)

Item 4. Site Hydrogeological and Injection Zone Data

1. Name of Contaminated Aquifer: [Click to enter text.](#)

2. Receiving Formation Name of Injection Zone: [Click to enter text.](#)

3. Well/Trench Total Depth: [Click to enter text.](#)

4. Surface Elevation: [Click to enter text.](#)

5. Depth to Ground Water: [Click to enter text.](#)

6. Injection Zone Depth: [Click to enter text.](#)

7. Injection Zone vertically isolated geologically? ☐ Yes ☐ No

Impervious Strata between Injection Zone and nearest Underground Source of Drinking Water:

Name: [Click to enter text.](#)

Thickness: [Click to enter text.](#)

8. Attach a list of contaminants and the levels (ppm) in contaminated aquifer as Attachment E.

9. Attach the Horizontal and Vertical extent of contamination and injection plume as Attachment F.

10. Attach Formation (Injection Zone) Water Chemistry (Background levels) TDS, etc., as Attachment G.

11. Injection Fluid Chemistry in PPM at point of injection. Attach as Attachment H.

12. Lowest Known Depth of Ground Water with < 10,000 PPM TDS: [Click to enter text.](#)

13. Maximum injection Rate/Volume/Pressure: [Click to enter text.](#)

14. Water wells within 1/4 mile radius (attach map as Attachment I): [Click to enter text.](#)

15. Injection wells within 1/4 mile radius (attach map as Attachment J): [Click to enter text.](#)

16. Monitor wells within 1/4 mile radius (attach drillers logs and map as Attachment K): [Click to enter text.](#)

17. Sampling frequency: [Click to enter text.](#)

18. Known hazardous components in injection fluid: [Click to enter text.](#)

Item 5. Site History

1. Type of Facility: [Click to enter text.](#)
2. Contamination Dates: [Click to enter text.](#)
3. Original Contamination (VOCs, TPH, BTEX, etc.) and Concentrations. Attach as Attachment L.
4. Previous Remediation. Attach results of any previous remediation as Attachment M.

NOTE: Authorization Form should be completed in detail and authorization given by the TCEQ before construction, operation, and/or conversion can begin. Attach additional pages as necessary.

Item 6. CLASS V INJECTION WELL DESIGNATIONS

- 5A07 Heat Pump/AC return (IW used for groundwater to heat or cool buildings)
- 5A19 Industrial Cooling Water Return Flow (IW used to cool industrial process equipment)
- 5B22 Salt Water Intrusion Barrier (IW used to inject fluids to prevent the intrusion of salt water into an aquifer)
- 5D02 Stormwater Drainage (IW designed for the disposal of rain water)
- 5D04 Industrial Stormwater Drainage Wells (IW designed for the disposal of rain water associated with industrial facilities)
- 5F01 Agricultural Drainage (IW that receive agricultural runoff)
- 5R21 Aquifer Recharge (IW used to inject fluids to recharge an aquifer)
- 5S23 Subsidence Control Wells (IW used to control land subsidence caused by groundwater withdrawal)
- 5W09 Untreated Sewage
- 5W10 Large Capacity Cesspools (Cesspools that are designed for 5,000 gpd or greater)
- 5W11 Large Capacity Septic systems (Septic systems designed for 5,000 gpd or greater)
- 5W12 WTPP disposal
- 5W20 Industrial Process Waste-disposal Wells
- 5W31 Septic System (Well Disposal method)
- 5W32 Septic System Drainfield Disposal
- 5X13 Mine Backfill (IW used to control subsidence, dispose of mining byproducts, or fill sections of a mine)
- 5X25 Experimental Wells (Pilot Test) (IW used to test new technologies or tracer dye studies)
- 5X26 Aquifer Remediation (IW used to clean up, treat, or prevent contamination of a USDW)
- 5X27 Other Wells
- 5X28 Motor Vehicle Waste-disposal Wells (IW used to dispose of waste from a motor vehicle site - These are currently banned)
- 5X29 Abandoned Drinking Water Wells (waste disposal)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 10.0: QUARRIES IN THE JOHN GRAVES SCENIC RIVERWAY

This worksheet **is required** for all applications for individual permits for a municipal solid waste facility or mining facility located within a Water Quality Protection Area in the John Graves Scenic Riverway. **Note: Review 30 TAC §§ 311.71-311.82 thoroughly prior to completing any portion of this worksheet.**

Item 1. Exclusions (Instructions, Page 100)

- a. Is this a municipal solid waste facility?
☐ Yes ☐ No
- b. Has this quarry been in operation since January 1, 1994 without cessation of operation for more than 30 consecutive days and under the same ownership?
☐ Yes ☐ No
- c. Is this a coal mine?
☐ Yes ☐ No
- d. Is this facility mining clay and/or shale for use in manufacturing structural clay products?
☐ Yes ☐ No

If **yes** to **any** above question, **stop here**. The facility is required to maintain documentation, as outlined in 30 TAC § 311.72(c), at the facility to demonstrate the exclusion(s).

Item 2. Location of the Quarry (Instructions, Page 101)

Check the box next to the distance between the quarry and the nearest navigable water body:

- ☐ < 200 feet ☐ 200 feet – 1,500 feet ☐ 1,500 feet – 1 mile ☐ > 1 mile

NOTE: The construction or operation of any new quarry or expansion of any existing quarry **is prohibited** within 200 feet of any water body located within a Water Quality Protection Area in the John Graves Scenic Riverway.

Item 3. Additional Requirements (Instructions, Page 101)

Use the table in the Instructions to determine if additional application requirements apply to the facility based on distance between the quarry and the nearest waterway. Attach as appropriate or enter N/A.

- a. Attach a Restoration Plan: [Click to enter text.](#)
- b. Amount of Financial Assurance for Restoration: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)
- c. Attach a Technical Demonstration: [Click to enter text.](#)
- d. Attach a Reclamation Plan: [Click to enter text.](#)
- e. Amount of Financial Assurance for Reclamation: \$ [Click to enter text.](#)
Mechanism: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.0: COOLING WATER SYSTEM INFORMATION

This worksheet is **required** for all TPDES permit applications that meet the conditions outlined in Technical Report 1.0, Item 12.

Item 1. Cooling Water System Data (Instructions, Page 104)

a. Complete the following table with information regarding the cooling water system.

Cooling Water System Data

Parameter	Volume (include units)
Total DIF	
Total AIF	
Intake Flow Use(s) (%)	
Contact cooling	
Non-contact cooling	
Process Wastewater	
Other	

b. Attach the following information:

1. A narrative description of the design and annual operation of the facility's cooling water system and its relationship to the CWIS(s).
2. A scaled map depicting the location of each CWIS, impoundment, intake pipe, and canals, pipes, or waterways used to convey cooling water to, or within, the cooling water system. Provide the latitude and longitude for each CWIS and any intake pipe(s) on the map. Indicate the position of the intake pipe within the water column.
3. A description of water reuse activities, if applicable, reductions in total water withdrawals, if applicable, and the proportion of the source waterbody withdrawn (on a monthly basis).
4. Design and engineering calculations prepared by a qualified professional and data to support the information provided in above item a.
5. Previous year (a minimum of 12 months) of AIF data.
6. A narrative description of existing or proposed impingement and entrainment technologies or operation measures and a summary of their performance, including, but not limited to, reductions in impingement mortality and entrainment due to intake location and reductions in total water withdrawals and usage.

Attachment: [Click to enter text.](#)

Item 2. Cooling Water Intake Structure(s) Data (Instructions, Page 105)

- a. Complete the following table with information regarding each cooling water intake structure (this includes primary and make-up CWIS(s)).

Cooling Water Intake Structure(s) Data

CWIS ID				
DIF (include units)				
AIF (include units)				
Intake Flow Use(s) (%)				
Contact cooling				
Non-contact cooling				
Process Wastewater				
Other				
Latitude (decimal degrees)				
Longitude (decimal degrees)				

- b. Attach the following information regarding the CWIS(s):
1. A narrative description of the configuration of each CWIS, annual and daily operation, including any seasonal changes, and where it is located in the water body and in the water column.
 2. Engineering calculations for each CWIS.

Attachment: [Click to enter text.](#)

Item 3. Source Water Physical Data (Instructions, Page 105)

- a. Complete the following table with information regarding the CWIS(s) source waterbody (this includes primary and make-up CWIS(s)).

Source Waterbody Data

CWIS ID				
Source Waterbody				
Mean Annual Flow				
Source				

- b. Attach the following information regarding the source waterbody.
1. A narrative description of the source water for each CWIS, including areal dimensions, depths, salinity and temperature regimes, and other documentation that supports this determination of the water body type where each cooling water intake structure is located.

2. A narrative description of the source waterbody's hydrological and geomorphological features.
3. Scaled drawings showing the physical configuration of all source water bodies used by the facility, including the source waterbody's hydrological and geomorphological features. **NOTE:** The source waterbody's hydrological and geomorphological features may be included on the map submitted for item 1.b.ii of this worksheet.
4. A description of the methods used to conduct any physical studies to determine the intake's area of influence within the waterbody and the results of such studies.

Attachment: [Click to enter text.](#)

Item 4. Operational Status (Instructions, Page 106)

- a. Is this application for a power production or steam generation facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.b. If **yes**, provide the following information as an attachment:

1. Describe the operating status of each individual unit, including age, capacity utilization rate (or equivalent) for the previous five years (a minimum of 60 months), and any seasonal changes in operation.
2. Describe any extended or unusual outages or other factors which significantly affect current data for flow, impingement, entrainment.
3. Identify any operating unit with a capacity utilization rate of less than 8 percent averaged over a contiguous period of two years (a minimum of 24 months).
4. Describe any major upgrades completed within the last 15 years, including but not limited to boiler replacement, condenser replacement, turbine replacement, or changes of fuel type.

Attachment: [Click to enter text.](#)

- b. Process Units

1. Is this application for a facility which has process units that use cooling water (other than for power production or steam generation)?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, continue.

2. Does the facility use or intend to use reductions in flow or changes in operations to meet the requirements of *40 CFR § 125.94(c)*?

☐ Yes ☐ No

If **no**, proceed to Item 4.c. If **yes**, attach descriptions of the following information:

- Individual production processes and product lines
- The operating status, including age of each line and seasonal operation
- Any extended or unusual outages that significantly affect current data for flow, impingement, entrainment, or other factors

- Any major upgrades completed within the last 15 years and plans or schedules for decommissioning or replacement of process units or production processes and product lines.

Attachment: [Click to enter text.](#)

c. Is this an application for a nuclear power production facility?

☐ Yes ☐ No

If **no**, proceed to Item 4.d. If **yes**, attach a description of completed, approved, or scheduled upgrades and the Nuclear Regulatory Commission relicensing status for each unit at the facility.

Attachment: [Click to enter text.](#)

d. Is this an application for a manufacturing facility?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.1. If **yes**, attach descriptions of current and future production schedules and any plans or schedules for any new units planned within the next five years (a minimum of 60 mos)

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.1: IMPINGEMENT MORTALITY

This worksheet is **required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: [Click to enter text.](#)

Item 1. Impingement Compliance Technology Selection (Instructions, Page 107)

Check the box next to the method of compliance for the Impingement Mortality Standard selected by the facility.

- ☐ Closed-cycle recirculating system (CCRS) [40 CFR § 125.94(c)(1)]
- ☐ 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] – Proceed to Worksheet 11.2
- ☐ 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]
- ☐ Existing offshore velocity cap [40 CFR § 125.94(c)(4)] – Proceed to Worksheet 11.2
- ☐ Modified traveling screens [40 CFR § 125.94(c)(5)]
- ☐ System of technologies [40 CFR § 125.94(c)(6)]
- ☐ Impingement mortality performance standard [40 CFR § 125.94(c)(7)]
- ☐ De minimis rate of impingement [40 CFR § 125.94(c)(11)]
- ☐ Low capacity utilization power-generation facilities [40 CFR § 125.94(c)(12)]

If 0.5 ft/s Through-Screen Design Velocity [40 CFR § 125.94(c)(2)] or existing offshore velocity cap [40 CFR § 125.94(c)(4)] was selected, proceed to Worksheet 11.2. Otherwise, continue to Item 2.

Item 2. Impingement Compliance Technology Information (Instructions, Page 107)

Complete the following sections based on the selection made for item 1 above.

a. CCRS [40 CFR § 125.94(c)(1)]

- ☐ Check this box to confirm the CWS meets the definition of CCRS located at 40 CFR § 125.91(c) and provide a response to the following questions.

1. Does the facility use or propose to use a CWIS to replenish water losses to the CWS?

- ☐ Yes ☐ No

If **no**, proceed to item a.2. If **yes**, provide the following information as an attachment and continue.

- CWIS ID
- 12 months of intake flow data for any CWIS used for make-up intake flows to replenish cooling water losses, excluding intakes for losses due to blowdown, drift, or evaporation.

- A narrative description of any physical or operational measures taken to minimize make-up withdraws.

Attachment: [Click to enter text.](#)

NOTE: Do not complete a separate Worksheet 11.1 for a make-up CWIS.

2. Does the facility use or propose to use cooling towers?

☐ Yes ☐ No

If **no**, proceed to Worksheet 11.2. If **yes**, provide the following information and proceed to Worksheet 11.2.

- Average number of cycles of concentration (COCs) prior to blowdown:

Average COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Attach COC monitoring data for each cooling tower from the previous year (a minimum of 12 months): [Click to enter text.](#)
- Maximum number of COCs each cooling tower can accomplish based on design of the system.

Calculated COCs Prior to Blowdown

Cooling Tower ID				
COCs				

- Describe conditions that may limit the number of COCs prior to blowdown, if any, including but not limited to permit conditions: [Click to enter text.](#)

b. 0.5 ft/s Through Screen Actual Velocity [40 CFR § 125.94(c)(3)]

Provide daily intake flow measurement monitoring data from the previous year (a minimum of 12 months) as an attachment and proceed to Worksheet 11.2.

Attachment: [Click to enter text.](#)

c. Modified traveling screens [40 CFR § 125.94(c)(5)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the modified traveling screens and associated equipment.
2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [Click to enter text.](#)

d. System of technologies [40 CFR § 125.94(c)(6)] or impingement mortality performance standard [40 CFR § 125.94(c)(7)]

Provide the following information as an attachment and proceed to Worksheet 11.2.

1. A description of the system of technologies used or proposed for use by the facility to

achieve compliance with the impingement mortality standard.

2. A site-specific impingement technology performance optimization study that includes a narrative description of the biological data collection methods.
3. Biological sampling data from the previous two years (a minimum of 24 months).

Attachment: [Click to enter text.](#)

- e. De minimis rate of impingement [*40 CFR § 125.94(c)(11)*]

Provide the following information and proceed to Worksheet 11.2.

1. Attach monitoring data from the previous year (a minimum of 12 months) of intake flow measured at a frequency of 1/day on days of operation.

Attachment: [Click to enter text.](#)

2. If the rate of impingement caused by the CWIS is extremely low (at an organism or age-one equivalent count), attach supplemental information to Worksheet 11.0, item 1.b.6. to support this determination.

Attachment: [Click to enter text.](#)

- f. Low capacity utilization power-generation facilities [*40 CFR § 125.94(c)(12)*]

Attach monthly utilization data from the previous 2 years (a minimum of 24 months) for each operating unit and proceed to Worksheet 11.2.

Attachment: [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.2: SOURCE WATER BIOLOGICAL DATA

This worksheet **is required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** source waterbody of a CWIS for which a facility has selected an Impingement Mortality Technology Option described at *40 CFR §§ 125.94(c)(1)-(7)*.

Name of source waterbody: [Click to enter text.](#)

Item 1. Species Management (Instructions, Page 109)

- a. The facility has obtained an incidental take permit for its cooling water intake structure(s) from the USFWS or the NMFS.

☐ Yes ☐ No

If yes, attach any information submitted in order to obtain that permit, which may be used to supplement the permit application information requirements of paragraph *40 CFR § 125.95(f)*.

Attachment: [Click to enter text.](#)

- b. Is the facility requesting a waiver from application requirements at *40 CFR § 122.21(r)(4)* in accordance with *40 CFR § 125.95* for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent?

☐ Yes ☐ No

If **yes**, attach a copy of the most recent managed fisheries report to TPWD, or equivalent.

Attachment: [Click to enter text.](#)

- c. There are no federally listed threatened or endangered species or critical habitat designations within the source water body.

☐ True ☐ False

Item 2. Source Water Biological Data (Instructions, Page 109)

New Facilities (Phase I, Track I and II)

- Provide responses to all items in this section and stop.

Existing Facilities (Phase II)

- If the answer to **1.b.** above was **no**, provide responses to all items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **true**, do not complete any items in this section and proceed to Worksheet 11.3.
- If the answer to **1.b.** was **yes** and **1.c.** was **false**, attach a response for any item in this section that is not contained within the most recent TPWD, or equivalent and proceed to Worksheet 11.3.

Attachment: [Click to enter text.](#)

- a. A list of the data requested at *40 CFR § 122.21(r)(4)(ii)* through (vi) that are not available, and efforts made to identify sources of the data.
- b. Provide a list of species (or relevant taxa) in the vicinity of the CWIS and identify the following information regarding each species listed.
 - all life stages and their relative abundance,
 - identification of all species and life stages that would be most susceptible to impingement and entrainment,
 - forage base,
 - significance to commercial fisheries,
 - significance to recreational fisheries,
 - primary period of reproduction,
 - larval recruitment, and
 - period of peak abundance for relevant taxa.
- c. Data representative of the seasonal and daily activities (e.g., feeding and water column migration) of biological organisms in the vicinity of the CWIS(s).
- d. Identify all threatened, endangered, and other protected species that might be susceptible to impingement and entrainment at the CWIS(s).
- e. Documentation of any public participation or consultation with federal or state agencies undertaken.

The following is required for existing facilities only. Include the following information with the above listed attachment.

- f. Identify any protective measures and stabilization activities that have been implemented and provide a description of how these measures and activities affected the baseline water condition in the vicinity of the intake.
- g. A list of fragile species, as defined at *40 CFR § 125.92(m)*, at the facility. The applicant need only identify those species not already identified as fragile at *40 CFR § 125.92(m)*.

NOTE: New units at an existing facility are not required to resubmit this information if the cooling water withdrawals for the operation of the new unit are from an existing intake.

INDUSTRIAL WASTEWATER PERMIT APPLICATION

WORKSHEET 11.3: ENTRAINMENT

This worksheet is **required** for all TPDES permit applications that **meet the conditions outlined in Technical Report 1.0, Item 12**. Complete one copy of this worksheet for **each** individual CWIS the facility uses or proposes to use.

CWIS ID: [Click to enter text.](#)

Item 1. Applicability (Instructions, Page 111)

Is the AIF of the CWIS identified above greater than, or equal to, 125 MGD?

☐ Yes ☐ No

- If **no** or the facility has selected **CCRS** [40 CFR § 125.94(c)(1)] for the impingement mortality compliance method, complete Item 2 and stop here.
- If **yes** and the facility is **seeking a waiver** from application requirements in accordance with 40 CFR § 125.95 for any CWIS(s) that withdraw from a man-made reservoir that is stocked and managed by a state or federal natural resources agency or the equivalent, complete item 2 and stop.
- If **yes** and the facility is **not seeking a waiver** from application requirements in accordance with 40 CFR § 125.95, complete item 2 and provide any required and completed studies listed in item 3. For any required studies in item 3 that are not complete, provide a detailed explanation for the delay and an anticipated schedule for completion and submittal.

Item 2. Existing Entrainment Performance Studies (Instructions, Page 111)

Attach any previously conducted studies or studies obtained from other facilities addressing technology efficacy, through-facility entrainment survival, and other entrainment studies.

Attachment: [Click to enter text.](#)

Item 3. Facility Entrainment Performance Studies (Instructions, Page 111)

- Attach an entrainment characterization study, as described at 40 CFR § 122.21(r)(9): [Click to enter text.](#)
- Attach a comprehensive feasibility study, as described as 40 CFR § 122.21(r)(10): [Click to enter text.](#)
- Attach a benefits valuation study, as described as 40 CFR § 122.21(r)(11): [Click to enter text.](#)
- Attach a non-water quality environmental and other impacts study, as described as 40 CFR § 122.21(r)(12): [Click to enter text.](#)
- Attach a peer review analysis, as described as 40 CFR § 122.21(r)(13): [Click to enter text.](#)

INDUSTRIAL WASTEWATER PERMIT APPLICATION WORKSHEET 12.0: OIL AND GAS EXPLORATION, DEVELOPMENT, AND PRODUCTION WASTEWATER DISCHARGES

This worksheet **is required** for all TPDES permit applications that are subject to Effluent Limitation Guidelines in 40 CFR Part 435.

Item 1. Operational Information (Instructions, Page 112)

- a. Is the wastewater from an oil and gas exploration, development, or production facility located west of the 98th meridian?

☐ Yes ☐ No

If yes, continue to the next question. If no, skip to Item 2 relating to Production/Process Data.

- b. Provide justification for how the wastewater is/will be used for agriculture or wildlife propagation.

Click to enter text.

Item 2. Production/Process Data (Instructions, Page 112)

- a. Provide the applicable 40 CFR Part 435 Subpart(s).

Click to enter text.

- b. Describe if the permit being sought is for discharges from exploration, development, production, or for a combination of more than one of those activities.

Click to enter text.

c. Provide information on all waste-streams generated and specify which waste-streams you are requesting to be authorized for discharge.

Wastestreams Generated

Wastestream	Requesting authorization to discharge? (Yes/No)	Volume (MGD)	% of Total Flow

d. Describe how the facility will manage wastestreams for which discharge authorization is not being sought.

Click to enter text.

Attachment: Click to enter text.

e. Provide information on miscellaneous discharges.

Click to enter text.

Attachment: Click to enter text.

- f. List of chemicals that are in use, or will be used, downhole. Provide the category, concentration used/to be used, and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: [Click to enter text.](#)

- g. List of chemicals that are in use, or will be used, to treat the wastewater to be discharged under this authorization. Provide the concentration used/to be used and purpose of using the chemical. Attach a safety data sheet for each chemical listed.

Water Treatment Chemicals List

Category	Chemical Name	Concentration (include units)	Purpose

Attachment: [Click to enter text.](#)

Item 3. Pollutant Analysis (Instructions, Page 113)

Tables 1, 2, 6, and 7 located in Worksheet 2.0 are required. In addition, Table 19 below is required and must be completed for each outfall and submitted with this application. The remaining tables in Worksheet 2.0, are required as applicable.

- a. Provide the date range of all sampling events conducted to obtain the analytical data submitted with this application (e.g., 05/01/2018-05/30/2018): [Click to enter text.](#)
- b. ☐ Check the box to confirm all samples were collected no more than 12 months prior to the date of application submittal.
- c. Read the general testing requirements in the instructions for important information about sampling, test methods, and MALs. If a contact laboratory was used, attach a list which includes the name, contact information, and pollutants analyzed for each laboratory/firm.
Attachment: [Click to enter text.](#)
- d. Attach correspondence from TCEQ approving submittal of less than the required number of samples, if applicable. **Attachment:** [Click to enter text.](#)

Table 19 for Outfall No.: [Click to enter text.](#) Samples are (check one): ☐ Composite ☐ Grab

Pollutant	Sample 1 (mg/L)*	Sample 2 (mg/L)*	Sample 3 (mg/L)*	Sample 4 (mg/L)*
Calcium				
Potassium				
Sodium				

*Indicate units if different from mg/L.

Attachment

E-Pay Voucher

TCEQ ePay Receipt

Transaction Information

Trace Number: 582EA000621467
Date: 08/14/2024 08:33 AM
Payment Method: CC - Authorization 0000099442
ePay Actor: JUSTIN MARK
TCEQ Amount: \$350.00
Texas.gov Price:: \$358.13*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Payment Contact Information

Name: JUSTIN MARK
Company: MOMENTIVE
Address: 5700 CENTURY BLVD, TEXAS CITY, TX 77591
Phone: 832-244-5054

Cart Items

Voucher	Fee Description	AR Number	Amount
717137	WW PERMIT - MINOR FACILITY NOT SUBJECT TO 40 CFR 400-471 - MAJOR AMENDMENT		\$300.00
717138	30 TAC 305.53B WQ NOTIFICATION FEE		\$50.00
TCEQ Amount:			\$350.00

Attachment

Core Data Form



TCEQ Core Data Form

For detailed instructions on completing this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information

1. Reason for Submission (If other is checked please describe in space provided.)		
<input type="checkbox"/> New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)		
<input type="checkbox"/> Renewal (Core Data Form should be submitted with the renewal form)	<input checked="" type="checkbox"/> Other	Renwal with Major Amenment
2. Customer Reference Number (if issued)	Follow this link to search for CN or RN numbers in Central Registry**	3. Regulated Entity Reference Number (if issued)
CN 604046466		RN 100870179

SECTION II: Customer Information

4. General Customer Information		5. Effective Date for Customer Information Updates (mm/dd/yyyy)		8/15/2024	
<input type="checkbox"/> New Customer <input checked="" type="checkbox"/> Update to Customer Information <input type="checkbox"/> Change in Regulated Entity Ownership					
<input type="checkbox"/> Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts)					
<i>The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA).</i>					
6. Customer Legal Name (If an individual, print last name first: eg: Doe, John)				<i>If new Customer, enter previous Customer below:</i>	
MPM Silicones, LLC					
7. TX SOS/CPA Filing Number		8. TX State Tax ID (11 digits)		9. Federal Tax ID (9 digits)	10. DUNS Number (if applicable)
802648954		12237754812		22-3775481	82-585-6151
11. Type of Customer:		<input type="checkbox"/> Corporation		<input type="checkbox"/> Individual	Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited
Government: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Other		<input type="checkbox"/> Sole Proprietorship		<input checked="" type="checkbox"/> Other: Limited Liability Company	
12. Number of Employees				13. Independently Owned and Operated?	
<input type="checkbox"/> 0-20 <input type="checkbox"/> 21-100 <input type="checkbox"/> 101-250 <input type="checkbox"/> 251-500 <input checked="" type="checkbox"/> 501 and higher				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following					
<input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Owner & Operator <input type="checkbox"/> Other:					
<input type="checkbox"/> Occupational Licensee <input type="checkbox"/> Responsible Party <input type="checkbox"/> VCP/BSA Applicant					
15. Mailing Address:		5700 Century Blvd			
City		Texas City		State	TX
ZIP		77591		ZIP + 4	
16. Country Mailing Information (if outside USA)				17. E-Mail Address (if applicable)	
				Justin.mark@momentive.com	
18. Telephone Number			19. Extension or Code		20. Fax Number (if applicable)

SECTION III: Regulated Entity Information

21. General Regulated Entity Information <i>(If 'New Regulated Entity' is selected, a new permit application is also required.)</i>															
<input type="checkbox"/> New Regulated Entity <input type="checkbox"/> Update to Regulated Entity Name <input checked="" type="checkbox"/> Update to Regulated Entity Information															
<i>The Regulated Entity Name submitted may be updated, in order to meet TCEQ Core Data Standards (removal of organizational endings such as Inc, LP, or LLC).</i>															
22. Regulated Entity Name <i>(Enter name of the site where the regulated action is taking place.)</i>															
MPM Silicones, LLC															
23. Street Address of the Regulated Entity: <u>(No PO Boxes)</u>	5700 Century Blvd., <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">City</td> <td style="width: 15%; padding: 5px;">Texas City</td> <td style="width: 10%; padding: 5px;">State</td> <td style="width: 10%; padding: 5px;">TX</td> <td style="width: 10%; padding: 5px;">ZIP</td> <td style="width: 15%; padding: 5px;">77591</td> <td style="width: 10%; padding: 5px;">ZIP + 4</td> <td style="width: 10%; padding: 5px;"></td> </tr> </table>							City	Texas City	State	TX	ZIP	77591	ZIP + 4	
City	Texas City	State	TX	ZIP	77591	ZIP + 4									
24. County	Galveston County														

If no Street Address is provided, fields 25-28 are required.

25. Description to Physical Location:	Not Applicable														
26. Nearest City				State		Nearest ZIP Code									
Texas City				TX		77591									
<i>Latitude/Longitude are required and may be added/updated to meet TCEQ Core Data Standards. (Geocoding of the Physical Address may be used to supply coordinates where none have been provided or to gain accuracy).</i>															
27. Latitude (N) In Decimal:		29.424230		28. Longitude (W) In Decimal:		-95.018664									
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds										
29°	25'	27.2"	95°	01'	07.2"										
29. Primary SIC Code (4 digits)		30. Secondary SIC Code (4 digits)		31. Primary NAICS Code (5 or 6 digits)		32. Secondary NAICS Code (5 or 6 digits)									
2869				325199											
33. What is the Primary Business of this entity? <i>(Do not repeat the SIC or NAICS description.)</i>															
34. Mailing Address:	5700 Century Blvd., <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">City</td> <td style="width: 15%; padding: 5px;">Texas City</td> <td style="width: 10%; padding: 5px;">State</td> <td style="width: 10%; padding: 5px;">TX</td> <td style="width: 10%; padding: 5px;">ZIP</td> <td style="width: 15%; padding: 5px;">77591</td> <td style="width: 10%; padding: 5px;">ZIP + 4</td> <td style="width: 10%; padding: 5px;"></td> </tr> </table>							City	Texas City	State	TX	ZIP	77591	ZIP + 4	
City	Texas City	State	TX	ZIP	77591	ZIP + 4									
35. E-Mail Address:															
36. Telephone Number			37. Extension or Code		38. Fax Number <i>(if applicable)</i>										
(281) 337-2531			144		() -										

39. TCEQ Programs and ID Numbers Check all Programs and write in the permits/registration numbers that will be affected by the updates submitted on this form. See the Core Data Form instructions for additional guidance.


<input type="checkbox"/> Dam Safety	<input type="checkbox"/> Districts	<input type="checkbox"/> Edwards Aquifer	<input type="checkbox"/> Emissions Inventory Air	<input type="checkbox"/> Industrial Hazardous Waste
<input type="checkbox"/> Municipal Solid Waste	<input type="checkbox"/> New Source Review Air	<input type="checkbox"/> OSSF	<input type="checkbox"/> Petroleum Storage Tank	<input type="checkbox"/> PWS
<input type="checkbox"/> Sludge	<input checked="" type="checkbox"/> Storm Water	<input type="checkbox"/> Title V Air	<input type="checkbox"/> Tires	<input type="checkbox"/> Used Oil
	WQ0003479000			
<input type="checkbox"/> Voluntary Cleanup	<input checked="" type="checkbox"/> Wastewater	<input type="checkbox"/> Wastewater Agriculture	<input type="checkbox"/> Water Rights	<input type="checkbox"/> Other:
	WQ0003479000			

SECTION IV: Preparer Information

40. Name:	Justin Mark			41. Title:	EHS Leader
42. Telephone Number	43. Ext./Code	44. Fax Number	45. E-Mail Address		
(281) 337-2531	144	() -	Justin.mark@momentive.com		

SECTION V: Authorized Signature

46. By my signature below, I certify, to the best of my knowledge, that the information provided in this form is true and complete, and that I have signature authority to submit this form on behalf of the entity specified in Section II, Field 6 and/or as required for the updates to the ID numbers identified in field 39.

Company:	MPM Silicones, LLC		Job Title:	Plant Manager	
Name (In Print):	Toby Pevoto			Phone:	(281) 337- 2531
Signature:				Date:	8-13-2024

Attachment

Plain Language Summary Form



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

PLAIN LANGUAGE SUMMARY FOR TPDES OR TLAP PERMIT APPLICATIONS

ENGLISH TEMPLATE FOR TPDES or TLAP NEW/RENEWAL/AMENDMENT APPLICATIONS INDUSTRIAL WASTEWATER/STORMWATER

The following summary is provided for this pending water quality permit application being reviewed by the Texas Commission on Environmental Quality as required by 30 TAC Chapter 39. The information provided in this summary may change during the technical review of the application and is not a federal enforceable representation of the permit application.

MPM Silicones, LLC (CN604046466) operates MPM Silicones, LLC (RN 100870179), an organic chemical manufacturing facility. The facility is located at 5700 Century Boulevard, in Texas City, Galveston County, Texas 77591. MPM Silicones, LLC is submitting this application to the Texas Commission on Environmental Quality (TCEQ) for the renewal and amendment of Texas Pollutant Discharge Elimination System (TPDES) Permit No. WQ0003479000, which authorizes the discharge of previously monitored effluents [treated non-process area storm water runoff, utility wastewater, and treated utility wastewater], non-process area stormwater runoff and utility wastewater on an intermittent and flow-variable basis via Outfall 001.

Contact process water, wash water from rinsing out equipment, and contaminated storm water are disposed of at off-site facilities. The primary disposal sites are Gulf Coast Waste Disposal Authority, Washburn Tunnel and Bealine Environmental Services for wastewater treatment, and Texas Molecular Deer Park Services for deep well injection. Wastewater classified as hazardous waste from the pilot plant and NXT processes are sent to Clean Harbors for incineration and Texas Molecular Deer Park Services for deep well injection. Domestic wastewater is routed to an aerated subsurface tank, thence to the spray irrigation system (permitted under Galveston County Health District Permit No. LC13134).

Runoff water from non-process areas flows into a collection system that is routed to the equalization basin. Steam condensate and fire monitor flush water are routed directly to the equalization basin. Storm water and washdown water from all tank farms and non-contact process area wash waters are detained within retention curbs where the water is visually examined and analyzed for pH. When the wastewater appears uncontaminated and meets the pH specifications, it is either released to the equalization basin or reused in the plant processes. Water that appears to be contaminated or does not meet pH specifications is either reused in the plant processes, shipped off-site, or transferred to T-308/310. T-308/310 wastewaters may be routed to activated carbon filters, neutralized, or both, thence pumped to the equalization basin. Effluent from the equalization basin is discharged via Outfall101. Cooling tower blowdown and boiler blowdown are pumped to the utility storage tank for neutralization, when necessary, thence discharged on batch to a holding tank (Outfall 201) which discharges via internal Outfall101 prior to discharge via final Outfall 001

PLANTILLA EN ESPAÑOL PARA SOLICITUDES NUEVAS/RENOVACIONES/ENMIENDAS DE TPDES o TLAP

AGUAS RESIDUALES INDUSTRIALES /AGUAS PLUVIALES

El siguiente resumen se proporciona para esta solicitud de permiso de calidad del agua pendiente que está siendo revisada por la Comisión de Calidad Ambiental de Texas según lo requerido por el Capítulo 39 del Código Administrativo de Texas 30. La información proporcionada en este resumen puede cambiar durante la revisión técnica de la solicitud y no es una representación ejecutiva fedérale de la solicitud de permiso.

MPM Silicones, LLC (CN604046466) opera MPM Silicones, LLC (RN100870179, una instalación de fabricación de productos químicos orgánicos. La instalación está ubicada en 5700 Century Boulevard, en Texas City, Condado de Galveston, Texas 77591. MPM Silicones, LLC presenta esta solicitud a la Comisión de Calidad Ambiental de Texas (TCEQ) para la renovación y enmienda del Permiso del Sistema de Eliminación de Descargas Contaminantes de Texas (TPDES) Número WQ0003479000, que autoriza la descarga de efluentes previamente monitoreados [escorrentía de aguas pluviales tratadas del área no procesada, aguas residuales de servicios públicos y aguas residuales tratadas de servicios públicos], escorrentía de aguas pluviales del área no procesada y aguas residuales de servicios públicos de manera intermitente y con flujo variable a través del Emisario 001.

El agua de proceso en contacto, el agua de lavado del equipo y las aguas pluviales contaminadas se eliminan en instalaciones externas. Los principales lugares de eliminación son Gulf Coast Waste Disposal Authority, Washburn Tunnel y Bealine Environmental Services para el tratamiento de aguas residuales, y Texas Molecular Deer Park Services para la inyección en pozos profundos. Las aguas residuales clasificadas como residuos peligrosos de la planta piloto y los procesos NXT se envían a Clean Harbors para su incineración y a Texas Molecular Deer Park Services para su inyección en pozos profundos. Las aguas residuales domésticas se conducen a un tanque subsuperficial aireado y de ahí al sistema de riego por aspersión (autorizado por el Distrito de Salud del Condado de Galveston con el número de permiso LC13134).

El agua de escorrentía de las zonas no procesadas fluye a un sistema de recogida que se dirige a la cuenca de ecualización. El condensado de vapor y el agua de lavado del monitor de incendios se conducen directamente a la balsa de compensación. Las aguas pluviales y de lavado de todos los parques de tanques y las aguas de lavado de las zonas de proceso sin contacto se retienen en bordillos de retención donde el agua se examina visualmente y se analiza su pH. Cuando las aguas residuales parecen no estar contaminadas y cumplen las especificaciones de pH, se vierten al depósito de compensación o se reutilizan en los procesos de la planta. El agua que parece estar contaminada o no cumple las especificaciones de pH se reutiliza en los procesos de la planta, se envía fuera del emplazamiento o se transfiere a T-308/310. Las aguas residuales de T-308/310 pueden ser conducidas a filtros de carbón activo, neutralizadas o ambas cosas, y bombeadas a la balsa de compensación. El efluente de la balsa de compensación se descarga a través del emisario 101. La purga de la torre de refrigeración y la purga de la caldera se bombean al tanque de almacenamiento de servicios públicos para su neutralización, cuando sea necesario, y de ahí se descargan por lotes a un tanque de retención (desagüe 201) que se descarga a través del desagüe interno 101 antes de su descarga a través del desagüe final 001

Attachment

Public Involvement Plan Form



Texas Commission on Environmental Quality

Public Involvement Plan Form for Permit and Registration Applications

The Public Involvement Plan is intended to provide applicants and the agency with information about how public outreach will be accomplished for certain types of applications in certain geographical areas of the state. It is intended to apply to new activities; major changes at existing plants, facilities, and processes; and to activities which are likely to have significant interest from the public. This preliminary screening is designed to identify applications that will benefit from an initial assessment of the need for enhanced public outreach.

All applicable sections of this form should be completed and submitted with the permit or registration application. For instructions on how to complete this form, see TCEQ-20960-inst.

Section 1. Preliminary Screening

- ☐ New Permit or Registration Application
☒ New Activity - modification, registration, amendment, facility, etc. (see instructions)

If neither of the above boxes are checked, completion of the form is not required and does not need to be submitted.

Section 2. Secondary Screening

- ☐ Requires public notice,
☐ Considered to have significant public interest, **and**
☐ Located within any of the following geographical locations:

- Austin
- Dallas
- Fort Worth
- Houston
- San Antonio
- West Texas
- Texas Panhandle
- Along the Texas/Mexico Border
- Other geographical locations should be decided on a case-by-case basis

**If all the above boxes are not checked, a Public Involvement Plan is not necessary.
Stop after Section 2 and submit the form.**

- ☒ Public Involvement Plan not applicable to this application. Provide **brief** explanation.

This amendment application is to request for the removal of E.Coli as a testing parameter and removal



Section 3. Application Information

Type of Application (check all that apply):

Air ☐ Initial ☐ Federal ☐ Amendment ☐ Standard Permit ☐ Title V
Waste ☐ Municipal Solid Waste ☐ Industrial and Hazardous Waste ☐ Scrap Tire
☐ Radioactive Material Licensing ☐ Underground Injection Control

Water Quality

☐ Texas Pollutant Discharge Elimination System (TPDES)
☐ Texas Land Application Permit (TLAP)
☐ State Only Concentrated Animal Feeding Operation (CAFO)
☐ Water Treatment Plant Residuals Disposal Permit
☐ Class B Biosolids Land Application Permit
☐ Domestic Septage Land Application Registration

Water Rights New Permit

☐ New Appropriation of Water
☐ New or existing reservoir

Amendment to an Existing Water Right

☐ Add a New Appropriation of Water
☐ Add a New or Existing Reservoir
☐ Major Amendment that could affect other water rights or the environment

Section 4. Plain Language Summary

Provide a brief description of planned activities.

Section 5. Community and Demographic Information

Community information can be found using EPA's EJ Screen, U.S. Census Bureau information, or generally available demographic tools.

Information gathered in this section can assist with the determination of whether alternative language notice is necessary. Please provide the following information.

(City)

(County)

(Census Tract)

Please indicate which of these three is the level used for gathering the following information.

☐

City

☐

County

☐

Census Tract

(a) Percent of people over 25 years of age who at least graduated from high school

(b) Per capita income for population near the specified location

(c) Percent of minority population and percent of population by race within the specified location

(d) Percent of Linguistically Isolated Households by language within the specified location

(e) Languages commonly spoken in area by percentage

(f) Community and/or Stakeholder Groups

(g) Historic public interest or involvement

Section 6. Planned Public Outreach Activities

(a) Is this application subject to the public participation requirements of Title 30 Texas Administrative Code (30 TAC) Chapter 39?

☐ Yes ☐ No

(b) If yes, do you intend at this time to provide public outreach other than what is required by rule?

☐ Yes ☐ No

If Yes, please describe.

If you answered "yes" that this application is subject to 30 TAC Chapter 39, answering the remaining questions in Section 6 is not required.

(c) Will you provide notice of this application in alternative languages?

☐ Yes ☐ No

Please refer to Section 5. If more than 5% of the population potentially affected by your application is Limited English Proficient, then you are required to provide notice in the alternative language.

If yes, how will you provide notice in alternative languages?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

(d) Is there an opportunity for some type of public meeting, including after notice?

☐ Yes ☐ No

(e) If a public meeting is held, will a translator be provided if requested?

☐ Yes ☐ No

(f) Hard copies of the application will be available at the following (check all that apply):

- ☐ TCEQ Regional Office ☐ TCEQ Central Office
- ☐ Public Place (specify)

Section 7. Voluntary Submittal

For applicants voluntarily providing this Public Involvement Plan, who are not subject to formal public participation requirements.

Will you provide notice of this application, including notice in alternative languages?

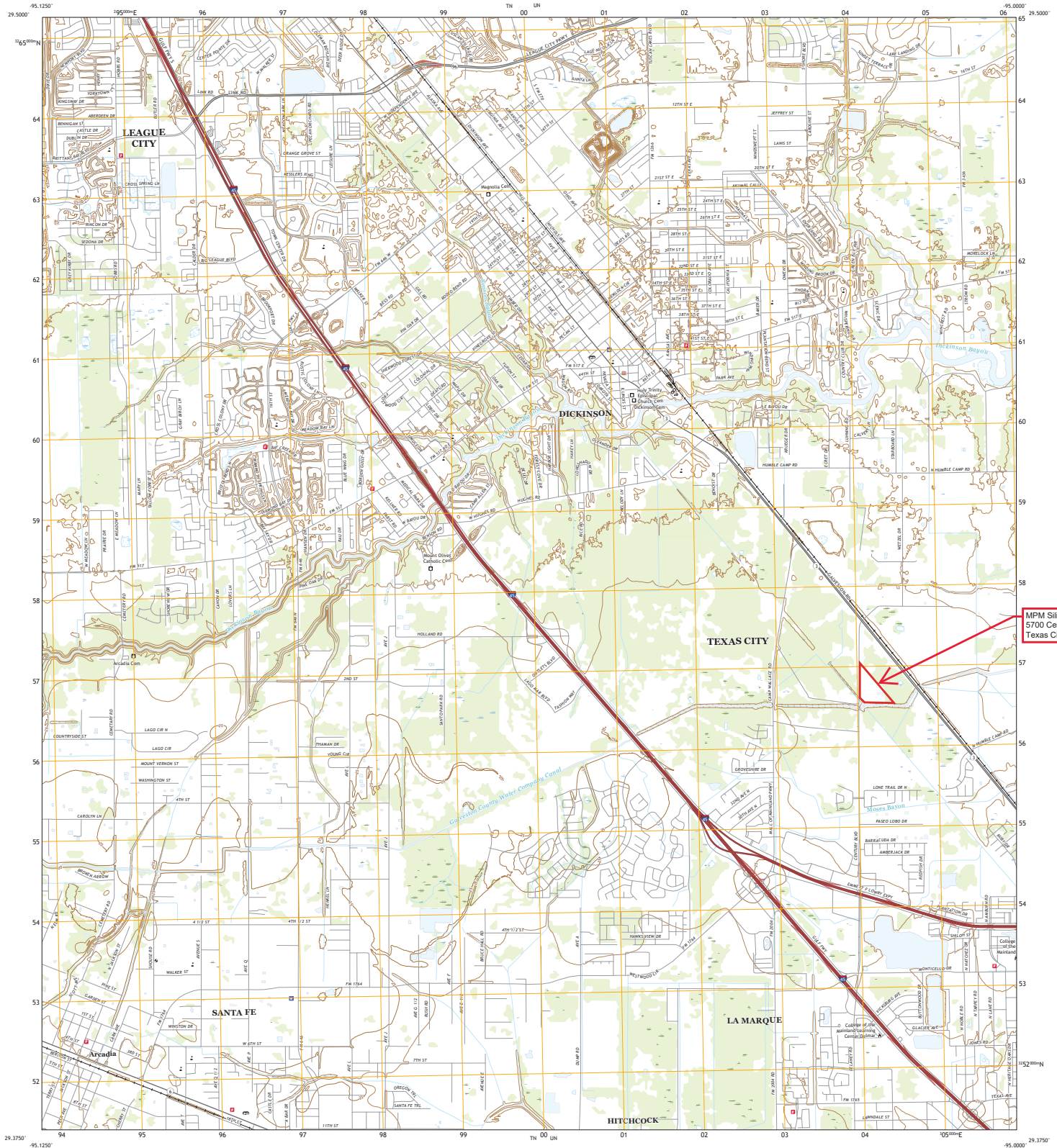
☐ Yes ☐ No

What types of notice will be provided?

- ☐ Publish in alternative language newspaper
- ☐ Posted on Commissioner's Integrated Database Website
- ☐ Mailed by TCEQ's Office of the Chief Clerk
- ☐ Other (specify)

Attachment

Administrative Report Topographic Map

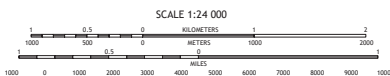
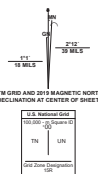


MPM Silicones, LLC
5700 Century Blvd.,
Texas City, TX 77591

Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)
World Geodetic System of 1984 (WGS84) Projection and
1 000 meter grid Universal Transverse Mercator, Zone 15R
This map is not a legal document. Boundaries may be
generalized for this map scale. Private lands within government
reservations may not be shown. Obtain permission before
entering private lands.

Imagery: U.S. National Wetlands Inventory, 2016
Roads: U.S. Census Bureau, 2015
Names: National Hydrography Dataset, 1979 - 2015
Hydrography: National Hydrography Dataset, 2001 - 2015
Contours: Multiple sources, see metadata file 2019 - 2021
Boundaries: Multiple sources, see metadata file 2019 - 2021
Wetlands: FWS National Wetlands Inventory Not Available



CONTOUR INTERVAL: 5 FEET
NORTH AMERICAN DATUM OF 1983
This map was produced to conform with the
National Geospatial Program US Topo Product Standard.



1	2	3
4	5	6
7	8	9

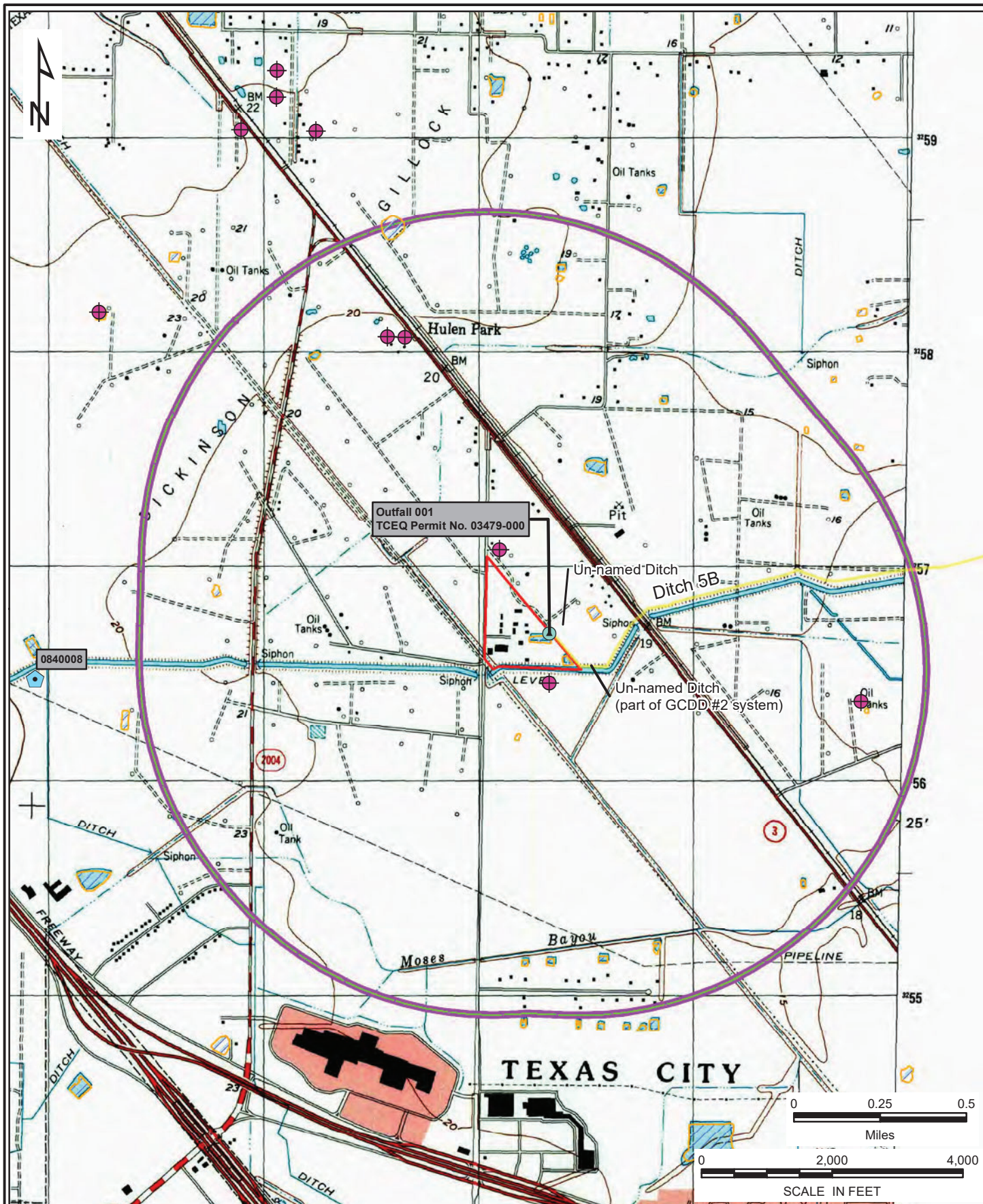
ADJOINING QUADRANGLES

ROAD CLASSIFICATION

Expressway
Secondary Hwy
Ramp
Interstate Route
Local Connector
Local Road
RWD
US Route
State Route

DICKINSON, TX
2022





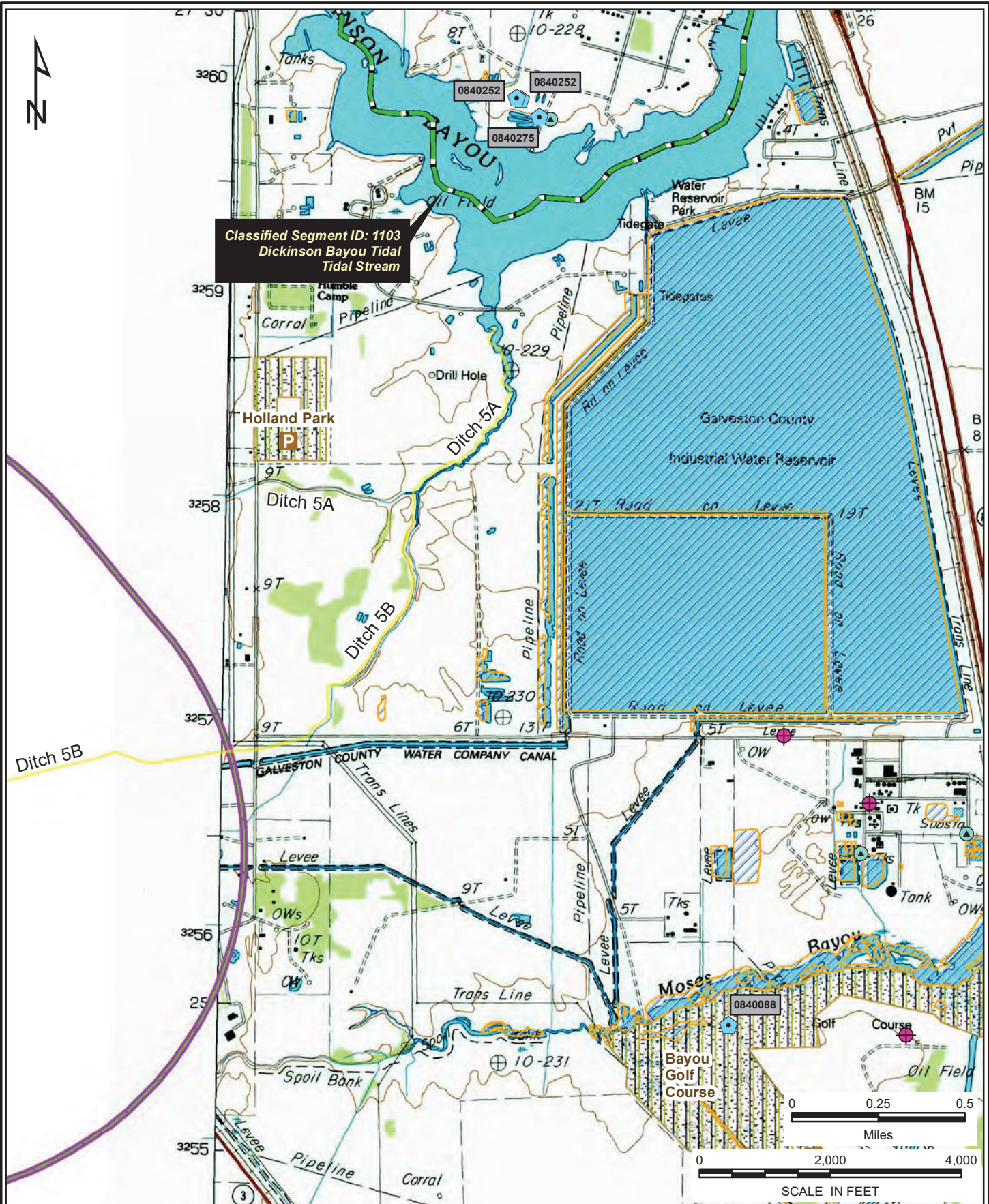
- Groundwater Well (TWDB)
- Public Water Supply Well (TCEQ)
- Wastewater Outfall (TCEQ)
- Highlighted Discharge Route - 3 miles
- Pond/Waterbody (NHD)
- Owner Property Boundary
- Property Boundary - 1 Mile Radius

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0

USGS Topographic Map

FIGURE
A.1a



Administrative Report 1.0 USGS Topographic Map

FIGURE
A.1b

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Attachment

Supplemental Permit Information Form

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)

FOR AGENCIES REVIEWING DOMESTIC OR INDUSTRIAL TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:

Application type: ____Renewal ____Major Amendment ____Minor Amendment ____New

County: _____ Segment Number: _____

Admin Complete Date: _____

Agency Receiving SPIF:

____ Texas Historical Commission

____ U.S. Fish and Wildlife

____ Texas Parks and Wildlife Department

____ U.S. Army Corps of Engineers

This form applies to TPDES permit applications only. (Instructions, Page 53)

Complete this form as a separate document. TCEQ will mail a copy to each agency as required by our agreement with EPA. If any of the items are not completely addressed or further information is needed, we will contact you to provide the information before issuing the permit. Address each item completely.

Do not refer to your response to any item in the permit application form. Provide each attachment for this form separately from the Administrative Report of the application. The application will not be declared administratively complete without this SPIF form being completed in its entirety including all attachments. Questions or comments concerning this form may be directed to the Water Quality Division's Application Review and Processing Team by email at WQ-ARPTeam@tceq.texas.gov or by phone at (512) 239-4671.

The following applies to all applications:

1. Permittee: MPM Silicones, LLC

Permit No. WQ00 03129000EPA ID No. TX 0108367

Address of the project (or a location description that includes street/highway, city/vicinity, and county):

5700 Century Blvd., Texas City, TX 77591

Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.

Prefix (Mr., Ms., Miss): Mr.

First and Last Name: Justin Mark

Credential (P.E, P.G., Ph.D., etc.):

Title: EHS Leader

Mailing Address: 5700 Century Blvd.,

City, State, Zip Code: Texas City, TX 77591

Phone No.: 281-337-2531 Ext.: 144 Fax No.:

E-mail Address: Justin.mark@momentive.com

2. List the county in which the facility is located: Galveston
3. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

Not Applicable

4. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the classified segment number.

The wastewater is discharged via Outfall 001 into an unnamed ditch, then into an unnamed ditch within Galveston County Drainage District No. 2 (GCDD No. 2) Ditch 6 system, then into GCDD No.2 Ditch 5B, then Dickenson Bayou Tidal in Segment 1103 of the San Jacinto-Brazos Coastal Basin.

5. Please provide a separate 7.5-minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required in addition to the map in the administrative report).

Provide original photographs of any structures 50 years or older on the property.

Does your project involve any of the following? Check all that apply.

- ☐ Proposed access roads, utility lines, construction easements
- ☐ Visual effects that could damage or detract from a historic property's integrity
- ☐ Vibration effects during construction or as a result of project design
- ☐ Additional phases of development that are planned for the future

☐ Sealing caves, fractures, sinkholes, other karst features

☐ Disturbance of vegetation or wetlands

1. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features):

Not Applicable

2. Describe existing disturbances, vegetation, and land use:

Not Applicable

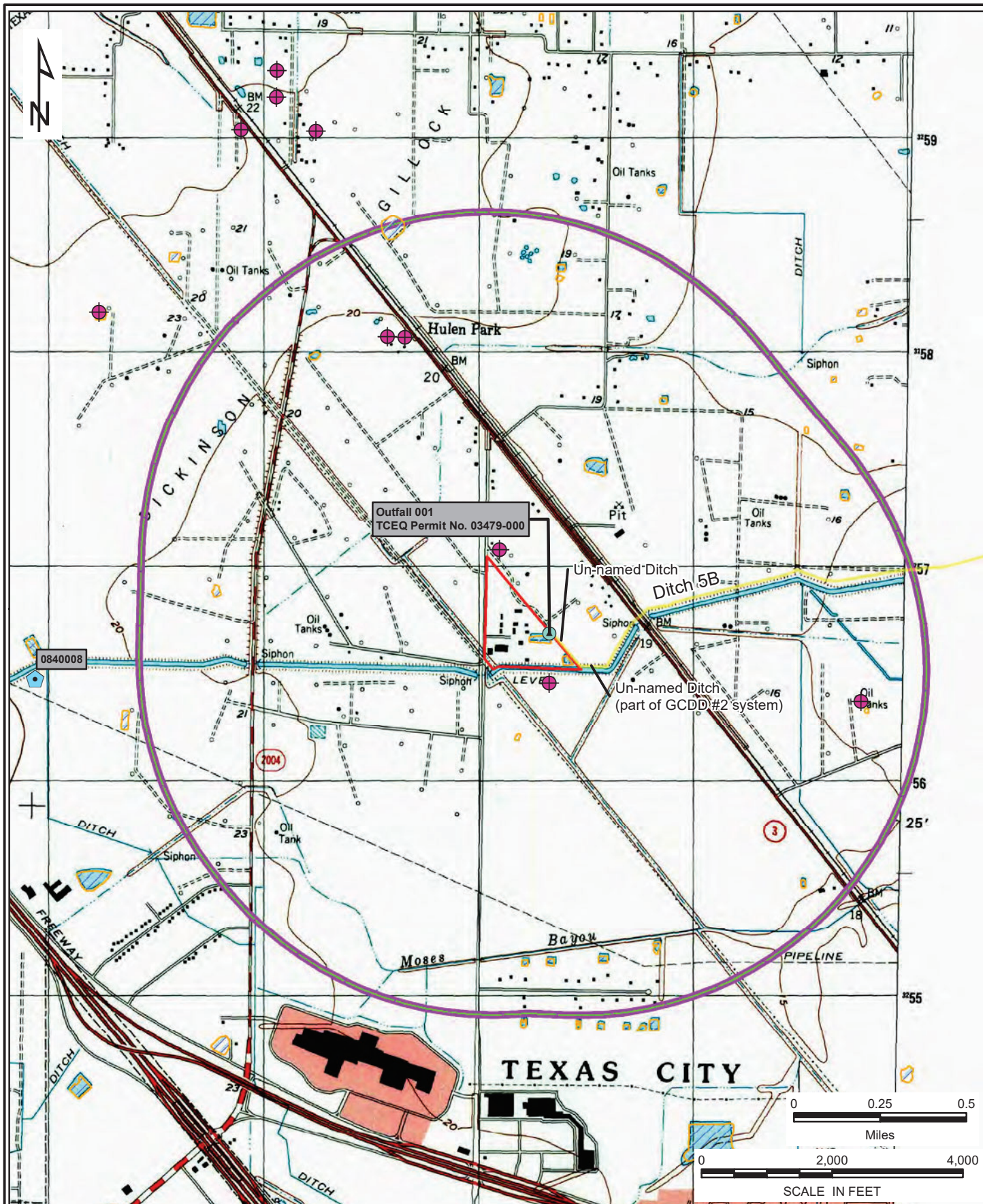
THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

3. List construction dates of all buildings and structures on the property:

4. Provide a brief history of the property, and name of the architect/builder, if known.

Attachment

SPIF Topographic Map

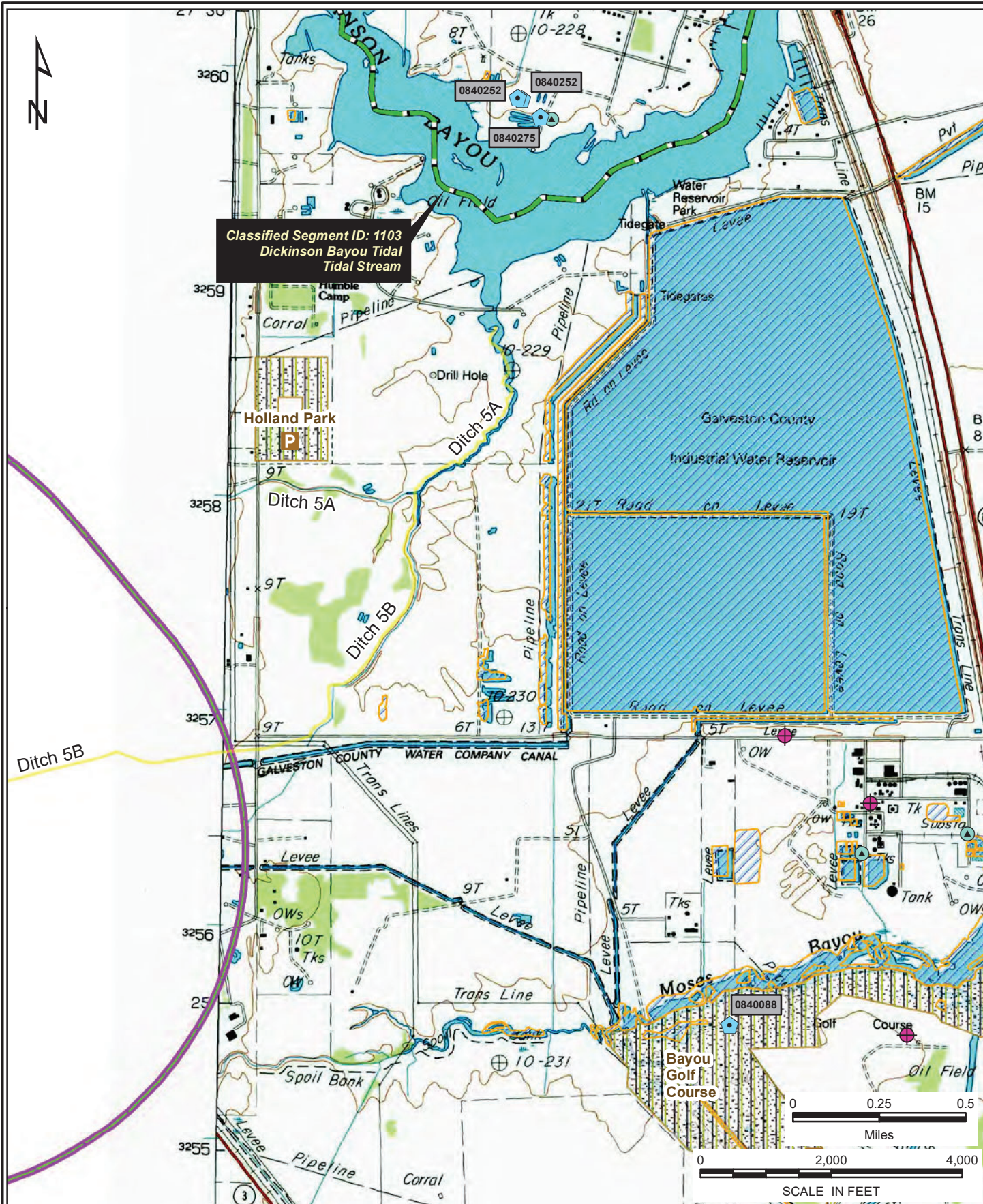


- Groundwater Well (TWDB)
- Pond/Waterbody (NHD)
- Public Water Supply Well (TCEQ)
- Owner Property Boundary
- Wastewater Outfall (TCEQ)
- Property Boundary - 1 Mile Radius
- Highlighted Discharge Route - 3 miles

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0
USGS Topographic Map

FIGURE
A.1a



- Groundwater Well (TWDB)
- Park (HGAC, 2018)
- Public Water Supply Well (TCEQ)
- Wastewater Outfall (TCEQ)
- Highlighted Discharge Route - 3 miles
- Pond/Waterbody (NHD)
- Property Boundary - 1 Mile Radius
- Classified Stream (TCEQ, 2014)

MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77591

Administrative Report 1.0 USGS Topographic Map

FIGURE
A.1b

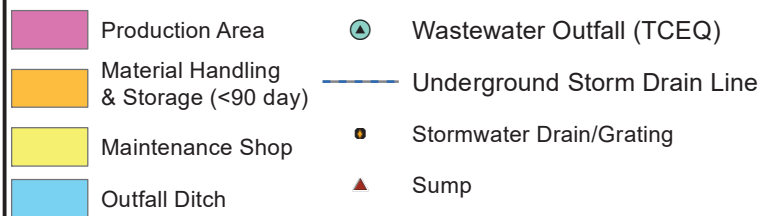
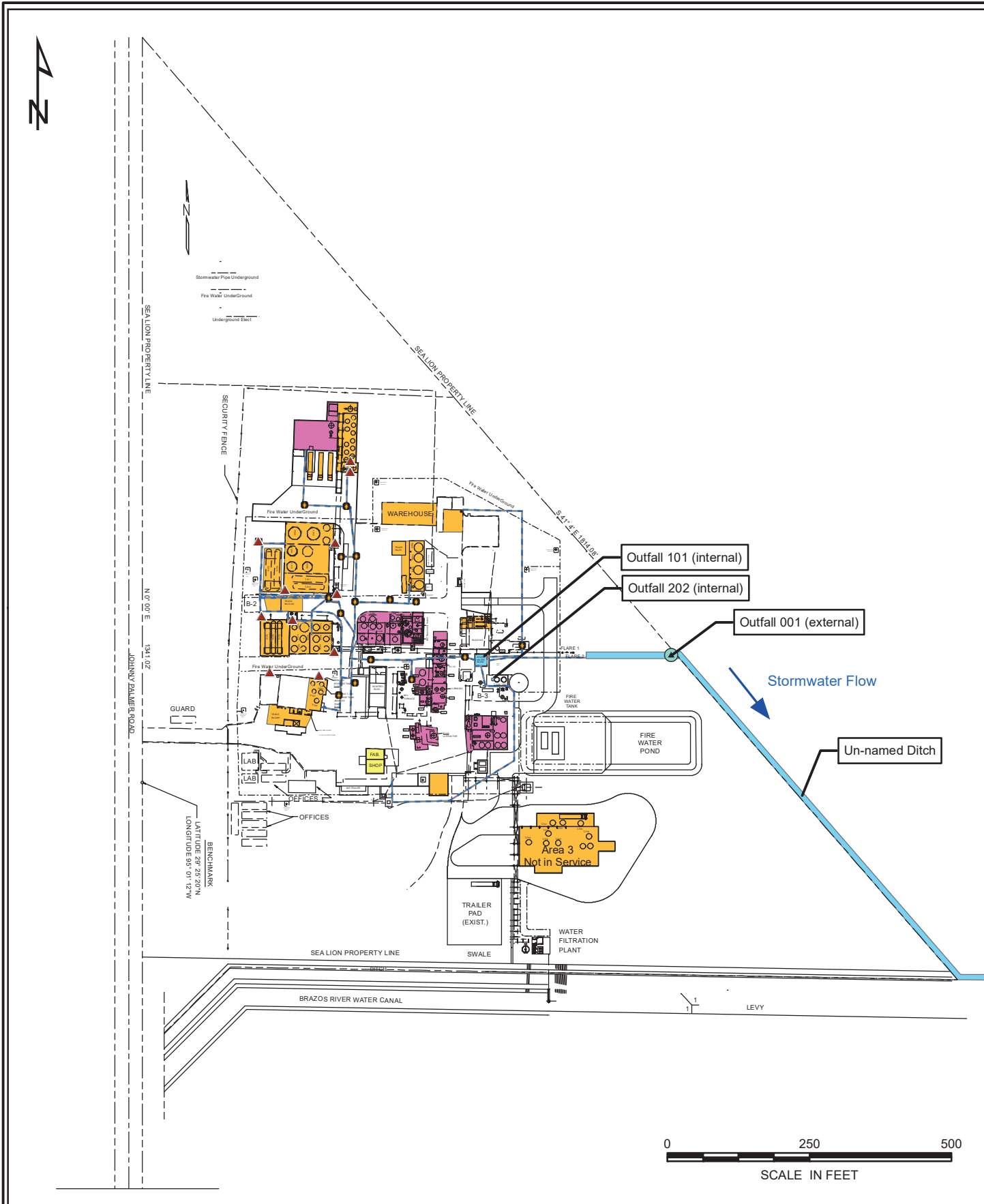
Attachment

Materials List

Name	Component(s)	CAS No(s).
Raw Materials		
Acrylic Acid		79-10-7
N’N-Dimethyl Acrylamide (NNDMA)		2680-03-7
Tergitol #15 s-7 Surfactant	Alcohol, C-12-14-secondary, ethoxylated Polyethylene glycol	84133-50-6 25322-68-3
m-Phenylenediamine		108-45-2
Chloropropyltriethoxysilane	Chloropropyltriethoxysilane Related Siloxanes and Silane Esters Ethanol	5089-70-3 NA 64-17-5
Octanoyl Chloride	Octanoyl Chloride	111-64-8
Tetrabutylammonium Bromide	Tetrabutylammonium Bromide	1643-19-2
Dimethylamine	Dimethylamine	124-40-3
3-Dimethylamino-N,N-Dimethylpropionamide	3-Dimethylamino-N,N-Dimethylpropionamide N,N-Dimethylacrylamide	17268-47-2 2680-03-7
Intermediate Materials		
Sodium Thiooctanoate	Sodium Thiooctanoate Water Sodium Chloride Sodium Octonoate Sodium Hydrogen Sulfide	2207-90-1 NA 76747-14-5 1984-06-01 140650-84-6
Sodium Hydrosulfide	Sodium Hydrosulfide Water	16721-80-5
Hydrogen Sulfide vapor/gas		7783-06-4
Ethanol	Ethanol Water	64-17-5
Final Materials		
Organoalkoxysilane	Octanethoic acid, S-[3-(triethoxysilyl)propyl]ester Related silanes and and siloxanes	220727-26-4 NA 64-17-5
Sodium Hydroxide	Sodium Hydroxide Water	1310-73-2 NA
3-Dimethylamino-N,N-Dimethylpropionamide (DDPA)	3-Dimethylamino-N,N-Dimethylpropionamide N,N-Dimethylacrylamide	17268-47-2 2680-03-7
Niax Catylst A-4	Polyalkylene oxide alcohol 3-Dimethylamino-N,N-Dimethylpropionamide Hydroxyl compound	17268-47-2 Trade Secret
m-Phenylenediamine		108-45-2

Attachment

Technical Report Facility Map



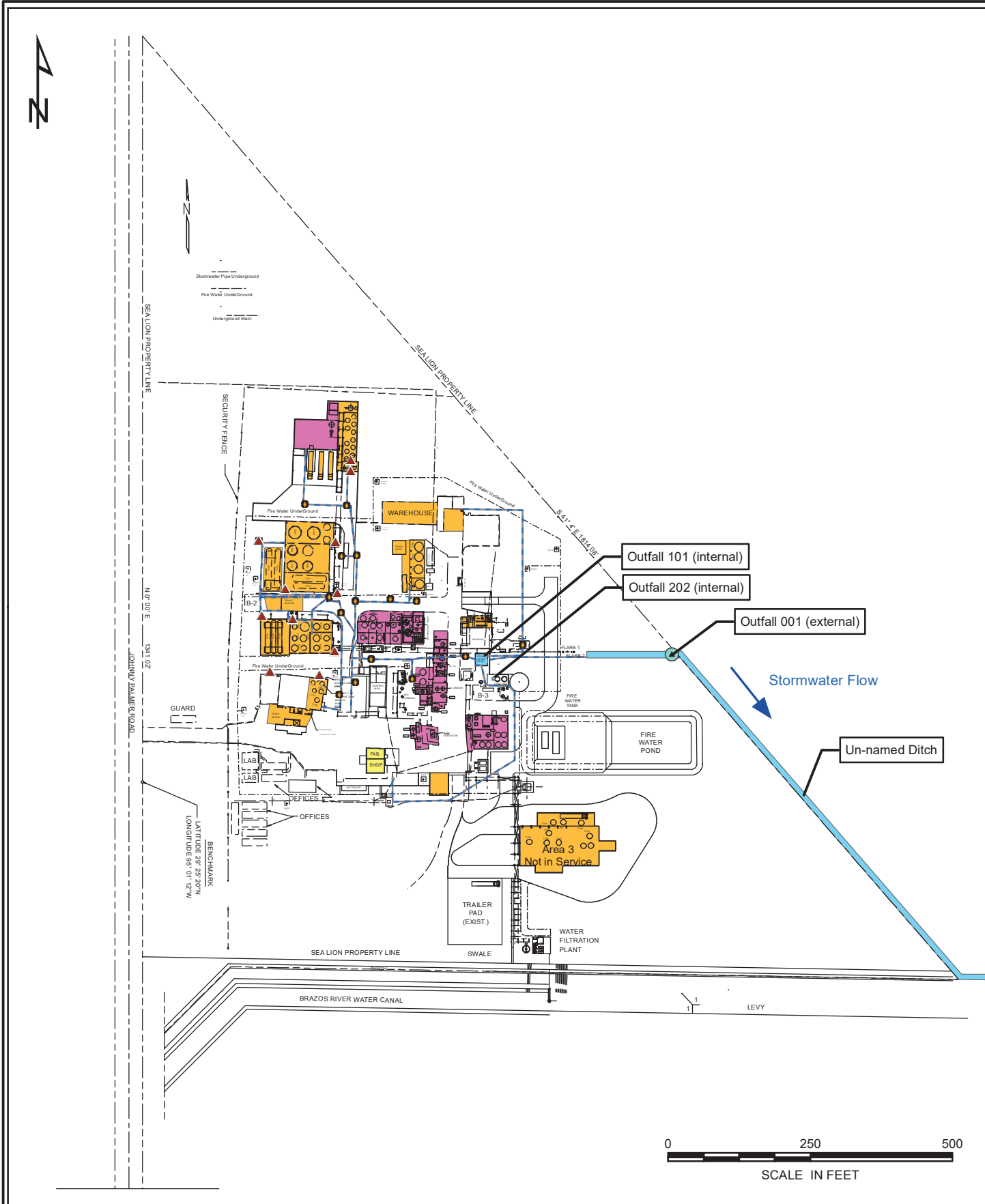
MPM Silicones, LLC
 5700 Century Blvd.
 Texas City, Texas 77590

Technical Report 1.0

Facility Map

FIGURE

T1



	Production Area		Wastewater Outfall (TCEQ)
	Material Handling & Storage (<90 day)		Stormwater Drain/Grating
	Maintenance Shop		Sump
	Outfall Ditch		Underground Storm Drain Line

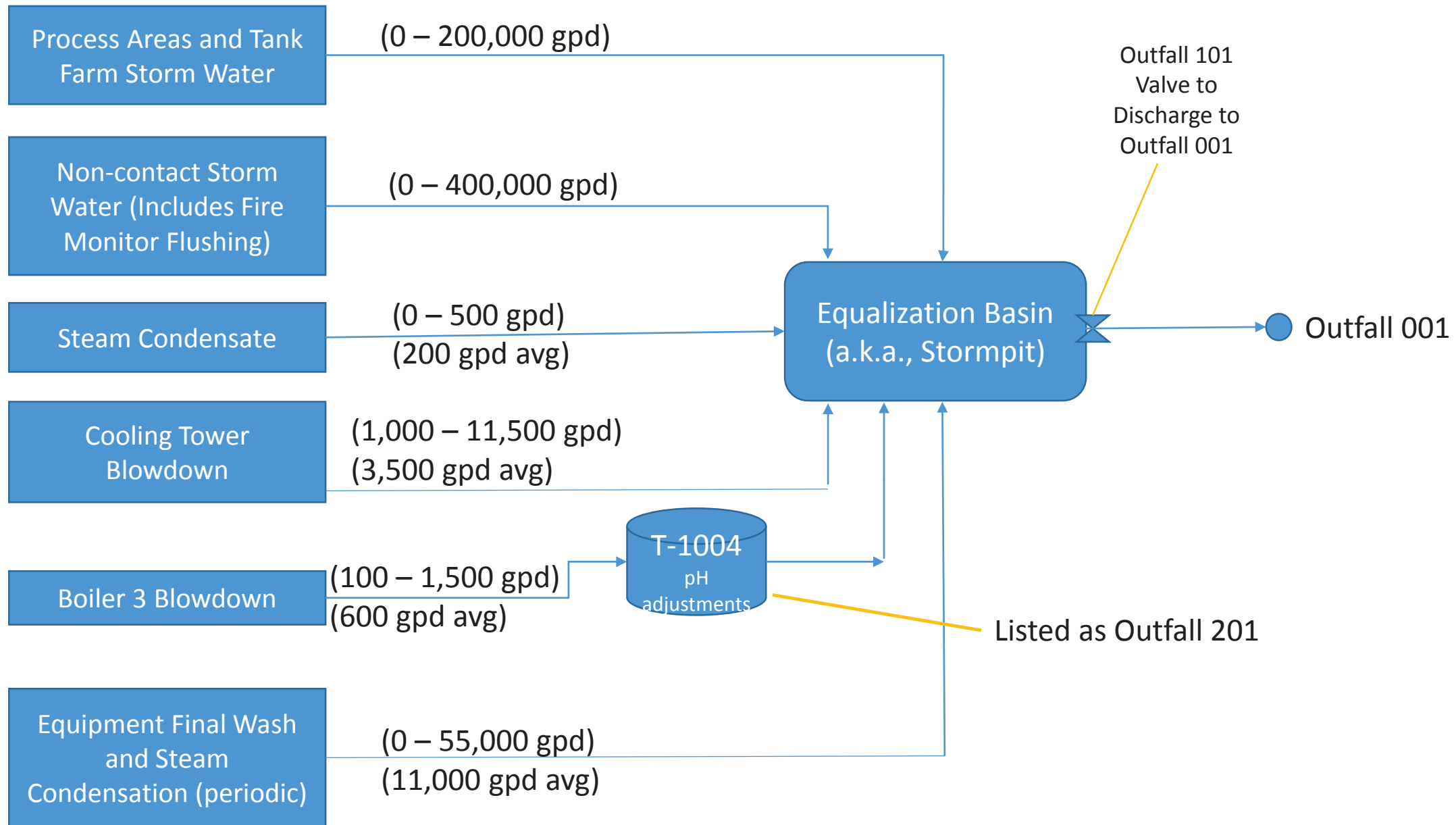
MPM Silicones, LLC
5700 Century Blvd.
Texas City, Texas 77590

Worksheet 7.0 Stormwater Site Map

FIGURE
W7

Attachment

Schematic Flow with Water Balance



Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 356

Other means of identification : Not applicable.

Recommended use : CORROSION INHIBITOR

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 09/29/2014

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Flammable liquids : Category 3

Acute toxicity (Oral) : Category 4

Skin corrosion : Category 1B

Serious eye damage/eye irritation : Category 1

Reproductive toxicity : Category 2

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Flammable liquid and vapour.
Harmful if swallowed.
Causes severe skin burns and eye damage.
Suspected of damaging fertility or the unborn child.

Precautionary Statements : **Prevention:**
Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Keep away from heat/sparks/open flames/hot surfaces. - No smoking. Keep container tightly closed. Ground/bond container and receiving equipment. Use explosion-proof electrical/ ventilating/ lighting/ equipment. Use only non-sparking tools. Take precautionary measures against static discharge. Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear

SAFETY DATA SHEET

NALCO® 356

protective gloves/ protective clothing/ eye protection/ face protection. Use personal protective equipment as required.

Response:

IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. IF exposed or concerned: Get medical advice/attention. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse. In case of fire: Use dry sand, dry chemical or alcohol-resistant foam for extinction.

Storage:

Store in a well-ventilated place. Keep cool. Store locked up.

Disposal:

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Cyclohexylamine	108-91-8	10 - 30
Morpholine	110-91-8	10 - 30

Section: 4. FIRST AID MEASURES

In case of eye contact	: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
In case of skin contact	: Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	: Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	: Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
Protection of first-aiders	: In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
Notes to physician	: Treat symptomatically.

See toxicological information (Section 11)

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local

SAFETY DATA SHEET

NALCO® 356

circumstances and the surrounding environment.

- Unsuitable extinguishing media : High volume water jet
- Specific hazards during firefighting : Fire Hazard
Keep away from heat and sources of ignition.
Flash back possible over considerable distance.
Beware of vapours accumulating to form explosive concentrations. Vapours can accumulate in low areas.
- Hazardous combustion products : Carbon oxides
- Special protective equipment for firefighters : Use personal protective equipment.
- Specific extinguishing methods : Use water spray to cool unopened containers. Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Remove all sources of ignition. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Eliminate all ignition sources if safe to do so. Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Take necessary action to avoid static electricity discharge (which might cause ignition of organic vapours). Do not ingest. Keep away from fire, sparks and heated surfaces. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Keep away from heat and sources of ignition. Keep in a cool, well-ventilated place. Keep away from oxidizing agents. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.
- Suitable material : Keep in properly labelled containers.

SAFETY DATA SHEET

NALCO® 356

Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Cyclohexylamine	108-91-8	TWA	10 ppm	ACGIH
		TWA	10 ppm 40 mg/m ³	NIOSH REL
Morpholine	110-91-8	TWA	20 ppm	ACGIH
		TWA	20 ppm 70 mg/m ³	NIOSH REL
		STEL	30 ppm 105 mg/m ³	NIOSH REL
		TWA	20 ppm 70 mg/m ³	OSHA Z1

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear the following personal protective equipment:
Standard glove type.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

Skin protection : Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing

Respiratory protection : When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.

Hygiene measures : Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance : Liquid
Colour : colourless
Odour : amine-like
Flash point : 57.2 °C
Method: ASTM D 93, Pensky-Martens closed cup

SAFETY DATA SHEET

NALCO® 356

pH	: 10.3, 100 %
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -8 °C
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: 0.5 mm Hg (37.8 °C)
Relative vapour density	: no data available
Relative density	: 0.985 (15.6 °C)
Density	: 0.98 g/cm ³ 8.2 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition	: Carbon oxides
Viscosity, dynamic	: 5.1 mPa.s (25 °C)
Viscosity, kinematic	: no data available
VOC	: 35.4 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Heat, flames and sparks.
Incompatible materials	: Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors. Acids Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors. Avoid contact with SO ₂ or acidic bisulfite products, which may react to form visible airborne amine salt particles. Certain amines in contact with nitrous acid, organic or inorganic nitrites or atmospheres with high nitrous oxide concentrations may produce N-nitrosamines, many of which are cancer-causing agents to laboratory animals.

SAFETY DATA SHEET

NALCO® 356

Hazardous decomposition products : Oxides of carbon
Oxides of nitrogen

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.
Skin : Causes severe skin burns.
Ingestion : Harmful if swallowed. Causes digestive tract burns.
Inhalation : May cause nose, throat, and lung irritation.
Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion
Skin contact : Redness, Pain, Corrosion
Ingestion : Corrosion, Abdominal pain
Inhalation : Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity : LD50 rat: 779 mg/kg
Test substance: Similar Product

Acute inhalation toxicity : LC50 rat:
Exposure time: 8 hrs
Test substance: Similar Product

Acute toxicity estimate : > 40 mg/l
Exposure time: 4 h

Acute dermal toxicity : LD50 rabbit: 2,055 mg/kg
Test substance: Similar Product

Skin corrosion/irritation : Species: Rabbit
Result: 8.0
Method: Draize Test
Test substance: Product

Serious eye damage/eye irritation : Species: rabbit
Result: 110.0
Method: Draize Test
Test substance: Product

SAFETY DATA SHEET

NALCO® 356

Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: Prolonged exposure to cyclohexylamine in the diet has produced reproductive effects in rats. The relevance to humans is unknown.
Germ cell mutagenicity	: Mutagenicity tests on morpholine provided the following results: A bacterial mutagenicity (Ames) bioassay was negative; sister chromatid exchange transformation was positive; mouse lymphoma was weakly positive and rat hepatocyte/DNA repair was negative. A mutagenicity test battery on cyclohexylamine was inconclusive. In a short-term test, cyclohexylamine caused mutation in human white blood cells.
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Harmful to aquatic life.

Product

Toxicity to fish : LC50 *Oncorhynchus mykiss* (rainbow trout): 130 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 *Pimephales promelas* (fathead minnow): 75 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 *Daphnia magna*: 180 mg/l
Exposure time: 48 hrs
Test substance: Product

Components

Toxicity to algae : Morpholine
EC50 : 28 mg/l
Exposure time: 96 h

Persistence and degradability

The organic portion of this preparation is expected to be readily biodegradable.

Chemical Oxygen Demand (COD): 573,000 mg/l

SAFETY DATA SHEET

NALCO® 356

Biochemical Oxygen Demand (BOD):

Incubation Period	Value	Test Descriptor
5 d	1,000 mg/l	

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste:	: D001
Disposal methods	: The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.
Disposal considerations	: Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name	: AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s)	: Morpholine, Cyclohexylamine
UN/ID No.	: UN 2734
Transport hazard class(es)	: 8, 3

SAFETY DATA SHEET

NALCO® 356

Packing group : II

Air transport (IATA)

Proper shipping name : AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s) : Morpholine, Cyclohexylamine
UN/ID No. : UN 2734
Transport hazard class(es) : 8, 3
Packing group : II

Sea transport (IMDG/IMO)

Proper shipping name : AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S.
Technical name(s) : Morpholine, Cyclohexylamine
UN/ID No. : UN 2734
Transport hazard class(es) : 8, 3
Packing group : II

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Cyclohexylamine	108-91-8	10000	40201

SARA 311/312 Hazards : Acute Health Hazard
Chronic Health Hazard
Fire Hazard

SARA 302 : The following components are subject to reporting levels established by SARA Title III, Section 302:
Cyclohexylamine 108-91-8 24.875 %

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

SAFETY DATA SHEET

NALCO® 356

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

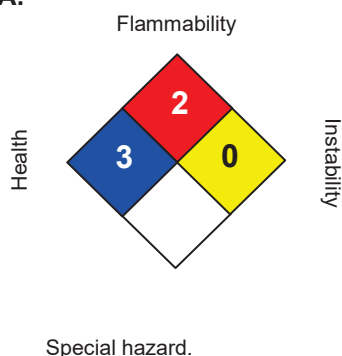
All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3*
FLAMMABILITY	2
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 09/29/2014
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

SAFETY DATA SHEET

NALCO® 356

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 1720

Other means of identification : Not applicable.

Recommended use : OXYGEN SCAVENGER

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 03/02/2016



Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Acute toxicity (Oral) : Category 4

Serious eye damage : Category 1

GHS Label element

Hazard pictograms :  

Signal Word : Danger

Hazard Statements : Harmful if swallowed.
Causes serious eye damage.
Contact with acids liberates toxic gas.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear eye protection/face protection.
Response:
IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Rinse mouth.
Storage:
Protect product from freezing.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

SAFETY DATA SHEET

NALCO® 1720

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Sodium Bisulfite	7631-90-5	10 - 30
Potassium Bisulfite	7773-03-7	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off with soap and plenty of water. Get medical attention if symptoms occur.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : Decomposition products may include the following materials: metal oxides

Special protective equipment for firefighters : Use personal protective equipment.

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

SAFETY DATA SHEET

NALCO® 1720

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Flush away traces with water.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers. Amine and sulphite products should not be stored within close proximity or resulting vapors may form visible airborne particles. Protect product from freezing.
- Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Polypropylene, Buna-N, EPDM, Polyethylene, Polyurethane, PVC, Neoprene, Chlorosulfonated polyethylene rubber, Fluoroelastomer
The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
- Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Brass, Mild steel, Stainless Steel 304, Stainless Steel 316L, 100% phenolic resin liner, Epoxy phenolic resin
The following compatibility data is suggested based on similar product data and/or industry experience:

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Sodium Bisulfite	7631-90-5	TWA	5 mg/m3	ACGIH
		TWA	5 mg/m3	NIOSH REL

- Engineering measures : Effective exhaust ventilation system. Maintain air concentrations below occupational exposure standards.

SAFETY DATA SHEET

NALCO® 1720

Personal protective equipment

Eye protection	: Safety goggles Face-shield
Hand protection	: Wear protective gloves. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Wear suitable protective clothing.
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: clear
Odour	: Pungent
Flash point	: does not flash
pH	: 3.5 - 4.1, 100 %, Method: ASTM E 70
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -11 °C, ASTM D-1177
Initial boiling point and boiling range	: 96 °C, (760 mm Hg), Method: ASTM D 86
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: 1.22 - 1.28, (15.6 °C),
Density	: 10.1 - 10.7 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available

SAFETY DATA SHEET

NALCO® 1720

Thermal decomposition temperature	: no data available
Viscosity, dynamic	: 5 mPa.s (15 °C), Method: ASTM D 2983
Viscosity, kinematic	: no data available
Molecular weight	: no data available
VOC	: no data available

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Freezing temperatures.
Incompatible materials	: Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors. Contains Sulfite. SO ₂ may react with vapors from neutralizing amines and may produce a visible cloud of amine salt particles.
Hazardous decomposition products	: Decomposition products may include the following materials: metal oxides Carbon oxides

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure	: Inhalation, Eye contact, Skin contact
--	---

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Health injuries are not known or expected under normal use.
Ingestion	: Harmful if swallowed.
Inhalation	: Health injuries are not known or expected under normal use.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: No symptoms known or expected.
Ingestion	: No information available.
Inhalation	: No symptoms known or expected.

SAFETY DATA SHEET

NALCO® 1720

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : 1,782 mg/kg
Acute inhalation toxicity	: no data available
Acute dermal toxicity	: rabbit: > 3,000 mg/kg Test substance: Similar Product
Skin corrosion/irritation	: Result: 1.0 Method: Draize Test Test substance: Similar Product
Serious eye damage/eye irritation	: Result: 9.4 Method: Draize Test Test substance: Similar Product
Respiratory or skin sensitization	: Result: Contains an ingredient that can cause asthmatic-like reactions in sulfite-sensitive individuals.
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects	: This product has no known ecotoxicological effects.
-----------------------	---

Product

Toxicity to fish	: LC50 Pimephales promelas (fathead minnow): 382 mg/l Exposure time: 96 hrs Test substance: Product LC50 Inland Silverside: > 5,000 mg/l Exposure time: 96 hrs Test substance: Product
------------------	---

SAFETY DATA SHEET

NALCO® 1720

NOEC Pimephales promelas (fathead minnow): 250 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Inland Silverside: 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 728 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Mysid Shrimp (Mysidopsis bahia): > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Daphnia magna (Water flea): 250 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Mysid Shrimp (Mysidopsis bahia): 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

EC50 Ceriodaphnia dubia: 491 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Ceriodaphnia dubia: 508 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Ceriodaphnia dubia: 313 mg/l
Exposure time: 48 hrs
Test substance: Product

Persistence and degradability

Greater than 95% of this product consists of inorganic substances for which a biodegradation value is not applicable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air : <5%
Water : 30 - 50%
Soil : 50 - 70%

SAFETY DATA SHEET

NALCO® 1720

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

The product will not bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.
Technical name(s) : SODIUM BISULFITE
UN/ID No. : UN 3082
Transport hazard class(es) : 9
Packing group : III
Reportable Quantity (per package) : 18,347 lbs
RQ Component : SODIUM BISULFITE

Air transport (IATA)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S.
Technical name(s) : SODIUM BISULFITE
UN/ID No. : UN 3082
Transport hazard class(es) : 9

SAFETY DATA SHEET

NALCO® 1720

Packing group : III
Reportable Quantity (per package) : 18,347 lbs
RQ Component : SODIUM BISULFITE

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Sodium Bisulfite	7631-90-5	5000	18347

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

SAFETY DATA SHEET

NALCO® 1720

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

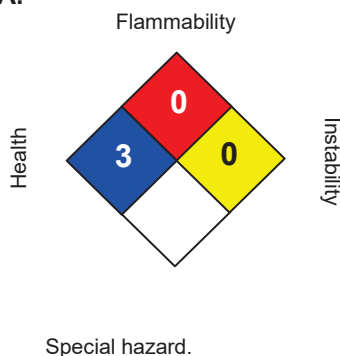
All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 03/02/2016
Version Number : 1.6
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. For additional copies of an SDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NexGuard® 22350

Other means of identification : Not applicable.

Recommended use : MULTIFUNCTIONAL BOILER TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 10/24/2014

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up.
Disposal:

SAFETY DATA SHEET

NexGuard® 22350

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Diethylethanolamine	100-37-8	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

See toxicological information (Section 11)

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : Carbon oxides

Special protective equipment for firefighters : Use personal protective equipment.

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

SAFETY DATA SHEET

NexGuard® 22350

- Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : Do not allow contact with soil, surface or ground water.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.
- Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.
- Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: PVC, Buna-N, HDPE (high density polyethylene), Polypropylene, Polyethylene, Stainless Steel 304, Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
- Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Copper, and their alloys, Brass, Polyurethane, Neoprene, EPDM, Aluminum, Mild steel, Nickel, Fluoroelastomer, Chlorosulfonated polyethylene rubber

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Diethylethanolamine	100-37-8	TWA	2 ppm	ACGIH
		TWA	10 ppm 50 mg/m3	NIOSH REL
		TWA	10 ppm 50 mg/m3	OSHA Z1

- Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

- Eye protection : Safety goggles
Face-shield

SAFETY DATA SHEET

NexGuard® 22350

Hand protection	: Wear the following personal protective equipment: Standard glove type. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: dark orange
Odour	: Slight
Flash point	: > 93.3 °C Method: ASTM D 93, Pensky-Martens closed cup
pH	: 11.7, 100 % (25 °C)
Odour Threshold	: no data available
Melting point/freezing point	: FREEZING POINT: -10 °C, ASTM D-1177
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: similar to water
Relative vapour density	: no data available
Relative density	: 1.2 (25 °C)
Density	: 10.0 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition	: Carbon oxides
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available

SAFETY DATA SHEET

NexGuard® 22350

VOC : 1.9 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability : Stable under normal conditions.

Possibility of hazardous reactions : No dangerous reaction known under conditions of normal use.

Conditions to avoid : Freezing temperatures.

Incompatible materials : Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors.
Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
SO₂ may react with vapors from neutralizing amines and may produce a visible cloud of amine salt particles.
Certain amines in contact with nitrous acid, organic or inorganic nitrites or atmospheres with high nitrous oxide concentrations may produce N-nitrosamines, many of which are cancer-causing agents to laboratory animals.

Hazardous decomposition products : Oxides of carbon
Oxides of sulfur
Oxides of nitrogen

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.

Skin : Causes severe skin burns.

Ingestion : Causes digestive tract burns.

Inhalation : May cause nose, throat, and lung irritation.

Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion

Skin contact : Redness, Pain, Corrosion

Ingestion : Corrosion, Abdominal pain

Inhalation : Respiratory irritation, Cough

Toxicity

Product

SAFETY DATA SHEET

NexGuard® 22350

Acute oral toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Acute inhalation toxicity	: Acute toxicity estimate : > 40 mg/l Exposure time: 4 h
Acute dermal toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 3,540 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Pimephales promelas (fathead minnow): 3,704 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 2,870 mg/l
Exposure time: 48 hrs
Test substance: Product

EC50 Daphnia magna (Water flea): 1,770 mg/l
Exposure time: 48 hrs
Test substance: Product

SAFETY DATA SHEET

NexGuard® 22350

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Air transport (IATA)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

SAFETY DATA SHEET

NexGuard® 22350

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING
TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

KOREA

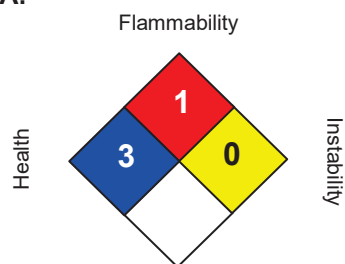
This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

NexGuard® 22350

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	1
PHYSICAL HAZARD	0

0 = not significant, 1 =Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 10/24/2014
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NexGuard® 22310

Other means of identification : Not applicable.

Recommended use : BOILER WATER INTERNAL TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 11/06/2014

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Not a hazardous substance or mixture.

GHS Label element

Precautionary Statements : **Prevention:**
Wash hands thoroughly after handling.
Response:
Specific measures: consult MSDS Section 4.
Storage:
Store in accordance with local regulations.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

No hazardous ingredients

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse with plenty of water. Get medical attention if symptoms occur.

In case of skin contact : Wash off with soap and plenty of water. Get medical attention if symptoms occur.

If swallowed : Rinse mouth. Get medical attention if symptoms occur.

If inhaled : Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do

SAFETY DATA SHEET

NexGuard® 22310

not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

- Notes to physician : Treat symptomatically.
- Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

- Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
- Unsuitable extinguishing media : None known.
- Specific hazards during firefighting : Not flammable or combustible.
- Hazardous combustion products : Carbon oxides nitrogen oxides (NOx) Sulphur oxides
- Special protective equipment for firefighters : Use personal protective equipment.
- Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations.

Section: 6. ACCIDENTAL RELEASE MEASURES

- Personal precautions, protective equipment and emergency procedures : Refer to protective measures listed in sections 7 and 8.
- Environmental precautions : No special environmental precautions required.
- Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

- Advice on safe handling : For personal protection see section 8. Wash hands after handling.
- Conditions for safe storage : Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

SAFETY DATA SHEET

NexGuard® 22310

- Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: PVC, Stainless Steel 304, EPDM, Buna-N, HDPE (high density polyethylene), Polyurethane, Neoprene, Polypropylene, Polyethylene, Stainless Steel 316L, 100% phenolic resin liner, Chlorosulfonated polyethylene rubber, Fluoroelastomer, Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.
- Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Brass, Mild steel, Epoxy phenolic resin

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Contains no substances with occupational exposure limit values.

- Engineering measures : Good general ventilation should be sufficient to control worker exposure to airborne contaminants.

Personal protective equipment

- Eye protection : Safety glasses
- Hand protection : Wear protective gloves.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
- Skin protection : Wear suitable protective clothing.
- Respiratory protection : No personal respiratory protective equipment normally required.
- Hygiene measures : Wash hands before breaks and immediately after handling the product.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

- Appearance : Liquid
- Colour : Fluorescent
Orange
Yellow
- Odour : ammoniacal
- Flash point : does not flash
- pH : 8.5 - 12.5, (25 °C)
- Odour Threshold : no data available
- Melting point/freezing point : FREEZING POINT: -6 °C, ASTM D-1177
- Initial boiling point and boiling range : no data available
- Evaporation rate : no data available
- Flammability (solid, gas) : no data available
- Upper explosion limit : no data available

SAFETY DATA SHEET

NexGuard® 22310

Lower explosion limit	: no data available
Vapour pressure	: similar to water
Relative vapour density	: no data available
Relative density	: 1.19 (25 °C) ASTM D-1298
Density	: 9.9 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available
VOC	: 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Freezing temperatures.
Incompatible materials	: Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors.
Hazardous decomposition products	: Oxides of carbon Oxides of nitrogen Oxides of sulfur

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure	: Inhalation, Eye contact, Skin contact
--	---

Potential Health Effects

Eyes	: Health injuries are not known or expected under normal use.
Skin	: Health injuries are not known or expected under normal use.
Ingestion	: Health injuries are not known or expected under normal use.
Inhalation	: Health injuries are not known or expected under normal use.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: No symptoms known or expected.
-------------	----------------------------------

SAFETY DATA SHEET

NexGuard® 22310

Skin contact : No symptoms known or expected.

Ingestion : No symptoms known or expected.

Inhalation : No symptoms known or expected.

Toxicity

Product

Acute oral toxicity : no data available

Acute inhalation toxicity : no data available

Acute dermal toxicity : no data available

Skin corrosion/irritation : no data available

Serious eye damage/eye irritation : no data available

Respiratory or skin sensitization : no data available

Carcinogenicity : no data available

Reproductive effects : no data available

Germ cell mutagenicity : no data available

Teratogenicity : no data available

STOT - single exposure : no data available

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 7,070 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Inland Silverside: > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

SAFETY DATA SHEET

NexGuard® 22310

LC50 Fathead Minnow: 2,935 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Fathead Minnow: 2,861 mg/l
Exposure time: 96 hrs
Test substance: Product

Product

Toxicity to daphnia and other aquatic invertebrates : LC50 Daphnia magna (Water flea): 1,650 mg/l
Exposure time: 48 hrs
Test substance: Product

LC50 Mysid Shrimp (Mysidopsis bahia): > 5,000 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Ceriodaphnia dubia: 1,473 mg/l
Exposure time: 48 hrs
Test substance: Product

Product

Toxicity to algae : LC50 Algae: 10 mg/l
Exposure time: 72 hrs

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Total Organic Carbon (TOC) : 87,000 mg/l

Chemical Oxygen Demand (COD): 240,000 mg/l

Biochemical Oxygen Demand (BOD):

Incubation Period	Value	Test Descriptor
5 d	6,200 mg/l	Product

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	:	<5%
Water	:	10 - 30%
Soil	:	50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

SAFETY DATA SHEET

NexGuard® 22310

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it is not a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261, since it does not have the characteristics of Subpart C, nor is it listed under Subpart D.

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Air transport (IATA)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Sea transport (IMDG/IMO)

Proper shipping name : PRODUCT IS NOT REGULATED DURING TRANSPORTATION

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : No SARA Hazards

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SAFETY DATA SHEET

NexGuard® 22310

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substance(s) in this preparation are included in or exempted from the EINECS or ELINCS inventories

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

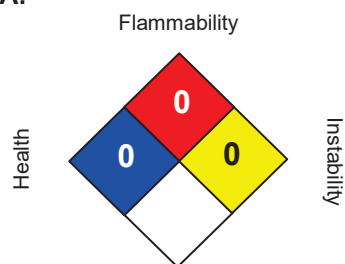
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

NexGuard® 22310

NFPA:



HMIS III:

HEALTH	0
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 11/06/2014
Version Number : 1.1
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : 3D TRASAR™ 3DT222

Other means of identification : Not applicable.

Recommended use : COOLING WATER TREATMENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 02/10/2016

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up.
Disposal:
Dispose of contents/ container to an approved waste disposal plant.

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Other hazards : Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Phosphoric Acid	7664-38-2	1 - 5
Hydrochloric Acid	7647-01-0	1 - 5
Zinc Chloride	7646-85-7	1 - 5
2-Phosphono-1,2,4-Butanetricarboxylic Acid	37971-36-1	1 - 5

Section: 4. FIRST AID MEASURES

- In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
- In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
- If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
- If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
- Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
- Notes to physician : Treat symptomatically.
- Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

- Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
- Unsuitable extinguishing media : None known.
- Specific hazards during firefighting : Not flammable or combustible.
- Hazardous combustion products : Decomposition products may include the following materials: Carbon oxides nitrogen oxides (NOx) Oxides of phosphorus Hydrogen chloride
- Special protective equipment : Use personal protective equipment.

SAFETY DATA SHEET

3D TRASAR™ 3DT222

for firefighters

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway. Flush away traces with water.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation. Do not mix with bleach or other chlorinated products – will cause chlorine gas.

Conditions for safe storage : Keep away from strong bases. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Unsuitable material : not determined

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Phosphoric Acid	7664-38-2	TWA	1 mg/m3	ACGIH
		STEL	3 mg/m3	ACGIH
		TWA	1 mg/m3	NIOSH REL
		STEL	3 mg/m3	NIOSH REL
		TWA	1 mg/m3	OSHA Z1
Hydrochloric Acid	7647-01-0	Ceiling	2 ppm	ACGIH
		Ceiling	5 ppm 7 mg/m3	NIOSH REL

SAFETY DATA SHEET

3D TRASAR™ 3DT222

		C	5 ppm 7 mg/m ³	OSHA Z1
Zinc Chloride	7646-85-7	TWA (Fumes)	1 mg/m ³	OSHA Z1
		TWA (Fumes)	1 mg/m ³	ACGIH
		STEL (Fumes)	2 mg/m ³	ACGIH
		TWA (Fumes)	1 mg/m ³	NIOSH REL
		STEL (Fumes)	2 mg/m ³	NIOSH REL
2-Phosphono-1,2,4-Butanetricarboxylic Acid	37971-36-1	TWA (Aerosol.)	10 mg/m ³	AIHA WEEL

Engineering measures : Effective exhaust ventilation system. Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear protective gloves.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

Skin protection : Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing

Respiratory protection : When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.

Hygiene measures : Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance : Liquid

Colour : Clear, yellow to amber

Odour : Acidic

Flash point : does not flash

pH : < 1.60, 100 %

Odour Threshold : no data available

Melting point/freezing point : FREEZING POINT: -11.67 °C

Initial boiling point and boiling range : no data available

Evaporation rate : no data available

Flammability (solid, gas) : no data available

Upper explosion limit : no data available

Lower explosion limit : no data available

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Vapour pressure	: 25.8 mm Hg (37.8 °C)
Relative vapour density	: no data available
Relative density	: 1.114 (25.0 °C)
Density	: 1.102 g/cm ³ 9.2 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: 20 mPa.s (25 °C)
Viscosity, kinematic	: 3.2 - 4 mm ² /s (20 °C)
Molecular weight	: no data available
VOC	: 0 % Calculation method

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
Possibility of hazardous reactions	: Do not mix with bleach or other chlorinated products – will cause chlorine gas.
Conditions to avoid	: Extremes of temperature
Incompatible materials	: Bases Contact with strong alkalis (e.g. ammonia and its solutions, carbonates, sodium hydroxide (caustic), potassium hydroxide, calcium hydroxide (lime), cyanide, sulfide, hypochlorites, chlorites) may generate heat, splattering or boiling and toxic vapors. Contact with strong oxidizers (e.g. chlorine, peroxides, chromates, nitric acid, perchlorate, concentrated oxygen, permanganate) may generate heat, fires, explosions and/or toxic vapors. Metals
Hazardous decomposition products	: Decomposition products may include the following materials: Carbon oxides nitrogen oxides (NO _x) Oxides of phosphorus HCl Gives off hydrogen by reaction with metals.

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of : Inhalation, Eye contact, Skin contact

SAFETY DATA SHEET

3D TRASAR™ 3DT222

exposure

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Causes severe skin burns.
Ingestion	: Causes digestive tract burns.
Inhalation	: May cause nose, throat, and lung irritation.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: Redness, Pain, Corrosion
Ingestion	: Corrosion, Abdominal pain
Inhalation	: Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : > 5,000 mg/kg
Acute inhalation toxicity	: Acute toxicity estimate : > 40 mg/l Exposure time: 4 h
Acute dermal toxicity	: no data available
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available

SAFETY DATA SHEET

3D TRASAR™ 3DT222

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Components

Acute dermal toxicity : Phosphoric Acid
LD50 rabbit: > 2,000 mg/kg

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Toxic to aquatic life with long lasting effects.

Product

Toxicity to fish : LC50 Oncorhynchus mykiss (rainbow trout): 13.5 mg/l
Exposure time: 96 hrs
Test substance: Product

LC50 Oncorhynchus mykiss (rainbow trout): 10.21 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Oncorhynchus mykiss (rainbow trout): 5.0 mg/l
Exposure time: 96 hrs
Test substance: Product

NOEC Oncorhynchus mykiss (rainbow trout): 2.5 mg/l
Exposure time: 96 hrs
Test substance: Product

Toxicity to daphnia and other aquatic invertebrates : EC50 Ceriodaphnia dubia: 12.94 mg/l
Exposure time: 48 hrs
Test substance: Product

NOEC Ceriodaphnia dubia: 6.25 mg/l
Exposure time: 48 hrs
Test substance: Product

Components

Toxicity to algae : Phosphoric Acid
EC50 Desmodesmus subspicatus (green algae): > 100 mg/l
Exposure time: 72 h

Persistence and degradability

The organic portion of this preparation is expected to be inherently biodegradable.

Total Organic Carbon (TOC) : 40,000 mg/l

Chemical Oxygen Demand (COD): 430,000 mg/l

SAFETY DATA SHEET

3D TRASAR™ 3DT222

Biochemical Oxygen Demand (BOD):

Incubation Period

5 d

Value

689 mg/l

Test Descriptor

Product

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	:	<5%
Water	:	30 - 50%
Soil	:	50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste: : D002

Disposal methods : The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

SAFETY DATA SHEET

3D TRASAR™ 3DT222

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III
Reportable Quantity (per package) : 33,333 lbs
RQ Component : ZINC CHLORIDE

Air transport (IATA)

The presence of an RQ component (Reportable Quantity for U.S. DOT) in this product causes it to be regulated with an additional description of RQ for road, or as Environmentally hazardous for road and air, ONLY when the net weight in the package exceeds the calculated RQ for the product.

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III
Reportable Quantity (per package) : 33,333 lbs
RQ Component : ZINC CHLORIDE

Sea transport (IMDG/IMO)

Proper shipping name : CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S.
Technical name(s) : Zinc Chloride, Hydrochloric Acid, Phosphoric Acid
UN/ID No. : UN 3264
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Zinc Chloride	7646-85-7	1000	33333

SARA 304 Extremely Hazardous Substances Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Hydrochloric Acid	7647-01-0	5000	132031

SAFETY DATA SHEET

3D TRASAR™ 3DT222

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : The following components are subject to reporting levels established by SARA Title III, Section 302:
Hydrochloric Acid 7647-01-0

SARA 313 : The following components are subject to reporting levels established by SARA Title III, Section 313:
Hydrochloric Acid 7647-01-0 1 - 5 %
Zinc Chloride 7646-85-7 1 - 5 %

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

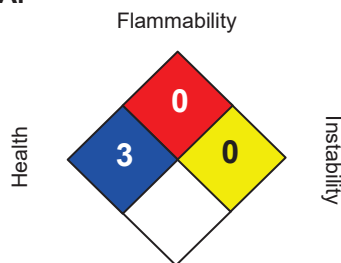
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

3D TRASAR™ 3DT222

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 02/10/2016
Version Number : 1.2
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text. For additional copies of an SDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : NALCO® 73801WR

Other means of identification : Not applicable.

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 01/23/2015

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Acute toxicity (Oral) : Category 4
Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms : 

Signal Word : Danger

Hazard Statements : Harmful if swallowed.
Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Do not eat, drink or smoke when using this product. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell. IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:

SAFETY DATA SHEET

NALCO® 73801WR

Store locked up.

Disposal:

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Chemical Name	CAS-No.	Concentration: (%)
Substituted aromatic amine	Proprietary	30 - 60
Alkyl amine diol	Proprietary	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact	: Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.
In case of skin contact	: Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.
If swallowed	: Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.
If inhaled	: Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.
Protection of first-aiders	: In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.
Notes to physician	: Treat symptomatically.
Most important symptoms and effects, both acute and delayed	: See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media	: Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.
Unsuitable extinguishing media	: None known.
Specific hazards during firefighting	: Not flammable or combustible.
Hazardous combustion products	: Carbon oxides
Special protective equipment for firefighters	: Use personal protective equipment.

SAFETY DATA SHEET

NALCO® 73801WR

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.

Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Compatibility with Plastic Materials can vary; we therefore recommend that compatibility is tested prior to use.

Unsuitable material : not determined

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Contains no substances with occupational exposure limit values.

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

Hand protection : Wear the following personal protective equipment:
Standard glove type.
Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.

SAFETY DATA SHEET

NALCO® 73801WR

Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: amber
Odour	: sweet
Flash point	: > 94 °C
pH	: 11.5 - 14.0, 100 %
Odour Threshold	: no data available
Melting point/freezing point	: no data available
Initial boiling point and boiling range	: no data available
Evaporation rate	: no data available
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: 1.2 (15.5 °C)
Density	: 10.0 lb/gal
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available
VOC	: 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability	: Stable under normal conditions.
--------------------	-----------------------------------

SAFETY DATA SHEET

NALCO® 73801WR

Possibility of hazardous reactions	: No dangerous reaction known under conditions of normal use.
Conditions to avoid	: Extremes of temperature
Incompatible materials	: Acids Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
Hazardous decomposition products	: Carbon oxides nitrogen oxides (NOx) Hydrogen chloride

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes	: Causes serious eye damage.
Skin	: Causes severe skin burns.
Ingestion	: Harmful if swallowed. Causes digestive tract burns.
Inhalation	: May cause nose, throat, and lung irritation.
Chronic Exposure	: Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact	: Redness, Pain, Corrosion
Skin contact	: Redness, Pain, Corrosion
Ingestion	: Corrosion, Abdominal pain
Inhalation	: Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity	: Acute toxicity estimate : 1,103 mg/kg
Acute inhalation toxicity	: no data available
Acute dermal toxicity	: no data available
Skin corrosion/irritation	: no data available
Serious eye damage/eye irritation	: no data available
Respiratory or skin	: no data available

SAFETY DATA SHEET

NALCO® 73801WR

sensitization

Carcinogenicity : no data available

Reproductive effects : no data available

Germ cell mutagenicity : no data available

Teratogenicity : no data available

STOT - single exposure : no data available

STOT - repeated exposure : no data available

Aspiration toxicity : no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : Harmful to aquatic life.

Product

Toxicity to fish : LC50 Pimephales promelas (fathead minnow): 90.6 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

LC50 Oncorhynchus mykiss (rainbow trout): 36.2 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

NOEC Pimephales promelas (fathead minnow): 50 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

NOEC Oncorhynchus mykiss (rainbow trout): 25 mg/l
Exposure time: 96 hrs
Test substance: Product
Test Type: Static

Toxicity to daphnia and other aquatic invertebrates : LC50 Ceriodaphnia dubia: 105.1 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

LC50 Daphnia magna (Water flea): 138.7 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

NOEC Ceriodaphnia dubia: 62.5 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

SAFETY DATA SHEET

NALCO® 73801WR

NOEC Daphnia magna (Water flea): 62.5 mg/l
Exposure time: 48 hrs
Test substance: Product
Test Type: Static

Persistence and degradability

The organic portion of this preparation is expected to be poorly biodegradable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.
If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	:	<5%
Water	:	30 - 50%
Soil	:	50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste:	:	D002
Disposal methods	:	The product should not be allowed to enter drains, water courses or the soil. Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.
Disposal considerations	:	Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

SAFETY DATA SHEET

NALCO® 73801WR

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted Aromatic Amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Air transport (IATA)

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted Aromatic Amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Sea transport (IMDG/IMO)

Proper shipping name : CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S
Technical name(s) : Substituted aromatic amine
UN/ID No. : UN 3267
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

This material does not contain any components with a CERCLA RQ.

SARA 304 Extremely Hazardous Substances Reportable Quantity

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

This product contains substance(s) which are not listed on the Domestic Substances List (DSL) or the Non-Domestic Substances List (NDSL).

SAFETY DATA SHEET

NALCO® 73801WR

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

This product contains substance(s) which are not in compliance with the Provisions on the Environmental Administration of New Chemical Substances and may require additional review.

JAPAN

This product contains substance(s) which are not in compliance with the Law Regulating the Manufacture and Importation Of Chemical Substances and are not listed on the Existing and New Chemical Substances list (ENCS).

KOREA

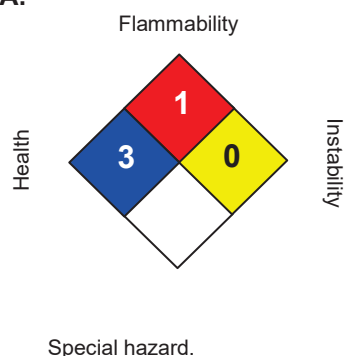
This product contains substance(s) which are not in compliance with the Toxic Chemical Control Law (TCCL) and may require additional review.

PHILIPPINES

This product contains substance(s) which are not in compliance with the Republic Act 6969 (RA 6969) and may require additional review.

Section: 16. OTHER INFORMATION

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	1
PHYSICAL HAZARD	0

0 = not significant, 1 = Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 01/23/2015
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.

Section: 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : 460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Other means of identification : Not applicable.

Recommended use : REAGENT

Restrictions on use : Refer to available product literature or ask your local Sales Representative for restrictions on use and dose limits.

Company : Nalco Company
1601 W. Diehl Road
Naperville, Illinois 60563-1198
USA
TEL: (630)305-1000

Emergency telephone number : (800) 424-9300 (24 Hours) CHEMTREC

Issuing date : 01/26/2015

Section: 2. HAZARDS IDENTIFICATION

GHS Classification

Skin corrosion : Category 1A
Serious eye damage/eye irritation : Category 1

GHS Label element

Hazard pictograms :



Signal Word : Danger

Hazard Statements : Causes severe skin burns and eye damage.

Precautionary Statements : **Prevention:**
Wash skin thoroughly after handling. Wear protective gloves/ protective clothing/ eye protection/ face protection.
Response:
IF SWALLOWED: rinse mouth. Do NOT induce vomiting. IF ON SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower. IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor/ physician. Wash contaminated clothing before reuse.
Storage:
Store locked up. Protect product from freezing.
Disposal:

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Dispose of contents/ container to an approved waste disposal plant.

Other hazards : None known.

Section: 3. COMPOSITION/INFORMATION ON INGREDIENTS

Pure substance/mixture : Mixture

Chemical Name	CAS-No.	Concentration: (%)
Sodium Hydroxide	1310-73-2	1 - 5

Section: 4. FIRST AID MEASURES

In case of eye contact : Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Get medical attention immediately.

In case of skin contact : Wash off immediately with plenty of water for at least 15 minutes. Use a mild soap if available. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

If swallowed : Rinse mouth with water. Do NOT induce vomiting. Never give anything by mouth to an unconscious person. Get medical attention immediately.

If inhaled : Remove to fresh air. Treat symptomatically. Get medical attention if symptoms occur.

Protection of first-aiders : In event of emergency assess the danger before taking action. Do not put yourself at risk of injury. If in doubt, contact emergency responders. Use personal protective equipment as required.

Notes to physician : Treat symptomatically.

Most important symptoms and effects, both acute and delayed : See Section 11 for more detailed information on health effects and symptoms.

Section: 5. FIREFIGHTING MEASURES

Suitable extinguishing media : Use extinguishing measures that are appropriate to local circumstances and the surrounding environment.

Unsuitable extinguishing media : None known.

Specific hazards during firefighting : Not flammable or combustible.

Hazardous combustion products : None known

Special protective equipment for firefighters : Use personal protective equipment.

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Specific extinguishing methods : Fire residues and contaminated fire extinguishing water must be disposed of in accordance with local regulations. In the event of fire and/or explosion do not breathe fumes.

Section: 6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures : Ensure adequate ventilation. Keep people away from and upwind of spill/leak. Avoid inhalation, ingestion and contact with skin and eyes. When workers are facing concentrations above the exposure limit they must use appropriate certified respirators. Ensure clean-up is conducted by trained personnel only. Refer to protective measures listed in sections 7 and 8.

Environmental precautions : Do not allow contact with soil, surface or ground water.

Methods and materials for containment and cleaning up : Stop leak if safe to do so. Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13). Flush away traces with water. For large spills, dike spilled material or otherwise contain material to ensure runoff does not reach a waterway.

Section: 7. HANDLING AND STORAGE

Advice on safe handling : Do not ingest. Do not breathe dust/fume/gas/mist/vapours/spray. Do not get in eyes, on skin, or on clothing. Wash hands thoroughly after handling. Use only with adequate ventilation.

Conditions for safe storage : Do not store near acids. Keep out of reach of children. Keep container tightly closed. Store in suitable labeled containers.

Suitable material : Keep in properly labelled containers.

Unsuitable material : The following compatibility data is suggested based on similar product data and/or industry experience: Do not use aluminum or mild steel.

Section: 8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Components with workplace control parameters

Components	CAS-No.	Form of exposure	Permissible concentration	Basis
Sodium Hydroxide	1310-73-2	Ceiling	2 mg/m3	ACGIH
		Ceiling	2 mg/m3	NIOSH REL
		TWA	2 mg/m3	OSHA Z1

Engineering measures : Effective exhaust ventilation system Maintain air concentrations below occupational exposure standards.

Personal protective equipment

Eye protection : Safety goggles
Face-shield

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Hand protection	: Wear the following personal protective equipment: Standard glove type. Gloves should be discarded and replaced if there is any indication of degradation or chemical breakthrough.
Skin protection	: Personal protective equipment comprising: suitable protective gloves, safety goggles and protective clothing
Respiratory protection	: When workers are facing concentrations above the exposure limit they must use appropriate certified respirators.
Hygiene measures	: Handle in accordance with good industrial hygiene and safety practice. Remove and wash contaminated clothing before re-use. Wash face, hands and any exposed skin thoroughly after handling. Provide suitable facilities for quick drenching or flushing of the eyes and body in case of contact or splash hazard.

Section: 9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance	: Liquid
Colour	: Colorless
Odour	: None
Flash point	: does not flash
pH	: 14, 100 % Method: ASTM E 70
Odour Threshold	: no data available
Melting point/freezing point	: no data available
Initial boiling point and boiling range	: no data available
Evaporation rate	: similar to water
Flammability (solid, gas)	: no data available
Upper explosion limit	: no data available
Lower explosion limit	: no data available
Vapour pressure	: no data available
Relative vapour density	: no data available
Relative density	: no data available
Density	: no data available
Water solubility	: completely soluble
Solubility in other solvents	: no data available
Partition coefficient: n-octanol/water	: no data available
Auto-ignition temperature	: no data available
Thermal decomposition temperature	: no data available
Viscosity, dynamic	: no data available
Viscosity, kinematic	: no data available

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

VOC : 0 %

Section: 10. STABILITY AND REACTIVITY

Chemical stability : Stable under normal conditions.

Possibility of hazardous reactions : No dangerous reaction known under conditions of normal use.

Conditions to avoid : Freezing temperatures.

Incompatible materials : Contact with strong acids (e.g. sulfuric, phosphoric, nitric, hydrochloric, chromic, sulfonic) may generate heat, splattering or boiling and toxic vapors.
Gives off hydrogen by reaction with metals.

Hazardous decomposition products : None known

Section: 11. TOXICOLOGICAL INFORMATION

Information on likely routes of exposure : Inhalation, Eye contact, Skin contact

Potential Health Effects

Eyes : Causes serious eye damage.

Skin : Causes severe skin burns.

Ingestion : Causes digestive tract burns.

Inhalation : May cause nose, throat, and lung irritation.

Chronic Exposure : Health injuries are not known or expected under normal use.

Experience with human exposure

Eye contact : Redness, Pain, Corrosion

Skin contact : Redness, Pain, Corrosion

Ingestion : Corrosion, Abdominal pain

Inhalation : Respiratory irritation, Cough

Toxicity

Product

Acute oral toxicity : no data available

Acute inhalation toxicity : no data available

Acute dermal toxicity : no data available

Skin corrosion/irritation : no data available

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

Serious eye damage/eye irritation	: no data available
Respiratory or skin sensitization	: no data available
Carcinogenicity	: no data available
Reproductive effects	: no data available
Germ cell mutagenicity	: no data available
Teratogenicity	: no data available
STOT - single exposure	: no data available
STOT - repeated exposure	: no data available
Aspiration toxicity	: no data available

Section: 12. ECOLOGICAL INFORMATION

Ecotoxicity

Environmental Effects : This product has no known ecotoxicological effects.

Persistence and degradability

Greater than 95% of this product consists of inorganic substances for which a biodegradation value is not applicable.

Mobility

The environmental fate was estimated using a level III fugacity model embedded in the EPI (estimation program interface) Suite TM, provided by the US EPA. The model assumes a steady state condition between the total input and output. The level III model does not require equilibrium between the defined media. The information provided is intended to give the user a general estimate of the environmental fate of this product under the defined conditions of the models.

If released into the environment this material is expected to distribute to the air, water and soil/sediment in the approximate respective percentages;

Air	: <5%
Water	: 30 - 50%
Soil	: 50 - 70%

The portion in water is expected to be soluble or dispersible.

Bioaccumulative potential

This preparation or material is not expected to bioaccumulate.

Other information

no data available

Section: 13. DISPOSAL CONSIDERATIONS

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

If this product becomes a waste, it could meet the criteria of a hazardous waste as defined by the Resource Conservation and Recovery Act (RCRA) 40 CFR 261. Before disposal, it should be determined if the waste meets the criteria of a hazardous waste.

Hazardous Waste: : D002

Disposal methods : Where possible recycling is preferred to disposal or incineration. If recycling is not practicable, dispose of in compliance with local regulations. Dispose of wastes in an approved waste disposal facility.

Disposal considerations : Dispose of as unused product. Empty containers should be taken to an approved waste handling site for recycling or disposal. Do not re-use empty containers.

Section: 14. TRANSPORT INFORMATION

The shipper/consignor/sender is responsible to ensure that the packaging, labeling, and markings are in compliance with the selected mode of transport.

Land transport (DOT)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Air transport (IATA)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Sea transport (IMDG/IMO)

Proper shipping name : SODIUM HYDROXIDE SOLUTION
Technical name(s) : Sodium Hydroxide
UN/ID No. : UN 1824
Transport hazard class(es) : 8
Packing group : III

Section: 15. REGULATORY INFORMATION

EPCRA - Emergency Planning and Community Right-to-Know Act

CERCLA Reportable Quantity

Components	CAS-No.	Component RQ (lbs)	Calculated product RQ (lbs)
Sodium Hydroxide	1310-73-2	1000	25000

SARA 304 Extremely Hazardous Substances Reportable Quantity

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

This material does not contain any components with a section 304 EHS RQ.

SARA 311/312 Hazards : Acute Health Hazard

SARA 302 : No chemicals in this material are subject to the reporting requirements of SARA Title III, Section 302.

SARA 313 : This material does not contain any chemical components with known CAS numbers that exceed the threshold (De Minimis) reporting levels established by SARA Title III, Section 313.

California Prop 65

This product does not contain any chemicals known to State of California to cause cancer, birth defects, or any other reproductive harm.

INTERNATIONAL CHEMICAL CONTROL LAWS :

TOXIC SUBSTANCES CONTROL ACT (TSCA)

The substances in this preparation are included on or exempted from the TSCA 8(b) Inventory (40 CFR 710)

CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA)

The substance(s) in this preparation are included in or exempted from the Domestic Substance List (DSL).

AUSTRALIA

All substances in this product comply with the National Industrial Chemicals Notification & Assessment Scheme (NICNAS).

CHINA

All substances in this product comply with the Provisions on the Environmental Administration of New Chemical Substances and are listed on or exempt from the Inventory of Existing Chemical Substances China (IECSC).

EUROPE

The substances in this preparation have been reviewed for compliance with the EINECS or ELINCS inventories.

JAPAN

All substances in this product comply with the Law Regulating the Manufacture and Importation Of Chemical Substances and are listed on the Existing and New Chemical Substances list (ENCS).

KOREA

All substances in this product comply with the Toxic Chemical Control Law (TCCL) and are listed on the Existing Chemicals List (ECL)

NEW ZEALAND

All substances in this product comply with the Hazardous Substances and New Organisms (HSNO) Act 1996, and are listed on or are exempt from the New Zealand Inventory of Chemicals.

PHILIPPINES

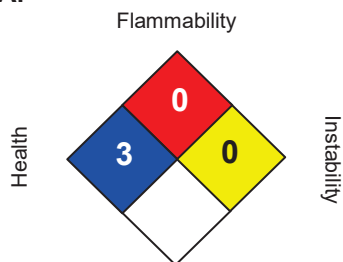
All substances in this product comply with the Republic Act 6969 (RA 6969) and are listed on the Philippines Inventory of Chemicals & Chemical Substances (PICCS).

Section: 16. OTHER INFORMATION

SAFETY DATA SHEET

460-S0279 (SOLN -H-6 CALCIUM HARDNESS BUF)

NFPA:



HMIS III:

HEALTH	3
FLAMMABILITY	0
PHYSICAL HAZARD	0

0 = not significant, 1 =Slight,
2 = Moderate, 3 = High
4 = Extreme, * = Chronic

Revision Date : 01/26/2015
Version Number : 1.0
Prepared By : Regulatory Affairs

REVISED INFORMATION: Significant changes to regulatory or health information for this revision is indicated by a bar in the left-hand margin of the SDS.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.

For additional copies of an MSDS visit www.nalco.com and request access.