Wastewater Discharge Permit Application

Mail To: City of Buda
Industrial Waste Department
525 Garison Rd.
Buda, TX 78610

Business Name: _____

Service Address: _____

Mailing Address: _____

_____

_____

Operator Name: _____

Owner Name: _____

Owner Address: _____

_____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____
(Restaurant, Laundry, Service Station, Garage, Office, Bakery, Photo Lab, Manufacturing, etc.)

Waste Processes: _____
(Equipment/Floor Washing, Cooling, Metal Finishing, X-Ray/Photo Waste, Utility Blowdown, etc.)

Major Chemicals Used: _____
(Soaps, Detergents, Caustics, Solvents, Acids, Metal Salts, Cyanides, etc.)

Water Consumption (gallons/month): _____ Estimate _____ Actual
Wastewater Average (gallons/month): _____Estimate _____ Actual

Please describe types of waste generated that are not discharged to the sanitary sewer, the
amount generated, method of disposal, and location of disposal.

Waste Generated	Amount Generated	Method of Disposal	Disposal Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide a Responsible Corporate Officer, and/or the Duly Authorized Representative as designated signatory authority of the facility. This must be a person having legal responsibility for the overall operation of the discharging facility. The designated signatory shall be a person who is thoroughly familiar with the facts reported on this form and can be contacted by the Public Works Director.

Responsible Corporate Officer: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Duly Authorized Representative: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Certification Statement:

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted, and is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signed: _____ Print Name: _____

Title: _____ Date: _____