



SUB-REGIONAL RECLAMATION FACILITY
4300 LLANO ROAD • SANTA ROSA, CA 95407 • (707) 543-3369

INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

"It shall be unlawful for any person or organization to discharge or cause to be discharged any industrial waste whatsoever directly or indirectly into the sewer system without first obtaining a permit for industrial wastes discharge. Furthermore, it shall be unlawful for any person to discharge any industrial waste in excess of the quantity or quality limitations set by this chapter or by a permit for industrial waste discharges."

(City of Santa Rosa, Title 15, Sewers)

SECTION I. GENERAL INFORMATION

A. **APPLICATION DATE:** _____ / ____ / ____

B. **BUSINESS IDENTIFICATION:**

1. Business Name: _____
2. Street Address (of facility discharging wastewater): _____

3. Business Mailing Address: _____
4. Please select from the choices below and provide the requested information:
 - a. If sole proprietorship, please list the name of owner and assumed name, if different from name listed in B.1 above: _____
 - b. If a partnership, please list the names of all general partners and assumed name(s), if different from the name listed in B.1. above: _____

 - c. If a corporation, please list the state in which incorporated and the name and address of the registered agent: _____
5. Building Owner name and address _____

C. CONTACTS:

- Executive officer responsible for this facility, must be at least vice president, general partner, proprietor or duly authorized representative (40CFR 403.12):

Name: _____ Title: _____

Mailing Address: _____

- Principal Contact Person (person to whom correspondence / calls relating to wastewater discharge will be directed):

Name: _____ Title: _____ Phone: _____

Mailing Address: _____

- On-site Contact (if different):

Name: _____ Title: _____ Phone: _____

- Alternate On-site Contact:

Name: _____ Title: _____ Phone: _____

- Person to be contacted in case of emergency:

Name: _____ Title: _____

Day Phone: _____ Night Phone: _____

D. GENERAL FACILITY DESCRIPTION

SIC CODE: _____

- Please identify the principal business activity(ies) / product(s) / service(s) at this facility:

DISCHARGE ACTIVITIES				
SOURCE	WEEKLY		WEEKEND	
	START TIME	END TIME	START TIME	END TIME
Process				
Cooling				
Sanitary				
Other: _____				

- Please select the days that discharge occurs:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

- Has a slug control plan been prepared for this facility?

No Yes – Date: _____

- Has a Toxic Organic Management Plan (TOMP) been prepared for this facility?

No Yes – Date: _____

SECTION II. ENVIRONMENTAL CONTROL PERMITS

A. PLEASE LIST ALL ENVIRONMENTAL CONTROL PERMITS HELD BY THIS FACILITY.

PERMITTING AGENCY	PERMIT TYPE	IDENTIFICATION NUMBER

B. ADDITIONAL PERMIT INFORMATION

- 1. If you have a waste treatment system:
 - a. Have you applied for a treatment facility permit from the California Department of Health Services? No Yes
 - b. If yes, did you receive: Permit Waiver Action pending Rejection
 - c. What is your permit number? _____
- 2. Do you store waste chemicals more than 90 days? No Yes
 - a. If yes, have you applied for a hazardous material storage permit from the California Department of Health Services? No Yes
 - b. If yes, did you receive: Permit Waiver Action pending Rejection
 - c. What is your permit number? _____
- 3. Do you have any discharge to storm drains or channels other than rainwater and irrigation? No Yes
 - a. If yes, explain: _____
- 4. Is there any discharge to storm water associated with industrial processes?
 No Yes
 - a. If yes, have you filed an NOI for coverage under the NPDES general storm water permit with the California Regional water Quality Control Board OR applied for an NPDES storm water permit? No Yes
 - b. If yes, do you have a Storm Water Pollution Prevention Plan on file? No Yes

- c. If you applied for an NPDES storm water permit, did you receive:
 Permit Waiver Action pending Rejection
- d. What is your permit number? _____
5. Have you applied for a Hazardous Materials Storage Permit from CUPA?
 No Yes
- a. If yes, did you receive: Permit Waiver Action pending Rejection
- b. What is your permit number? _____
6. Do you have an EPA identification number? No Yes
- a. If yes, what is your number(s)? _____

SECTION III. DESCRIPTION OF OPERATIONS

A. **FACILITIES OPERATION.** Please check any of the following that occur at your facility:

- | | |
|--|---|
| <input type="checkbox"/> Bio-Medical Research | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Cage Washing | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Coolant Recycling | <input type="checkbox"/> Plastic Molding |
| <input type="checkbox"/> Cooling Tower | <input type="checkbox"/> Paint Striping |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Painting |
| <input type="checkbox"/> DI Water | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Dyeing | <input type="checkbox"/> Photo Processing |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Pool / Fountain |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Polishing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Food & Edible Products Processing | <input type="checkbox"/> Recirculating Hot Water System |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Restaurant / Cafeteria |
| <input type="checkbox"/> Hospital or Medical / Dental Facility | <input type="checkbox"/> Silk Screening |
| <input type="checkbox"/> Incinerator | <input type="checkbox"/> Soldering |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Solvent Degreasing |
| <input type="checkbox"/> Labs | <input type="checkbox"/> Vehicle Maintenance |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Water Contact Air Scrubbers |
| <input type="checkbox"/> Machine Shop / Machining | <input type="checkbox"/> Water Seal Vacuum Systems |
| <input type="checkbox"/> Metal Fabrication | <input type="checkbox"/> _____ |

B. **WASTEWATER GENERATING ACTIVITIES.** Please list below all wastewater-generating activities in this facility with the exception of sanitary. (Attach additional sheets if necessary).

WASTEWATER GENERATING ACTIVITY DESCRIPTION	USUAL HOURS OF ACTIVITY	DAYS / FREQUENCY OF ACTIVITY	SIC CODE

1. Discharge of wastewater is:
 - Batch Continuous Both _____ % Batch _____ % Continuous
2. Is the discharge of wastewater subject to seasonal variation? No Yes
 - a. IF YES, please describe briefly: _____

 - b. Estimated effective date: _____
3. Are any process changes or expansions planned during the term of this permit?
 - No Yes
 - a. If yes, please describe briefly: _____

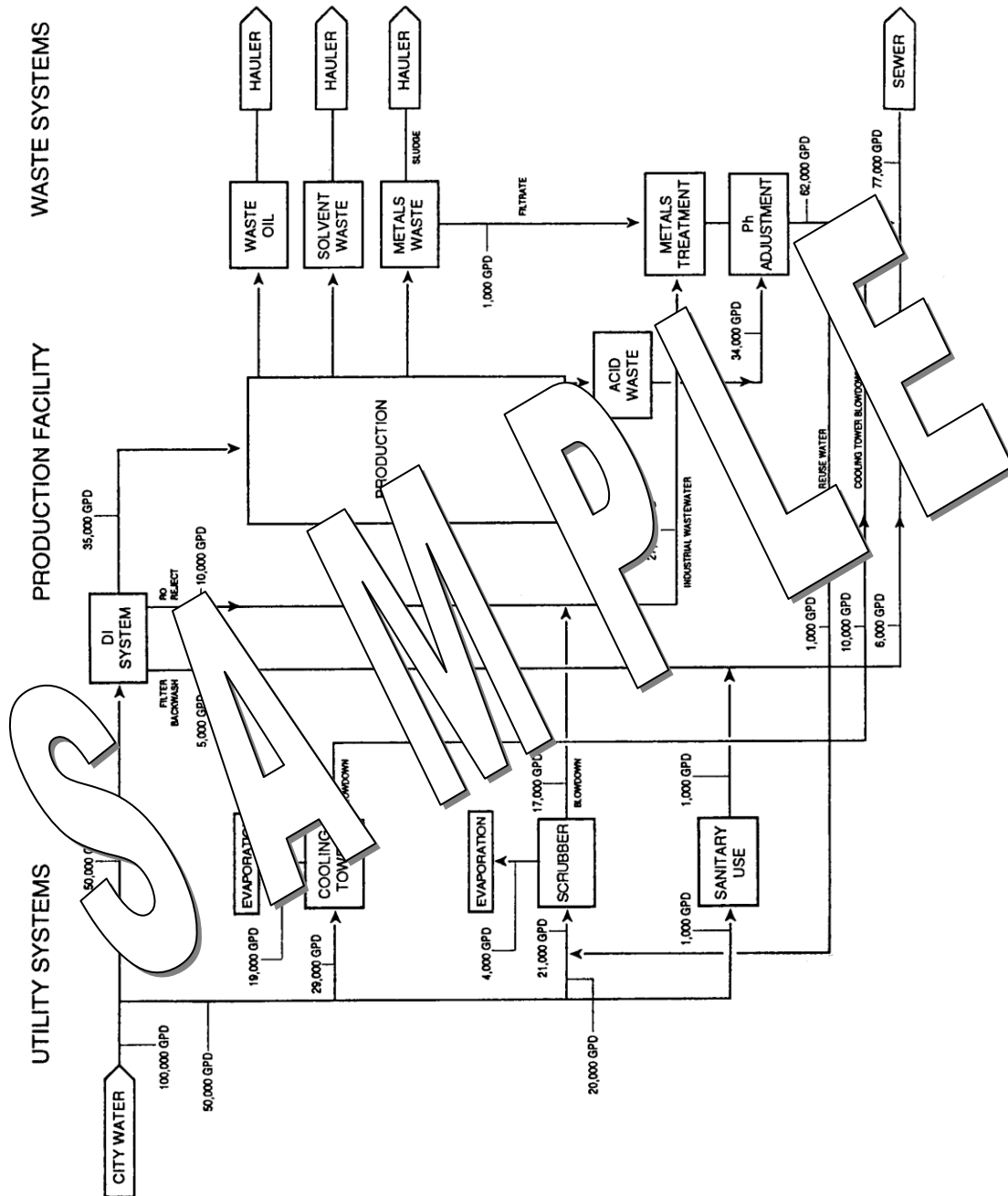
 - b. Estimated effective date: _____

SECTION IV. FACILITY LAYOUT

- A. Please provide a schematic drawing of your facility layout or attach as-built plans. Please indicate the location(s) of the sampling sites.

- B. **PROCESS FLOW DIAGRAM.** Please provide a process flow diagram for (all) processes / activities at the site **including cooling towers and boiler discharges.** Please indicate a maximum and average flow rate of any / each process which generates wastewater. All wastewater sources and discharge points must be clearly identified. Please also provide as-built plans of process flows.

PROCESS FLOW DIAGRAM



SECTION V. FLOW MEASUREMENT

A. FLOW

1. Average daily water usage based on previous 6 months usage: _____

Source: City Water / Groundwater / Reclaimed Water: _____

Average daily process flow to sewer: _____

Total facility discharge including sanitary waste: _____

FLOW	AVERAGE	MAXIMUM	DISCHARGE POINT
TOTAL PROCESS DISCHARGE (from IV.B)			
COOLING BLOWDOWN (From IV.B)			
BOILER BLOWDOWN (From IV.B)			
SANITARY DISCHARGE			
IRRIGATION / EVAPORATION			
OTHER DISCHARGES			
1.			
2.			
3.			
4.			
GRAND TOTAL			

B. FLOW VERIFICATION / WATER AUDIT

1. List all water account numbers for your facility: _____

2. The **maximum** daily water use for your facility in gallons/day: _____

Determined by: Water billings Meter readings Other

3. The **average** daily water use for your facility in gallons per work day (1 ccf = 748 gallons): _____

Determined by: Water billings (use 13 mo. Avg.) Meter readings Other

If determined by water billings, list which months used: _____

4. Projected significant water use changes for the coming year are:

None Increase Decrease

Process water changes: gallons/day _____ estimated date: _____

Other water use changes: type of change _____

Amount in gallons/day: _____ estimated date: _____

5. **Attach a copy** of your meter readings and meter calibration logs for all flow/water meters within your facility (other than the City-maintained meters) for the past 12 months.

SECTION VI. POLLUTANT MEASUREMENT

A. WASTEWATER CHEMICAL CHARACTERISTICS. Please indicate whether any of the following pollutants may be present at this facility. Please check column A if the pollutant comes in contact with water and/or may be present in the wastewater. Please check column B if the pollutant is present on-site but in a location or process where no entry into the wastewater should occur. Attach additional sheets if necessary.

PRIORITY POLLUTANTS

A B VOLATILES

- Acrolein
- Acrylonitrile
- Benzene
- Bromodichloromethane
- Bromoform
- Bromomethane
- Carbon tetrachloride
- Chlorobenzene
- Chlorodibromomethane
- Dichlorodifluoromethane
- 1,1,1-trichloromethane-TCA
- 1,1,2 trichloroethane
- trichlorofluoroethane
- 1,2-dichloroethane
- 1,1,1-trichloromethane
- 1,1-dichloroethane
- 1,1,2-trichloromethane
- 1,1,2,2-tetrachloroethane
- Chloroethane
- 2-chloroethylvinyl ether
- Chloroform
- 1,1-dichloroethylene
- 1,2-trans-dichloroethylene
- 1,2dichloropropane
- 1,3-dichloropropylene
- Ethylbenzene
- Methylene chloride
- Methyl chloride
- Methyl bromide
- Tetrachloroethylene PCE
- Toluene
- Trichloroethylene-TCE
- Vinyl Chloride

A B SEMI-VOLATILES

- Acenaphthene
- Acenaphthylene
- Anthracene
- Benzidine
- Benzo(a)anthracene
- Benz(a)pyrene
- Benzo(k)fluoranthene
- Benzo(ghi)perylene
- 3,4-benzofluoranthene
- Bis (2-chloroethyl) ether
- Bis (2-chloroethoxy)methane
- Bis (2-ethylhexyl) phthalate
- 4-bromophenyl phenyl ether
- Butyl benzyl phthalate
- Chrysene

A B SEMI-VOLATILES

- 2-chlorophenol ether
- 4-chlorophenyl phenyl ether
- Dibenzo(a,h)anthracene
- 1,2-dichlorobenzene
- 1,3-dichlorobenzene
- 1,4-dichlorobenzene
- 3,3-dichlorobenzidine
- 2,4-dichlorophenol
- Di-n-octyl phthalate
- Di-n-butyl phthalate
- 2,4-dinitrophenol
- 4,6-dinitro-o-cresol
- 1,2-diphenylhydrazine
- 2,4-dinitrotoluene
- Fluoranthene
- Fluorene
- Hexachlorobenzene
- Hexachloroethane
- Hexachlorobutadiene
- Hexachlorocyclopentadiene
- Indeno(1,2,3-cd)pyrene
- Isophorone
- Naphthalene
- Nitrobenzene
- 2-nitrophenol
- 4-nitrophenol
- N-nitrosodimethylamine
- N-nitrosodiphenylamine
- N-nitrosodi-n-propylamine
- Parachlorometacresol
- Pentachlorophenol
- Phenanthrene
- Phenol
- Pyrene
- 1,2,4-trichlorobenzene
- 2,4,6-trichlorophenol

A B PESTICIDES & PCB's

- Aldrin
- Chlordane
- Dieldrin
- 4,4-DDT
- 4,4-DDE (p,p'DDX)
- 4,4-DDD (pm,pTDE)
- Alpha-endosulfan
- Beta-endosulfan
- Endosulfan sulfate
- Endrin
- Endrin aldehyde
- Heptachlor

A B PESTICIDES & PCB's

- Heptachlor epoxide
- Alpha-BHC
- Beta-BHC
- Delta-BHC
- Gamma-BHC (lindane)
- PCB-1016 (Aroclor 1016)
- PCB-1221 (Aroclor 1221)
- PCB 1232 (Aroclor 1232)
- PCB 1242 (Aroclor 1242)
- PCB 1248 (Aroclor 1248)
- PCB-1254 (Aroclor 1254)
- PCB-1260 (Aroclor 1260)
- Toxaphene
- 2,3,7,8-tetrachlorodibenzo-p-dioxin

A B METALS & MISCELLANEOUS

- Antimony
- Arsenic
- Beryllium
- Cadmium
- Chromium
- Copper
- Lead
- Mercury
- Nickel
- Silver
- Thallium
- Zinc
- Asbestos
- Cyanide, total
- Cyanide, amenable to chlorination

A B NON-PRIORITY POLLUTANTS

- Barium
- Cobalt
- Hex Chromium
- Selenium
- Cresols
- Radioactivity
- High pH (>11.0)
- Low pH (<6.0)
- Oil/grease (animal/vegetable)
- Suspended solids (>300 mg/L ave.)
- Total dissolved solids (>5,200 mg/L)
- BOD (>300 mg/L)
- Other pollutants (please list)**
- _____
- _____
- _____
- _____

SECTION VII. POLLUTION ABATEMENT PRACTICES

A. **WASTEWATER PRETREATMENT.** Please place a check beside any of the following listed pretreatment devices or processes used in treating wastewater or sludge discharged from this facility.

- | | |
|---|---|
| <input type="checkbox"/> 1 Air Flotation | <input type="checkbox"/> Filtration-Sand/Diatomaceous |
| <input type="checkbox"/> Chrome Reduction | <input type="checkbox"/> Filtration-Other |
| <input type="checkbox"/> Cyanide Destruction | <input type="checkbox"/> Flocculation |
| <input type="checkbox"/> Distillation Evaporation | <input type="checkbox"/> Gold Recovery |
| <input type="checkbox"/> Disinfection Tank | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Electrowinning | <input type="checkbox"/> Oil/Grease Separator |
| <input type="checkbox"/> Equalization Tank | <input type="checkbox"/> PH Adjustment |
| <input type="checkbox"/> Filter Press | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Filtration-Membrane | <input type="checkbox"/> Settling/Clarification |

- Grease Interceptor – Outside (*Please list size and maintenance frequency*): _____
- Grease Trap – Inside (*Please list size and maintenance frequency*): _____
- Silver Recovery (*Please list type of unit and maintenance frequency*): _____
- Other pretreatment methods (*Please list*): _____

2. The pretreatment system operates from _____AM / PM to _____AM PM on the following days of the week (*please select all that apply*):

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

3. Have you applied for a hazardous waste treatment facility permit from the California Department of Toxic Substance Control? No Yes

4. Please provide the maintenance protocol for treatment system: _____

5. Does this facility treat and/or discharge (or anticipate treating and/or discharging) any concentrated waste that is not listed as a wastewater generating activity in Section III.B (*i.e., plating baths, spent solvents, fluoride bearing wastes, high strength acids and/or bases, etc*)? No Yes

a. If yes, please describe this waste below, listing the waste type, annual quantity discharged (include unit description), type of treatment, and the point of discharge into the City sanitary sewer: _____

6. System manufacturer or design engineer: _____
Design flow: _____ Actual flow: _____

B. STORED WASTES

1. Please indicate below the quantity of each of the following wastes that are generated at your facility during a one-year period. *(Please choose gallons [gal.] or pounds [lbs.])*

- | | | | |
|--|---------------|---|---------------|
| <input type="checkbox"/> Heavy Metal Sludges | ___ Gal./lbs. | <input type="checkbox"/> Plating Wastes | ___ Gal./lbs. |
| <input type="checkbox"/> Inks/dyes | ___ Gal./lbs. | <input type="checkbox"/> Pretreatment Sludges | ___ Gal./lbs. |
| <input type="checkbox"/> Medical Waste | ___ Gal./lbs. | <input type="checkbox"/> Radioactive Waste | ___ Gal./lbs. |
| <input type="checkbox"/> Oil and/or Grease | ___ Gal./lbs. | <input type="checkbox"/> Scrap Metal | ___ Gal./lbs. |
| <input type="checkbox"/> Paints | ___ Gal./lbs. | <input type="checkbox"/> Solvent Thinners | ___ Gal./lbs. |
| <input type="checkbox"/> Pesticides | ___ Gal./lbs. | <input type="checkbox"/> Spent Chemicals | ___ Gal./lbs. |
| <input type="checkbox"/> Photo Waste | ___ Gal./lbs. | | |

Other Hazardous Wastes *(please list)*:
 _____ Gal./lbs.
 _____ Gal./lbs.
 _____ Gal./lbs.

2. For the above-checked wastes, select your facility's practice from the choices below:

- On-site storage Off-site storage On-site disposal Off-site disposal

3. Please list waste haulers used and provide information on a separate sheet of paper if necessary.

WASTE HAULER #1	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					
WASTE HAULER #2	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					
WASTE HAULER #3	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					

SECTION VIII. COMPLIANCE CERTIFICATION

A. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

No Yes Not yet discharging

B. If No:

1. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance. (Attach additional sheets if needed.)

2. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

MILESTONE ACTIVITY	COMPLETION DATE

SECTION IX. CERTIFICATION / AUTHORIZED SIGNATURES

This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Responsible Person

Date

Title

THIS DOCUMENT MUST BE SIGNED BY THE MOST RESPONSIBLE PERSON OF THE COMPANY. THIS INCLUDES THE OWNER, PRESIDENT, CORPORATE OFFICER, OR ANY OTHER REPRESENTATIVE OF THE ORGANIZATION IN A DECISION-MAKING CAPACITY. THE PERSON SIGNING THIS DOCUMENT IS LEGALLY RESPONSIBLE FOR ALL INFORMATION CONTAINED HEREIN AND BECOMES LIABLE FOR ANY AND ALL FUTURE ENFORCEMENT ACTIONS RELATED TO THIS INFORMATION.