



**SECTION A- GENERAL INFORMATION CONTINUED**

7. Emergency Phone Numbers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Standard Industrial Classification (SIC) for all processes (if more than one applies, list in descending order of importance):

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

9. Operation Status:       Existing Discharge       Proposed Discharge

10. Date discharge was initiated or expected to be: \_\_\_\_\_

11. Briefly describe the services or products provided:

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

12. Number of Employees:

Shift	No. of Employees	Hours	Days
First			M T W Th F Sa Su
Second			M T W Th F Sa Su
Third			M T W Th F Sa Su

**SECTION B- FACILITY PROCESS OPERATIONS**

13. Check the box next to the left of each of the processes that are performed on-site:

<input type="checkbox"/>	Assembly	<input type="checkbox"/>	Groundwater Remediation	<input type="checkbox"/>	Painting/Finishing
<input type="checkbox"/>	Auto Repair Shop	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Photo Finishing
<input type="checkbox"/>	Bulk Chemical Storage	<input type="checkbox"/>	Laboratory	<input type="checkbox"/>	Plant Wash Down
<input type="checkbox"/>	Car Wash	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Printing
<input type="checkbox"/>	Recycling (Attach System Diagram)				
<input type="checkbox"/>	Non-Recycling (One Pass)				
<input type="checkbox"/>	Chemical Waste Storage	<input type="checkbox"/>	Machining/Milling	<input type="checkbox"/>	Radiator Repair Shop
<input type="checkbox"/>	Dry Cleaning	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Restaurant/Food Preparation
<input type="checkbox"/>	Flammables/Explosives	<input type="checkbox"/>	Military	<input type="checkbox"/>	Retail/Wholesale
<input type="checkbox"/>	Food Processing	<input type="checkbox"/>	Office Unit	<input type="checkbox"/>	Steam Cleaning/Degreasing
<input type="checkbox"/>	Fume Scrubbers	<input type="checkbox"/>	One Pass Cooling Water	<input type="checkbox"/>	Warehousing
<input type="checkbox"/>	Other (Describe)	<input type="checkbox"/>	Other (Describe)	<input type="checkbox"/>	Other (Describe)

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below, regardless of whether they generate wastewater, waste sludge, or hazardous wastes, place a check mark to the left of the category of business activity (check all that apply)

<input type="checkbox"/>	Process Description	<input type="checkbox"/>	Process Description	<input type="checkbox"/>	Process Description
<input type="checkbox"/>	Aluminum Forming	<input type="checkbox"/>	Ferroalloy Manufacturing	<input type="checkbox"/>	Organic Chemicals, Plastics & Synthetic Fibers
<input type="checkbox"/>	Asbestos Manufacturing	<input type="checkbox"/>	Glass Manufacturing	<input type="checkbox"/>	Paint Formulating
<input type="checkbox"/>	Battery Manufacturing	<input type="checkbox"/>	Grain Mills	<input type="checkbox"/>	Paving & Roofing (Tars and Asphalt)
<input type="checkbox"/>	Can Making	<input type="checkbox"/>	Gum & Wood Chemicals Manufacturing	<input type="checkbox"/>	Pesticide Chemicals
<input type="checkbox"/>	Carbon Black Manufacturing	<input type="checkbox"/>	Hazardous Waste Combustors	<input type="checkbox"/>	Petroleum Refining
<input type="checkbox"/>	Canned & Preserved Fruits & Vegetables	<input type="checkbox"/>	Industrial Laundries	<input type="checkbox"/>	Pharmaceuticals Manufacturing
<input type="checkbox"/>	Canned & Preserved Seafood	<input type="checkbox"/>	Ink Formulating	<input type="checkbox"/>	Phosphate Manufacturing
<input type="checkbox"/>	Centralized Waste Treatment	<input type="checkbox"/>	Inorganic Chemicals Manufacturing	<input type="checkbox"/>	Plastics Molding & Forming

	Cement Manufacturing		Iron & Steel Manufacturing		Porcelain Enameling
	Coal Mining		Landfills		Pulp, Paper & Paperboard
	Coil Coating		Leather Tanning & Finishing		Rubber Manufacturing
	Concentrated Animal Feeding Operations		Meat Products		Soap & Detergent Manufacturing
	Copper Forming		Metal Finishing		Steam Electric Power Generating
	Dairy Products		Metal Molding & Casting		Sugar Processing
	Electrical & Electronic Components		Mineral Mining & Processing		Textile Mills
	Electroplating		Nonferrous Metals Manufacturing		Timber Products Processing
	Explosives Manufacturing		Nonferrous Metals Forming and Metal Powders		Transportation Equipment Cleaning
	Feedlots		Ore Mining & Dressing		Waste Combustors
	Fertilizer Manufacturing		Oil & Gas Extraction		

A facility conducting the above processes may be subject to the Environmental Protection Agency's (EPA) Categorical Pretreatment Standards. These facilities are termed "Categorical Users".

**SECTION C - WATER SUPPLY INFORMATION**

14. Water Service Account Numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. Name on the Water Account:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Meter No.	Size	Type of Use (Industrial, Domestic, Fire Service, Landscape Irrigation)	Backflow Prevention Device Make/Model/Serial No.

**SECTION D – WASTEWATER DISCHARGE INFORMATION**

16. Does (or will) this facility discharge any wastewater other than from restrooms into the Ontario sewer system?

Yes       No

17. Does (or will) this facility discharge any wastewater to the Inland Empire Utilities Agency (IEUA) line or to the Non-Reclaimable Wastewater System (NRWS)?

Yes       No

18. Are Major Process Discharges:       Batch       Continuous       Both

19. Provide the following information on wastewater flow rate (new facilities may estimate)

1. Hours per day discharged (e.g. 8 hours/day):

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

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

---

3. Peak hourly flow rate (gpm): \_\_\_\_\_

4. Maximum daily flow rate (gpd): \_\_\_\_\_

5. Annual daily average flow (gpd): \_\_\_\_\_

20. If a batch discharge occurs or will occur, report the following (new facilities may estimate)

1. Number of batch discharges per day: \_\_\_\_\_

2. Average discharge per batch. (gallons): \_\_\_\_\_

3. Time of batch discharges. (e.g. Mon.-Fri., 12 p.m.-p.m.): \_\_\_\_\_

---

4. Percent of Total Discharge: \_\_\_\_\_

New Business:

21. Are you occupying an existing vacant building?       YES       NO

22. Have you applied for a building permit for any onsite changes?       YES       NO

If yes, building permit # \_\_\_\_\_

**SECTION D – WASTEWATER DISCHARGE INFORMATION (CONTINUED)**

23. Do you have or plan to have a connection to the I.E.U.A. NRW System?

Yes       No

**Schematic Flow Diagram:**

For each major activity in which wastewater is or will be generated, in the space below draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimates are used for flow data this must be indicated. Number each unit process having a wastewater discharge to the Ontario Sewer System.

In the space below draw the layout of the industrial complex. If known, show the locations of the sewer drains, laterals and potential sampling points. Include building walls, streets, alley, process areas or equipment, and any other pertinent physical structures. If available, a scaled drawing of the facility with the required information can be attached. Identify all external sanitary sewer drain connections.

**Sketch Activity Flow Diagram Below:**

Attach additional sheets if necessary.

**Sketch Industrial Complex Layout Diagram Below:**

Attach additional sheets if necessary.

**SECTION E – INDUSTRY WATER USE INFORMATION**

(For All Estimated Flows Attach a Copy of How the Flows Were Calculated)

Water Usages Producing A Discharge Or A Water Loss	Metered or Estimated	Sewer Conn # _____	Sewer Conn # _____	Sewer Conn # _____	Total
<b>Sanitary Discharges</b>					
Restrooms (15 gpd per employee)					
Kitchens and Cafeterias (2 gpd per customer)					
Single Pass Noncontact Cooling Water					
<b>Processes Discharging</b>					
Cooling Tower Bleed					
Boiler Blowdown					
Water Softener Regeneration Reject					
Reverse Osmosis Reject for Supply Water					
Deionizer Regeneration Reject for Supply Water					
Plant and Equipment Wash Down					
Industrial Processes Discharging					
1.					
2.					
3.					
4.					
5.					
6.					
<b>Water Losses</b>					
Irrigation					
Cooling Tower Evaporation (2.4 gpm per 100 tons)					
Boiler Steam Loss					
Production Process Evaporation					
Product Inclusion					
Hauled Off-Site for Waste Disposal					
Employee Use (1 gpd per employee)					
<b>Total</b>					



**SECTION F - DISCHARGE CHARACTERISTICS**

Indicate the constituents that are or may be present in the wastewater discharged to the City sewer by placing a (√) in the column next to the right of the parameters and list the levels of the checked constituents. Include TSS and BOD in the analysis of your constituents, and provide copies of laboratory analyses. **Current Industrial Users** are required to submit monitoring data on all pollutants that are regulated. First time permittees shall submit a laboratory analysis report within thirty (30) days prior to the start of operation. List (UK) if a parameter is present but the concentration is unknown. In addition, indicate the connections to which those substances are discharged by entering the sewer reference no. from section E above.

CONSTITUENT	√	LOADING G (mg/L)	CONNECTION # (SEE SECTION E)	CONSTITUENT	√	LOADING (mg/L)	CONNECTION # (SEE SECTION E)
Alcohol				MBAS			
Ammonium				Mercury			
Arsenic				Nickel			
Barium				Oil & Grease			
BOD				pH			
Boron				PCBs			
Cadmium				Pesticides			
Calcium				Radioactive Wastes			
Chlorine				R.O. & Other Brines			
Chloride				Selenium			
Chlorinated Solvents				Silver			
Chromium				Sodium			
Cobalt				Sulfate			
Copper				Sulfide			
Cyanide				Temperature			
Dissolved Metals				Toxic Organics			
Ferrous Wastes				TDS			
Flammable Solvents				TSS			
Fluoride							
Fuels				Total Hardness			
Highly Odorous Wastes				Uncontaminated Water			
Iron				Viscous Waste or Solids			
Ketones				Zinc			
Lead				Other (List Below)			
Manganese							

BOD = Biological Oxygen Demand, TDS = Total Dissolved Solids, TSS = Total Suspended Solids

**SECTION G – WASTEWATER PRETREATMENT**

24. Is any form of pretreatment (see list below) practiced at this facility?

Yes       No

If no, skip question 25 and go to Section H.

25. For each wastestream treated before discharge, check the appropriate boxes for types of pretreatment used at this facility.

Treatment	√	Connection # (See Section E)	Treatment	√	Connection # (See Section E)
Air Flootation			Marble Chip Neutralization		
Centrifuge			Ozonation		
Chemical Precipitation			Reverse Osmosis		
Chlorination			Sand, Grease & Oil Separator		
Chromium Reduction			Screen		
Cyanide Destruction			Sedimentation		
Cyclone			Septic Tank		
Evaporation			Silver Recovery		
Filtration			Solvent Separation		
Filter Press					
Flow Equalization			Spill Containment		
Grease & Oil Separation			Sump		
Grease Trap			Biological Treatment		
Grinding Filter			Rainwater Diversion or Storage		
Grit Removal			Chemical Treatment Type		
Ion Exchange			Physical Treatment Type		
pH Neutralization			Other (Describe)		

26. Describe the pollutants loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

---



---



---

**SECTION G – WASTEWATER PRETREATMENT CONTINUED**

27. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volume, design and operating conditions.

---

---

---

28. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the City's Sewer System. Please include estimated completion dates.

---

---

---

29. Do you have a treatment operator?

- No
- Yes (If Yes)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full Time: \_\_\_\_\_ (Specify hours)

Part Time: \_\_\_\_\_ (Specify hours)

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

- Yes
- No

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

- Yes
- No

## SECTION H – PRIORITY POLLUTANT INFORMATION

Indicate by placing a (√) check mark next to the left of each listed chemical, which are utilized in the operation of your facility or that is generated as a by-product. Note that some of the listed compounds may also be known by other names.

	PRESENT		PRESENT		PRESENT		PRESENT
	Acenaphthene		2,4-dimethylphenol		Di-N-Butyl Phthalate		Heptachlor
	Acrolein		2,4-dinitrotoluene		Di-n-octyl phthalate		Heptachlor epoxide (BHC hexachlorocyclohexane)
	Acrylonitrile		2,6-dinitrotoluene		Diethyl Phthalate		Alpha-BHC
	Benzene		1,2-diphenylhydrazine		Dimethyl phthalate		Beta-BHC
	Benzidine		Ethylbenzene		1,2-benzanthracene (benzo (a) anthracene)		Gamma-BHC (lindane)
	Carbon tetrachloride		Fluoranthene		Benzo(a)pyrene (3,4-benzo-pyrene)		Delta-BHC
	Chlorobenzene		4-chlorophenyl phenyl ether		3,4-Benzofluoranthene (benzo(b) fluoranthene)		PCB-1242 (Arochlor 1242)
	1,2,4-trichlorobenzene		4-bromophenyl phenyl ether		11,12-benzofluoranthene (benzo (k) fluoranthene)		PCB-1254 (Arochlor 1254)
	Hexachlorobenzene		Bis(2-chloroisopropyl) ether		Chrysene		PCB-1221 (Arochlor 1221)
	1,2-dichloroethane		Bis(2-chloroethoxy) methane		Acenaphthylene		PCB-1232 (Arochlor 1232)
	1,1,1-trichloroethane		Methylene chloride		Anthracene		PCB-1248 (Arochlor 1248)
	Hexachloroethane		Methyl chloride		1,12-benzoperylene (benzo(ghi) perylene)		PCB-1260 (Arochlor 1260)
	1,1-dichloroethane		Methyl bromide		Fluorene		PCB-1016 (Arochlor 1016)
	1,1,2-trichloroethane		Bromoform		Phenanthrene		Toxaphene
	1,1,2,2-tetrachloroethane		Dichlorobromomethane		1,2,5,6-dibenzanthracene (dibenzo(a,h) anthracene)		Antimony
	Chloroethane		Chlorodibromomethane		Indeno (1,2,3-cd) pyrene		Arsenic
	Bis(2-chloroethyl) ether		Hexachlorobutadiene		Pyrene		Asbestos
	2-chloroethyl vinyl ether (mixed)		Hexachloro cyclopentadiene		Tetrachloroethylene		Beryllium, Total
	2-chloronaphthalene		Isophorone		Toluene		Cadmium, Total
	2,4, 6-trichlorophenol		Naphthalene		Trichloroethylene		Chromium, Total
	Parachlorometa cresol		Nitrobenzene		Vinyl chloride		Copper, Total

Chloroform (trichloromethane)	2-nitrophenol	Aldrin	Cyanide, Total
2-chlorophenol	4-nitrophenol	Dieldrin	Lead, Total
1,2-dichlorobenzene	2,4-dinitrophenol	Chlordane (technical mixture and metabolites)	Mercury, Total
1,3-dichlorobenzene	4,6-dinitro-o-cresol	4,4-DDT	Nickel, Total
1,4-dichlorobenzene	N-nitrosodimethylamine	4,4-DDE (p,p-DDX)	Selenium, Total
3,3-dichlorobenzidine	N-nitrosodiphenylamine	4,4-DDD (p,p-TDE)	Thallium, Total
1,1-dichloroethylene	N-nitrosodi-n-propylamine	Alpha-endosulfan	Silver, Total
1,2-trans-dichloroethylene	Pentachlorophenol	Beta-endosulfan	Zinc, Total
2,4-dichlorophenol	Phenol	Endosulfan sulfate	2,3,7,8-tetrachloro-dibenzo-p-dioxin (TCDD)
1,2-dichloropropane	Bis(2-ethylhexyl) phthalate	Endrin	
1,2-dichloropropylene	Butyl benzyl phthalate	Endrin aldehyde	

**SECTION I – PLANS**

All Industrial Users applying for an Industrial User Discharge Permit or amending a current permit shall submit adequate plans. An exemption from submitting plans may be allowed if the facility has previously had an Industrial User Discharge Permit and there are adequate plans on file with the company. **This can only be allowed if there have been no changes in the facility, process or pretreatment equipment from those depicted on the previously approved plans.** Plans must include a scale drawing showing the location of each building on the premises, location of all meters, storm drains, number unit processes (from schematic flow diagram), public sewer, and each facility sewer line connected to the public sewer. Number each sewer and show existing and proposed sampling locations.

**SECTION J – WASTES THAT ARE NOT DISCHARGED**

32. At this site are there any waste liquids or solids that are not discharged to sewer?

Yes     No

If no, skip the balance of section J and go to section K. If yes, check those that apply and indicate whether the wastes are shipped off-site for disposal.

Waste Type	Estimated gals/year	Recycled	Waste Type	Estimated gals/year	Recycled
Acids and Alkalies		<input type="checkbox"/> Yes <input type="checkbox"/> No	Sump Wastes		<input type="checkbox"/> Yes <input type="checkbox"/> No
Grease		<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Oil		<input type="checkbox"/> Yes <input type="checkbox"/> No
Paints		<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Product		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pesticides		<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Solvent		<input type="checkbox"/> Yes <input type="checkbox"/> No
Plating wastes		<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (detail)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Sludge		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION J – WASTES THAT ARE NOT DISCHARGED CONTINUED**

33. Are any of the above checked wastes placed with trash for off-site disposal?

Yes     No

34. Are any of the above checked wastes disposed of on-site by your company?

Yes     No

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

---

---

36. If an outside firm removes any of the above checked wastes, state the names and addresses of all waste haulers.

1.      Name \_\_\_\_\_ Address \_\_\_\_\_  
EPA Number \_\_\_\_\_

2.      Name \_\_\_\_\_ Address \_\_\_\_\_  
EPA Number \_\_\_\_\_

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

Yes     No

If yes, please list them \_\_\_\_\_

---

**SECTION K – SPILL PREVENTION**

38. Do you have chemical storage containers, bins, or ponds at your facility?

Yes     No

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

If **SECTION K – SPILL PREVENTION CONTINUED**

39. Do you have floor drains in your manufacturing or chemical storage areas(s)?

- Yes     No

If yes, where do they discharge to?

---

---

40. If you have chemical storage containers, bins, or ponds in the manufacturing area(s), could an accidental spill lead to a discharge to: (check all that apply)

- An outside disposal system
- The City's sewer system (through a floor drain)
- A storm drain
- To the ground
- Other (specify): \_\_\_\_\_
- Not applicable, no possible discharge to any of the above routes

41. Do you have a slug discharge control plan to prevent spills of chemicals or slug discharges from entering the City's sewer system?

- Yes, (Please attach a copy)       No

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

---

---

**SECTION L: SIGNATORY REQUIREMENT      INDUSTRY NAME \_\_\_\_\_**

The certification statement below must be signed as required in items A, B, C, or D below.

- A. By a responsible corporate officer, if the industrial user submitting the reports is a corporation. For the purpose of this section, a responsible corporate officer means:
  - 1. A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy-or decision-making functions for the corporation; or
  - 2. The manager of one or more manufacturing, production or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. By a general partner or proprietor, if the industrial user submitting the reports is a partnership or sole proprietorship, respectively.
- C. By the principal executive officer or director having the responsibility for the overall operation of the discharging facility, if the industrial user submitting the reports is a Federal, State, or local government entity, or their agents.
- D. By a duly authorized representative of the individual designated in item A, B, OR C of this section if:
  - 1. The authorization is made in writing by the individual described in item A, B, OR C;
  - 2. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or a well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
  - 3. The written authorization is submitted to the City.

Note to signing official: Information and data identifying the nature and frequency of a discharge shall be made available to the public. Requests for confidential treatment of all other information shall be governed by procedures specified in 40 CFR Part 2.

“I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.” I understand that Capacity Connection Reimbursement Account (CCRA) fees may be owed based on the information in this application for Equivalent Dwelling Unit (EDU) capacity.

I further certify that I qualify for signatory authority, as set forth in 40 CFR 403.12(L), based on the above criteria:

CHECK ONE:       A(1)       A(2)       (B)       (C)       D

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**If you wish to delegate signatory authority to a qualified representative, complete a delegation of signatory authority form.**