

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. 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

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

	Auto Mechanical Repair		Auto Body Repair		Battery Storage/Cleaning
	Bulk Chemical Storage		Car Dealership		Coolant Changes and Radiator Flushing
	Car Wash		Employee Training		Groundwater Treatment
	Recycling (Attach System Diagram)				
	Non-Recycling (One Pass)				
	Heavy Duty Equipment Cleaning		Interceptor Cleaning		Laundry (Rag Washing)
	Oil and Water Separation		Painting/Finishing		Paint Equipment Cleaning

	Public Works Garage		Radiator Repair		Tire Repair
	Service Bay Floor Washing		Steam Cleaning/Degreasing		Equipment Transportation
	Vehicle Exterior Washing		Vehicle Fueling/Storage		Other (Describe)

SECTION C - WATER SUPPLY INFORMATION

13. Water Service Account Numbers:

1. _____
2. _____
3. _____

14. 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

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

- Yes No

16. Are Major Process Discharges: Batch Continuous Both

17. 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.): _____

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

If yes, building permit # _____

Schematic Flow Diagram:

In the space below draw the layout of the facility 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 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)

A sewer connection number refers to a main building sewer lateral.

Water Usages Producing A Discharge Or A Water Loss	Sewer Conn # <u>100</u>	Sewer Conn # _____	Sewer Conn # _____	Total
Sanitary Discharges				
Restrooms (15 gpd per employee)				
Kitchens and Cafeterias (2 gpd per customer)				
Single Pass Noncontact Cooling Water				
Processes Discharging				
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.				
Water Losses				
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)				
Total				

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

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

- Yes No

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

20. 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)
Chemical Precipitation			Screen		
Flow Equalization			Sedimentation		
Grease & Oil Separation			Spill Containment		
Grinding Filter			Sump		
pH Neutralization			Rainwater Diversion or Storage		
Marble Chip Neutralization			Physical Treatment Type		
Sand, Grease & Oil Separator			Other (Describe)		

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

22. 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.

23. 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.

24. Do you have a treatment operator?

- No
 Yes (If Yes)

Name: _____

Title: _____

Phone: _____

Full Time: _____ (Specify hours)

Part Time: _____ (Specify hours)

25. 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 (BHChexachlorocyclohexane)
	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

26. 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

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

Yes No

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

Yes No

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

30. 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 _____

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

Yes No

If yes, please list them _____

SECTION K – SPILL PREVENTION

32. 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

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

Yes No

If yes, where do they discharge to?

34. 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

35. 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 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.