



CITY OF SANTA BARBARA Industrial Wastewater Discharge Permit Application

Section A: Identification

A.1 Company Information

Facility Name: _____

Facility Address: _____

Facility APN: _____

Mailing Address: _____

Phone Number: _____

A.2 Owner(s) : _____

Name and Title of senior management official responsible for the content of the pretreatment reports: (See Section H for eligible officials and attach authorization letter if necessary):

Phone Number: _____ Email: _____

Name and Title of person to contact regarding pretreatment concerns:

Phone Number: _____ Email: _____

A.3 Permits. List any environmental permits held by or for the facility. Include permit number and issuing agency:

Section B: Description of Operations

B.1 Describe any manufacturing activities that use water and/or result in the production of wastewater:

Describe any other manufacturing or service activities performed at this address:

B.2 Standard Industrial Classification Code. List all SIC codes for facility:

B.3 Wastewater Flows: List information on wastewater flows from process streams and domestic discharges in gallons per day (gpd).

Waste stream*	Average Daily Flow (gpd)	Maximum Daily Flow (gpd)	Method of Determination	Applicable Categorical Pretreatment Standard

*Include each regulated process waste stream and non-process waste stream.

Section C: Facility Operation

C.1 Number of shifts worked each day (24 Hours): _____

Average number of employees per each shift: Shift A: _____

Shift B: _____

Shift C: _____

Starting time of each shift: Shift A: _____

Shift B: _____

Shift C: _____

Total Hours of Operation: _____

Hours of Industrial Wastewater Discharge: _____

Duration of Industrial Wastewater Discharge: _____

Days of week in operation: (circle) S M T W Th F S

C.2 Raw Materials

Raw Materials	Average Amount Processed (per day)	Maximum Amount Processed (per day)

C.3 List of Chemicals Used at the Facility (attach additional sheets as necessary).

- a. _____ e. _____
 b. _____ f. _____
 c. _____ g. _____
 d. _____ h. _____

Attach Material Safety Data Sheets for all chemicals. (If previously submitted, so indicate).

C.4 Principal Products

Principal Products Produced	Total Amount Produced	Processes	Average Rate of Production

C.5 List of Wastes Generated at the Facility (attach additional sheets as necessary).

- a. _____ e. _____
 b. _____ f. _____
 c. _____ g. _____
 d. _____ h. _____

C.6 Has a business plan (Hazardous Material Inventory) been submitted to the County of Santa Barbara Prevention Service Department? Yes No

C.7 Is production subject to seasonal variation? Yes No

If yes, please explain: _____

C.8 Attach a facility schematic drawing(s) (site plan) which show:

- All processes producing industrial wastewater.
- All potable water lines and their appurtenances.
- All internal and external domestic sewer lines. Directions of flow should be indicated.
- All internal and external sewer lines and floor drains receiving industrial wastewater. Directions of flow should be indicated and slopes specified where available. Differentiation between treated and untreated wastewater should be made when applicable.
- Any wastewater treatment equipment.
- Process flow schematics through any wastewater treatment equipment.

- 7. Location of the sewer lateral and connection to the City sewer main.
- 8. Locations of storm drains and storm drainage system connections.

Section D: Pretreatment System Information

D.1 Is there a system for the treatment of the industrial wastewater prior to discharge to the City of Santa Barbara sewer system? If no, proceed to Section E. Yes No

D.2 Type of treatment:

- | | | | |
|----------|--------------------------|------------|--------------------------|
| Chemical | <input type="checkbox"/> | Physical | <input type="checkbox"/> |
| Batch | <input type="checkbox"/> | Continuous | <input type="checkbox"/> |

Description of treatment process:

D.3 Capacity of treatment system:

D.4 Are BMPs Used:

Section E: Pollutant Information

E.1 Report pollutant concentrations (and/or mass if required) for each pollutant known or suspected to be present in the wastewater from your facility.

Pollutant	Number of Samples	Concentration (mg/L) or Mass (kg/day)		
		Instantaneous	Daily Maximum	Long-term Average
<i>Conventional</i>				
Ammonia as N				
Biochemical Oxygen Demand				
Total Suspended Solids				
<i>Metals*</i>				
Antimony				
Arsenic				

Pollutant	Number of Samples	Concentration (mg/L) or Mass (kg/day)		
		Instantaneous	Daily Maximum	Long-term Average
Beryllium				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Silver				
Thallium				
Zinc				
Other				
Cyanide				
Total Toxic Organics				

*Total recoverable

E.2 Is any sludge from this facility disposed to the sewer system? Yes No

E.3 Is any sludge from this facility disposed of by means other than to the sewer system?
Yes No

E.4 These wastes may best be described as: (PLEASE INDICATE WHETHER WASTES ARE BEING DISPOSED OF TO THE SEWER OR OTHER)

Acids and Alkaloids Sewer (S) Other (O)

Heavy Metal Sludges	<input type="checkbox"/>	<input type="checkbox"/>
Inks or Dyes	<input type="checkbox"/>	<input type="checkbox"/>
Oil & Grease of petroleum/mineral origin	<input type="checkbox"/>	<input type="checkbox"/>
Oil & Grease of animal/vegetable origin	<input type="checkbox"/>	<input type="checkbox"/>
Organic compounds	<input type="checkbox"/>	<input type="checkbox"/>
Paints	<input type="checkbox"/>	<input type="checkbox"/>
Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
Plating Wastes	<input type="checkbox"/>	<input type="checkbox"/>
Pretreatment Sludges	<input type="checkbox"/>	<input type="checkbox"/>
Solvent /Thinners	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

E.5 For the wastes which were indicated above as discharged to other than the sanitary sewer system. Which method of disposal does your company practice?

- | | | | |
|------------------|--------------------------|-------------------|--------------------------|
| On Site Disposal | <input type="checkbox"/> | Off Site Disposal | <input type="checkbox"/> |
| On Site Storage | <input type="checkbox"/> | Off Site Storage | <input type="checkbox"/> |

Section F: Monitoring and Spill Information

- F.1 Is there a pH meter/recorder installed at the point of discharge to the sewer system?
Yes No
- F.2 Is there a secure sampling box installed at the point of discharge to the sewer system?
Yes No
- F.3 Are all tanks bermed or otherwise, contained, to prevent accidental spills?
Yes No
- F.4 Are all industrial wastewater streams hard-piped to prevent accidental spills?
Yes No
- F.5 Is there a spill control plan in place? If yes, please attach a copy with this application.
Yes No
- F.6 Is there a slug load/slug discharge plan in place? If yes, please attach a copy with this application.
Yes No
- F.7 Are employees regularly trained on proper disposal of industrial waste, spill response, and slug discharge procedures? If yes, please attach a plan stating the frequency and format of training program.
Yes No

Section G: Metal Plating and Finishing (If your company does not perform any metal plating or finishing please go to section H.)

G.1 How often are plating solutions replenished?

G.2 How often are spent or unusable plating solutions disposed of?

G.3 At what frequency are static rinse tanks replaced with clean water?

G.4 Where are spent static rinse tanks disposed of?

G.5 Is Hexavalent Chromium used for plating? _____

G.6 At what frequency are clarifiers pumped or cleaned out?

Section H: Certification

H.1 Certification requirements: All reports, including this Wastewater Discharge Permit application must be signed by an Authorized or Duly Authorized Representative of the User as required in the City of Santa Barbara Municipal Code, Title 16 and 40 CFR Part 403.12 and as follows:

(1) If the User is a corporation:

(a) The president, secretary, treasurer, or a 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

(b) The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that 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 Wastewater Discharge Permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) If the User is a partnership or sole proprietorship: a general partner or proprietor, respectively.

(3) If the User is a Federal, State, or local government facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.

(4) The individuals described in paragraphs (1)-(3), above, may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or

position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company, and the written authorization is submitted to the City.

H.2 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 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 fines and imprisonment for knowing violations.

Name

Title

Signature

Date

For City use only:

Co. Health _____
APCD _____
Discharge _____
Spill Plan _____
Permit No. _____

Attachments _____
Treatment _____
Site Plan _____
MSDS _____