Central Valley Water Reclamation Facility

APPLICATION FOR A WASTEWATER DISCHARGE PERMIT TO THE PUBLIC SEWER SYSTEM / BASELINE MONITORING REPORT

Note: Please read all attached instructions prior to completing this application.

SECTION A
General Information

1. Business name: _____

   Name(s) of business owner(s): _____

   Name of operator: _____

   Facility address: _____

   City: _____ State: _____ Zip code: _____

   Telephone number: _____

   Mailing address if the same as above check box ☐

   Address: _____

   City: _____ State: _____ Zip code: _____

   Telephone number: _____

2. Check appropriate item: ☐ Owner ☐ Lease ☐ Tenant

   ☐ Other (Explain): _____

3. Name and contact information of the authorized or duly authorized representative having legal signatory authority for this business. Attach additional information if more than one signatory authority exists:

   Name: _____ Title: _____

   Telephone number: _____ Mobile number: _____

   E-mail address: _____

4. Alternate person to contact concerning facility operations and /or information provided herein:

   Name: _____ Title: _____

   Telephone number: _____ Mobile number: _____

   E-mail address: _____

SECTION B
Business Activity

1. 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 beside all applicable categories of business activity.

- ☐ Adhesives
- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Auto and other Laundries
- ☐ Battery Manufacturing
- ☐ Can Making
- ☐ Canned and Preserved Fruit and Vegetable Processing
- ☐ Canned and Preserved Seafood
- ☐ Carbon Black Manufacturing
- ☐ Cement Manufacturing
- ☐ Centralized Waste Treatment
- ☐ Coal Mining
- ☐ Coil Coating
- ☐ Concentrated Animal Feeding Operation and Feedlots
- ☐ Concentration Aquatic Animal Production
- ☐ Copper Forming
- ☐ Dairy Product Processing or Manufacturing
- ☐ Electric and Electronic Components Manufacturing
- ☐ Electroplating
- ☐ Explosives Manufacturing
- ☐ Fertilizer Manufacturing
- ☐ Ferroalloy Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Gum and Wood Chemicals Manufacturing
- ☐ Hospital
- ☐ Ink Formulation
- ☐ Inorganic Chemicals
- ☐ Iron and steel
- ☐ Landfill
- ☐ Leather Tanning and Finishing
- ☐ Meat and Poultry Products
- ☐ Metal Finishing
- ☐ Metal Products and Machinery
- ☐ Mineral Mining and Processing
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metals Manufacturing
- ☐ Oil and Gas Extraction
- ☐ Ore Mining
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and Ink Formulating
- ☐ Paving and Roofing Manufacturing
- ☐ Pesticides Chemical Manufacturing, Formulating, and/or Packaging
- ☐ Petroleum Refining
- ☐ Pharmaceutical Manufacturing

☐ Phosphate Manufacturing
☐ Photographic Processing
☐ Plastic and Synthetic Materials Manufacturing
☐ Porcelain Enameling
☐ Printed Circuit Board Manufacturing
☐ Pulp, Paper, and Fiberboard Manufacturing
☐ Rubber Manufacturing
☐ Soap and Detergent
☐ Steam Electric Power Generating
☐ Sugar Processing
☐ Textile Mills
☐ Timber Products
☐ Transportation Equipment Cleaning
☐ Waste Combustors Cleaning
☐ Other (explain) _____

2. Give a brief description of all operations at this facility including primary products or services. Attach additional pages if necessary.

3. Indicate applicable Standard Industrial Classification number(s) (SIC) for your facility/facilities (https://www.osha.gov/pls/imis/sicsearch.html).

SIC_____ SIC_____ SIC_____

4. Production Rate: Attach additional pages if necessary.

Product	Previous Calendar Year Amounts per Day (Daily Units)		Current Calendar Year Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

SECTION C
Water Supply

1. Identify your water intake source and estimate your intake volume in gallons per day:

   a. Public water supply: _____GPD

      Supplier: _____

      Account number (from bill): _____

   b. Private water supply _____GPD

   c. Well water _____GPD

   d. Other sources (identify) _____ _____GPD

2. Of the total volume listed, what percentage do you estimate is or will be discharged directly to the:

   a. Storm drain _____%

   b. Sanitary sewer _____%

   c. Other (identify) _____ _____%

3. Water used for:

   a. Contact cooling water _____GPD

   b. Non-contact cooling water _____GPD

   c. Process water _____GPD

   d. Sanitary _____GPD

   e. Boiler feed water _____GPD

   f. Air pollution control _____GPD

   g. Retained in product _____GPD

   h. Plant and equipment washdown _____GPD

   i. Irrigation and lawn watering _____GPD

j. Other (identify) _____ _____GPD

SECTION D
Sewer Information

1. This question is for **existing businesses**:

   a. Is the building presently connected to the public sanitary sewer system?

   ☐ **YES**: Sewer bill paid by: _____

   Street: _____

   City: _____ State: _____ Zip Code: _____

   Sewer Service Account Number: _____

   ☐ **NO**: Has business applied to connect? ☐ Yes ☐ No

   b. Does this facility have a sampling manhole? ☐ Yes ☐ No

   If a sampling manhole exists, describe and give location: _____

   _____

   _____

2. This question is for **new businesses**:

   a. Will the business occupy an existing building, or will a new building be constructed?

   ☐ New Building ☐ Existing Building

   b. Will the building be connected to the public sanitary sewer system?

   ☐ Yes ☐ No

   c. Does this facility currently have a sampling manhole?

   ☐ Yes ☐ No

3. If a sampling manhole exists or will be constructed, describe and give location: _____

   _____

   _____

4. List descriptive location, and flow of each discharge pipe or discharge point which connects to the sanitary sewer system.

Descriptive Location of Sewer Connection or Discharge Point	Average Flow (GPD)

SECTION E
Wastewater Discharge Information

1. Does this facility now, or plan to in the future, discharge any non-domestic wastewater (wastewater other than from restrooms)?

   Present: ☐ Yes ☐ No **Future:** ☐ Yes ☐ No

2. Provide the following information on wastewater flow rate and times of discharge (new facilities may estimate):

   a. Total hours/day flow is discharged (e.g., 8 hours/day)

      M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____

   b. Time of day discharge occurs (e.g., 9am-5pm):

      M _____ T _____ W _____ Th _____ F _____ S _____ Sun _____

   c. Maximum hourly flow rate (gallons per hour): _____

   d. Maximum daily flow rate (gallons per day): _____

   e. Average daily flow rate (gallons per day): _____

3. If batch discharge(s) occur or will occur, list times, flows and number of batches (new facilities may estimate):

   a. Number of batches discharged per day: _____

b. Average gallons discharged per batch: _____

c. Time of batch discharges _____ at _____
(day of week) (time of day)

d. Flow rate of a batch discharge: _____ gallons per minute.

e. Discharge from one batch is _____ percent of the total daily discharge from all sewer discharge sources at facility.

4. Attach schematic flow diagram – For each major activity in which wastewater is or will be generated, 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. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream (new facilities may estimate). If estimates are used for flow data, this must be indicated. Number each unit process having wastewater discharges to the sanitary sewer. **Use these numbers when showing the unit processes in the building layout in Section H**.

5. List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. (New facilities should provide estimates for each discharge).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

6. List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both) for each of the non-process wastewater flows (i.e., cooling tower blowdown, boiler blowdown).

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

7. For all users subject to Total Toxic Organics (TTO) requirements:

   a. Does (or will) the facility use any of the toxic organics listed under the TTO standard of the applicable categorical pretreatment standards as published by the EPA?

      ☐ Yes ☐ No

   b. Has a baseline monitoring report (BMR) been submitted to CVWRF which contains TTO sample information?

      ☐ Yes ☐ No

   c. Has a Toxic Organics Management Plan (TOMP) been developed for this facility?

      ☐ Yes ☐ No

      If yes, please attach a copy of the TOMP to this form.

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering and measuring equipment at this facility?

   Current: Sampling Equipment ☐ Yes ☐ No ☐ N/A
   Flow Metering ☐ Yes ☐ No ☐ N/A

Future:	Sampling Equipment	☐ Yes	☐ No	☐ N/A
	Flow Metering	☐ Yes	☐ No	☐ N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

9. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes as well as air or water pollution treatment processes that may affect the discharge.

☐ Yes ☐ No (if no, skip question 10)

10. Briefly describe these changes and their effects on the wastewater volume and characteristics (attach additional pages if needed).

11. Are any materials, wastes, or water reclaimed and/or recovered for reuse?

☐ Yes ☐ No (if no, skip question 12)

12. Briefly describe the recovery process, substance recovered, percent recovered, and the concentration(s) in the spent solution. Submit a flow diagram for each process (attach additional sheets if needed).

13. As allowed at 40 CFR 403.6(c)(5) and 2.2 G of the CVWRF Pretreatment Rule, when the limits in a categorical Pretreatment Standard are expressed only in terms of pollutant concentration, an Industrial User may request that CVWRF convert the limits to equivalent mass limits. Do you anticipate that you will make this request?

☐ Yes ☐ No

14. As allowed at 40 CFR 403.6(c)(6) and 2.2 H of the CVWRF Pretreatment Rule, an Industrial User subject to the mass limits of categorical Pretreatment Standards to 40 CFR Parts 414, 419, and/or 455 may request that CVWRF convert the mass limits to equivalent concentration limits. Do you anticipate that you will make this request?

☐ Yes ☐ No

SECTION F
Characteristics of Discharge

1. All existing industrial users are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **Do not leave blanks.** For all other (nonregulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

   New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (may be present), or O (will not be present) under the average reported values.

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acenaphthene								
Acrolein								
Acrylonitrile								
Benzene								
Benzidine								
Carbon Tetrachloride								
Chlorobenzene								
1,2,4-Trichlorobenzene								
Hexachlorobenzene								

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
1,2-Dichloroethane								
1,1,1-Trichloroethane								
1,1,2,2,-Tetrachloroethane								
Chloroethane								
Bis(2-Chloroethyl)ether								
17 Bis (chloro methyl) ether								
2-Chloroethyl vinyl Ether								
2-Chloronaphthalene								
2,4,6-Trichlorophenol								
Parachlorometa cresol								
Chloroform								
2-Chlorophenol								
1,2-Dichlorobenzene								
1,3-Dichlorobenzene								
1,4-Dichlorobenzene								
3,3'-Dichlorobenzidine								
1,1-Dichloroethylene								
1,2-Trans-Dichloroethylene								
2,4-Dichlorophenol								
1,2-Dichloropropane								
1,2-Dichloropropylene								
1,3-Dichloropropylene								
2,4-Dimethylphenol								
2,4-Dinitrotoluene								
2,6-Dinitrotoluene								
1,2-Diphenylhydrazine								
Ethylbenzene								
Fluoranthene								
4-Chlorophenyl Phenyl Ether								
4-Bromophenyl Phenyl Ether								
Bis(2-Chloroethyl)ether								
Bis(2-chloroethoxy)methane								
Methylene Chloride								

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Methyl Chloride								
Bromoform								
Dichlorobromomethane								
Chlorodibromomethane								
Hexachlorobutadiene								
Hexachlorocyclopentadiene								
Isophorone								
Naphthalene								
Nitrobenzene								
Nitrophenol								
2-Nitrophenol								
4-Nitrophenol								
2,4-Dinitrophenol								
4,6-Dinitro-O-Cresol								
N-Nitrosodimethylamine								
N-Nitrosodiphenylamine								
N-Nitrosodi-N-Propylamine								
Pentachlorophenol								
Phenol								
Bis(2-ethylyhexyl)phthalate								
Butylbenzyl Phthalate								
Di-N-Butyl Phthalate								
Di-N-Octyl Phthalate								
Diethyl Phthalate								
Dimethyl Phthalate								
Benzo(a)anthracene								
Benzo(a)pyrene								
3,4-Benzofluoranthene								
Benzo(k)fluoranthene								
Chrysene								
Acenaphthylene								
Anthracene								
Benzo(ghi)perylene								
Fluorene								

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Phenanthrene								
Dibenzo(a,h)anthracene								
Indeno(1,2,3-cd)pyrene								
Pyrene								
Tetrachloroethylene								
Toluene								
Trichloroethylene								
Vinyl Chloride								
Aldrin								
Dieldrin								
Chlordane								
4,4'-DDT								
4,4'-DDE								
4,4'-DDD								
Alpha-Endosulfan								
Beta-Endosulfan								
Endosulfan Sulfate								
Endrin								
Endrin Aldehyde								
Heptachlor								
Heptachlor Epoxide								
Alpha-BHC								
Beta-BHC								
Gamma-BHC								
Delta-BHC								
PCB-1242								
PCB-1254								
PCB-1221								
PCB-1232								
PCB-1248								
PCB-1260								
PCB-1016								
Toxaphene								
(TCDD)								
Asbestos								

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Acidity								
Alkalinity								
Bacteria								
BOD5								
COD								
Chloride								
Chlorine								
Fluoride								
Hardness								
Magnesium								
NH_3-N								
Oil and Grease								
TSS								
TOC								
Kjeldahl N								
Nitrate N								
Nitrite N								
Organic N								
Orthophosphate P								
Phosphorous								
Sodium								
Specific Conductivity								
Sulfate (SO_4)								
Sulfide (S)								
Sulfite (SO_3)								
Antimony								
Arsenic								
Barium								
Beryllium								
Cadmium								
Chromium								
Copper								
Cyanide								
Lead								
Mercury								

Pollutant	Detection Method Level Used	Maximum Daily Value		Average of Analyses		Number of Analyses	Units	
		Conc.	Mass	Conc.	Mass		Conc.	Mass
Nickel								
Selenium								
Silver								
Thallium								
Zinc								
Any additional pollutants regulated by state or local laws:								

2. Do you anticipate requesting a monitoring waiver for regulated pollutants which you believe to not be present in your process wastestream(s)?

   ☐ Yes ☐ No

3. In order to request a monitoring waiver for pollutants not present, you must provide data from at least one sampling of your facility's wastewater prior to any treatment present at your facility that is representative of all wastewater from all processes. The request of a monitoring waiver must be signed in accordance with Section 1.4 C of the CVWRF Pretreatment Rule and include the certification statement in Section 6.14 A of the CVWRF Pretreatment Rule. Do you wish to make this request?

   ☐ Yes ☐ No

SECTION G
Treatment

1. Is any form of wastewater treatment practiced at this facility?

   ☐ Yes ☐ No

2. Is any form of wastewater treatment or changes to any existing wastewater treatment facilities, planned for this facility in the next three years?

   ☐ Yes ☐ No

   If yes, describe: _____

3. Treatment devices or processes used or proposed for treating wastewater or sludge. Check as many as appropriate.

☐ Air Flotation

☐ Biological treatment, type: _____

☐ Centrifuge

☐ Chemical precipitation

☐ Chlorination

☐ Cyclone

☐ Filtration

☐ Flow equalization

☐ Grease or oil separation, type: _____

☐ Grease Interceptor

☐ Grinding filter

☐ Grit removal

☐ Ion exchange

☐ Neutralization, pH correction

☐ Ozonation

☐ Rainwater diversion or storage

☐ Reverse Osmosis

☐ Screen

☐ Sedimentation

☐ Septic tank

☐ Solvent separation

☐ Spill prevention

☐ Sump

☐ Other chemical treatment, type: _____

☐ Other physical treatment, type: _____

4. Is process wastewater mixed with non-process wastewater prior to the sampling point?

☐ Yes ☐ No

5. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above. Attach additional pages if needed.

_____

_____

_____

_____

_____

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

7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

_____

8. Does the facility have a wastewater treatment plant operator? ☐ Yes ☐ No

   If yes, name: _____
   Title: _____
   Phone: _____
   Full Time: _____ (specify hours)
   Part Time: _____ (specify hours)

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

   ☐ Yes ☐ No

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

    ☐ Yes ☐ No

SECTION H
Facility Operational Characteristics

1. Shift Information:

Workdays		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Shifts per workday								
Employees per shift	1st							
	2nd							
	3rd							
Shift start and end times	1st							
	2nd							
	3rd							

2. Indicate whether the business activity is:

   ☐ Continuous through the year, or

   ☐ Seasonal – Circle the months of the year during which the business activity occurs:

   Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

3. Indicate whether the facility discharge is:

   ☐ Continuous through the year, or

   ☐ Seasonal – Circle the months of the year during which the business activity occurs:

   Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

4. Does the facility shut down for vacation, holidays, maintenance, or other reasons?

   ☐ Yes, explain_____

   ☐ No

5. List types and amounts, mass or volume per day, of raw materials used or planned for use. Attach list if needed.

Raw Materials	Quantity

6. List types and quantity of chemicals used or planned for use. Attach list if needed. Include copies of Safety Data Sheets for all chemicals identified.

Chemical	Quantity

7. Attach a blueprint or scale drawing showing the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

SECTION I
Spill Prevention

1. Does the facility store bulk chemicals and wastes on site in containers such as storage tanks, drums, totes, bins, or ponds?

   ☐ Yes ☐ No

   If yes, please give a description of their location, contents, type and size of container, frequency of use, and the methods of spill prevention and response. Attach list if needed.

   _____

   _____

   _____

   _____

2. Indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

   _____

   _____

   _____

   _____

3. Are there floor/trench drains in the manufacturing or chemical storage area(s)?

   ☐ Yes ☐ No

   If yes, where do they discharge to?

   _____

   _____

4. If this facility has chemical storage containers, drums, totes, bins, or ponds, an accidental spill would potentially impact the following: Check all that apply.

   ☐ an onsite disposal system
   ☐ public sanitary sewer system (e.g. through a floor drain)

☐ storm drain
☐ soils
☐ other, specify: _____
☐ not applicable, no possible discharge to any of the above.

5. Does the facility have an accidental spill prevention and response plan to prevent spills of chemicals or slug discharges from entering the sewer system?

   ☐ Yes - Enclose a copy of the spill plan with this application

   ☐ No

   ☐ N/A, not applicable since there are no exposed floor drains and/or the facility discharge(s) only domestic wastes.

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

_____

_____

_____

_____

SECTION J
Non-Discharged Wastes

1. Are any waste liquids or sludges generated and not disposed of in the sanitary sewer system?

   ☐ Yes (please describe below) ☐ No (skip the remainder of Section J)

Waste Generated	Quantity (per year)	Disposal Method

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which wastes are disposed of on-site.

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

4. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers.

Name	Address

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

☐ Yes ☐ No

If yes, please list the permit(s).

6. Describe where and how waste liquids and sludges are stored.

SECTION K
Compliance Information

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

   ☐ Yes ☐ No ☐ Not yet discharging

2. If No:

   a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? List additional treatment technologies or practices being considered. Attach additional pages if needed.

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

Milestone Activity	Completion Date

SECTION L
AUTHORIZED SIGNATURES

I understand, that in consideration of the granting of an Industrial Wastewater Discharge Permit,

the undersigned recognizes and agrees:

1. to cooperate at all times in the inspection, sampling, and study of the industrial wastes;

2. to accept and abide by all provisions of the CVWRF Pretreatment Rule.

Authorized Representative 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 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/or imprisonment for knowing violations.

_____	_____
Name (please print)	Title
_____	_____
Signature	Date
_____	_____
Email	Telephone No.

Following the review and acceptance of your application for a discharge permit, the discharge permit will be issued through Central Valley Water Reclamation Facility.

<u>Note:</u> Application may be mailed or hand-delivered to:

Central Valley Water Reclamation Facility
800 West Central Valley Road
Salt Lake City, UT 84119-3379

INSTRUCTIONS TO FILL OUT WASTEWATER DISCHARGE PERMIT APPLICATION

The permit application must be completed through question E.1. If you answer "No" to both options in question E.1., you may skip to Section H. Otherwise, if a question is not applicable, indicate so on the form. Do not leave blanks. Instructions to some questions on the permit application are given below.

SECTION A – INSTRUCTIONS (General Information)

1. Enter the business' official or legal name. Do not use a colloquial name.

   Operator Name: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility.

   Provide the physical location of the facility that is applying for a discharge permit.

   Provide the mailing address where correspondence from Central Valley Water Reclamation Facility (CVWRF) may be sent.

3. Provide all the names of the authorized or duly authorized representatives having legal signatory authority for the business for the purposes of signing all reports. The authorized or duly authorized representative is defined as:

   A. If the applicant is a corporation:

      (i) 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

      (ii) 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 individual wastewater discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

   B. If the applicant is a partnership or sole proprietorship: a general partner or proprietor, respectively.

   C. If the User is a Federal, State, or local governmental 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.

   D. The individuals described in paragraphs A through C, 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 CVWRF.

4. Provide the name of a person who is thoroughly familiar with the facts reported on this form and who can be contacted by CVWRF (e.g., the plant manager).

SECTION B – INSTRUCTIONS (Business Activity)

1. Check off all operations that occur or will occur at your facility. If you have any questions regarding how to categorize your business activity, contact CVWRF for technical guidance.

2. Provide a brief narrative description of all operations at this facility.

3. For all processes found on the premises, indicate the Standard Industrial Classification (SIC) code. To determine the SIC code for a facility see https://www.osha.gov/pls/imis/sicsearch.html.

4. List the types of products, giving the common or brand name and the proper or scientific name. Enter from your records the average and maximum amounts produced daily for each operation for the previous calendar year, and the estimated or actual total daily production for this calendar year. Be sure to specify the daily units of production. Attach additional pages as necessary.

SECTION C – INSTRUCTIONS (Water Supply)

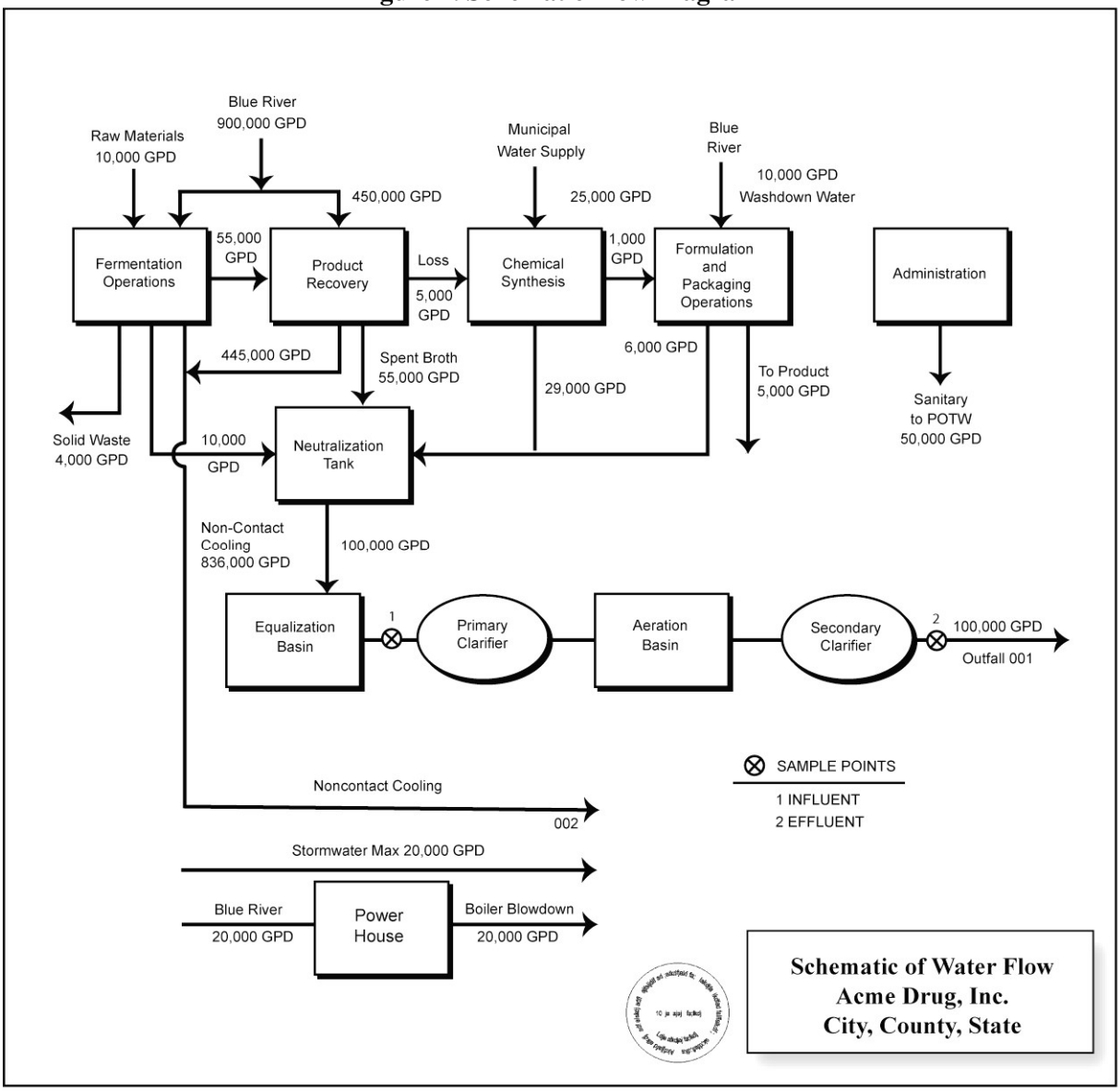
3. Provide daily average water usage within the facility. Contact cooling water is cooling water that during the process comes into contact with process materials, thereby becoming contaminated. Non-contact cooling water does not come into contact with process materials. Sanitary water includes only water used in restrooms. Plant and equipment washdown includes floor washdown. If sanitary flow is not metered, provide an estimate based on 25 gallons per day (gpd) for each employee.

SECTION E – INSTRUCTIONS (Wastewater Discharge Information)

1. If you answer "no" to this question, skip to Section H, otherwise complete the remainder of the application.

4. A schematic flow diagram is required to be completed. Assign a sequential reference number to each process starting with No. 1. An example of a drawing is shown below in Figure 1. To determine your average daily volume and maximum daily volume of wastewater flow, you may have to read water meters, sewer meters, or make estimates of volumes that are not directly measurable.

Figure 1. Schematic Flow Diagram



5. Applicant should report average daily and daily maximum wastewater flows from each process, operation, or activity present at the facility. Categorical users should report average daily and maximum daily wastewater flows from every regulated, unregulated, and dilution process. A

regulated wastestream is defined as wastewater from an industrial process that is regulated for a particular pollutant by a categorical pretreatment standard. Unregulated wastestreams are wastestreams from an industrial process that are not regulated by a categorical pretreatment standard and are not defined as a dilution wastestream. Dilution wastestreams include sanitary wastewater, boiler blowdown, noncontact cooling water or blowdown, stormwater streams, demineralized backwash streams and process wastestreams from certain industrial subcategories exempted by EPA from categorical pretreatment standards. For further details see 40 CFR 403.6 (e).

6. Users should report the average daily and daily maximum wastewater flows for each non-process wastewater flow. Non-process wastewater flows include, but are not limited to, cooling tower blowdown and boiler blowdown.

13. The facility should indicate whether or not it anticipates requesting for equivalent mass limits.

14. If the facility is subject to 40 CFR Parts 414, 419, or 455, it should indicate whether or not it anticipates requesting for equivalent concentration limits.

SECTION F – INSTRUCTIONS (Characteristics of Discharge)

Provide the results of sampling and analysis identifying the nature and concentration, or mass if required, of regulated pollutants in the discharge from each regulated process. Both daily maximum and average concentration values, or mass, if required, must be reported. The sample must be representative of daily operations.

If the User is subject to categorical effluent limits, the user must take a minimum of one representative sample to compile the necessary data. Samples should be taken immediately downstream from pretreatment facilities if such exists or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with the regulated wastewater prior to pretreatment, the user should measure the flows and concentrations. Sampling and analysis must be performed in accordance with the techniques prescribed in 40 CFR part 136 and amendments thereto. Furthermore, the date and place, and the methods of analysis must be submitted with the application.

Historical data may be used if the data provides sufficient information to determine the need for industrial pretreatment measures.

SECTION H – INSTRUCTIONS (Facility Operational Characteristics)

2. Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, circle the months of the year during which the discharge occurs. Make any comments you feel are required to describe the variation in operation of your business activity.

4. Indicate any shutdowns in operation which may occur during the year and indicate the reasons for shutdown.

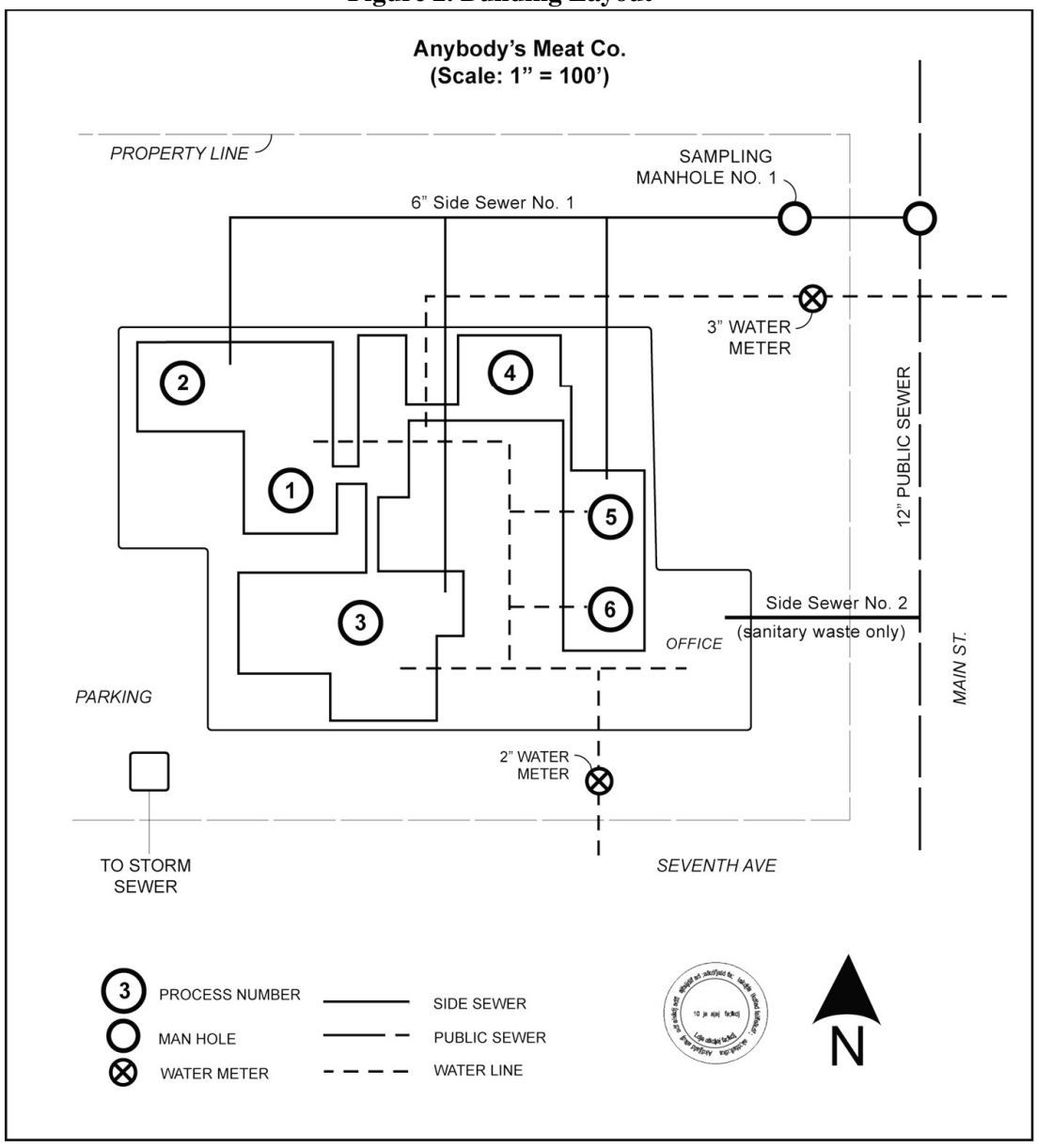
5. Provide a listing of all primary raw materials used, or planned, in the facility's operations. Indicate amount of raw material used in daily units.

6. Provide a listing of all chemicals used, or planned, in the facility's operations. Indicate the amount used or planned for use in daily units. Avoid the use of trade names of chemicals. If trade names are

used, also provide chemical compounds. Provide copies of all available safety data sheets for all chemicals identified.

7. A building layout or plant site plan of the premises. Approved building plans may be submitted. An arrow showing North as well as the map scale must be shown. The location of each existing and proposed sampling location and facility sewer line should be identified as well as all sanitary and wastewater drainage plumbing. Number each unit process discharging wastewater to the public sewer. Use the same number system shown in the schematic flow diagram. An example of the drawing is shown below.

Figure 2. Building Layout



SECTION I – INSTRUCTION (Spill Prevention)

6. Describe how the spill occurred, what was spilled, when the spill happened, where it occurred, how much was spilled, and whether or not the spill reached the sewer. Also explain what measures have been taken to prevent a reoccurrence or what measures have been taken to limit damage if another spill occurs.

SECTION J – INSTRUCTIONS (Non-Discharged Wastes)

1. For wastes not discharged to the Control Authority's sewer, indicate types of waste generated, amount generated, the way in which the waste is disposed (e.g., incinerated, hauled, etc.), and the location of disposal.

2. Onsite disposal system could be a septic system, lagoon, holding pond (evaporative-type), etc.

5. Types of permits could be: air, hazardous waste, underground injection, solid waste, NPDES (for discharges to surface water), etc.

SECTION L – INSTRUCTIONS (Authorized Signatures)

See instructions for question 3 in Section A, for a definition of an authorized representative.