CITY OF SAN BERNARDINO
MUNICIPAL WATER DEPARTMENT
ENVIRONMENTAL CONTROL SECTION

ENVIRONMENTAL CONTROL SECTION
PERMIT APPLICATION
CLASS I - II

SECTION A - GENERAL INFORMATION

1. **Facility Name:**_____

   a. Operator Name:_____

   b. Is the operator identified in (1.a.) the owner of the facility?
   [ ] Yes [ ] No

   If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

   _____

   _____

2. **Facility Address: (Please include suite or tenant space number in multiple unit building)**
   Street:_____

   City:_____ State:_____ Zip:_____

3. **Facility Mailing Address:**
   Street or P.O. Box:_____

   City:_____ State:_____ Zip:_____

4. **Designated Authorized Representative(s) of the facility:**

   Name:_____ Name:_____

   Title:_____ Title:_____

   Phone No.:_____ Phone No.:_____

   Fax No.:_____ Fax No.:_____

5. **Designated Facility Contact(s) of the facility:**

   Name:_____ Name:_____

   Title:_____ Title:_____

   Phone No.:_____ Phone No.:_____

   Fax No.:_____ Fax No.:_____

6. Indicate the applicable North American Industrial Classification System (NAICS) for all processes.

   a._____ b._____ c._____ d._____

SECTION B - BUSINESS ACTIVITY

1. Indicate if any manufacturing operations listed below, regardless of whether any wastewater, waste sludge, or hazardous wastes is generated, are performed at the facility. (Check all that apply).

Industrial Categories or Business Activities Regulated by Categorical Standards

[ ] Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] Can Making
[ ] Carbon Black
[ ] Coal Mining
[ ] Coil Coating
[ ] Copper Forming
[ ] Electric and Electronic Components Manufacturing
[ ] Electroplating
[ ] Feedlots
[ ] Fertilizer Manufacturing
[ ] Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Inorganic Chemicals
[ ] Iron and Steel
[ ] Leather Tanning and Finishing
[ ] Metal Finishing
[ ] Nonferrous Metals Forming
[ ] Nonferrous Metals Manufacturing
[ ] Paint and Ink Formulating
[ ] Paving and Roofing Manufacturing
[ ] Pesticides Manufacturing
[ ] Petroleum Refining
[ ] Pharmaceutical
[ ] Plastic and Synthetic Materials Manufacturing
[ ] Plastics Processing Manufacturing
[ ] Porcelain Enamel
[ ] Pulp, Paper, and Fiberboard Manufacturing
[ ] Rubber Manufacturing
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric
[ ] Sugar Processing
[ ] Textile Mills
[ ] Timber Products

All categorical industrial users, required by the specific 40 CFR regulations, must submit a Toxic Organic Management Plan (TOMP). New categorical industrial users may be required to analyze for all Total Toxic Organics (TTO) prior to submitting the required TOMP.

SECTION B - BUSINESS ACTIVITY Cont.

2. List types and amount of raw materials and chemicals used at this facility (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

	Material	Quantity
a.		
b.		
c.		
d.		
e.		
f.		

3. Give a brief description of all manufacturing operations completed at this facility; including primary products produced (attach additional sheets if necessary):

4. **QUANTITY OF PRODUCT MANUFACTURED: (please indicate units i.e.; gallons, pounds, etc.)**

Product Manufactured	Previous Year, daily units		Current Year, daily units	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY and USE

1. Water Sources: (Check all that apply)

[ ] Private Well

[ ] Surface Water

[ ] Municipal Water Utility (Specify City):_____

[ ] Other (Specify):_____

2. Name on the water bill:_____

Name:_____

Street:_____

City:_____ State:_____ Zip:_____

3. Water service account number:_____

4. Indicate average water used and discharged (gpd) for each specific process. (New facilities may estimate)

Water Used For	Quantity Used	Quantity Discharged	Discharged to SBMWD
Non-contact Cooling Water			
Contact Cooling Water			
Boiler Feed			
Soft Water System			
Reverse Osmosis System			
Contained in Product			
Facility Cleanup – Floor Washdown			
Air Pollution Control			
Sanitary			
Irrigation			
Mfg. Process 1:			
Mfg. Process 2:			

Total Volume Used and Discharged:			

SECTION D - WASTEWATER PROCESSES

1. **For Non-Categorical Users Only**: List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or none), for each process which will be discharged to the SBMWD. (New facilities may estimate each discharge)

Process Description	Average Flow, gpd	Maximum Flow, gpd	Type of Discharge (Continuous, Batch, None)

2. **For Categorical Users:** List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or none), for each process which will be discharged to the SBMWD. (New facilities may estimate each discharge)

Process Description	Type of Process (Regulated, Unregulated, Dilute)	Average Flow, gpd	Maximum Flow, gpd	Type of Discharge (Continuous, Batch, None)

3. **Schematic Diagram of Facility – Submit a detailed drawing of the facility which includes the flow of materials, products, water, and wastewater from the start of the activity to its completion. The diagram must include all unit processes which use water and generate wastewater, in addition to all flow/water meters, sample locations and sewer connections.**

Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. Estimates used for flow data must be indicated.

SECTION E - SEWER CONNECTION

1. a. For an existing business:

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

[ ] Yes: Sanitary sewer account number _____

[ ] No: Have you applied for a sanitary sewer connection? [ ] Yes [ ] No

b. For a new business:

(i). Will you be occupying an existing vacant building or tenant/suite space?
[ ] Yes [ ] No

(ii). Have you applied for a building permit if a new facility will be constructed?
[ ] Yes [ ] No

2. List size, descriptive location, and flow of each facility sewer which connects to the Water Department POTW.

	Sewer Size	**Descriptive Location of Sewer Connection or Discharge Point**	**Average Flow (GPD)**
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

SECTION F - WASTEWATER DISCHARGE INFORMATION

1. Indicate the hourly and daily flow rates of the wastewater which will be discharged to the SBMWD. (New facilities may estimate)

a. Peak hourly flow rate (GPH)_____ **b.** Max. daily flow rate_____(GPD)

c. Annual daily average (GPD)_____

2. Indicate if any batch discharges will occur which will be discharged to the SBMWD. (New facilities may estimate)

a. No. of batch discharges per day_____ **b.** Avg. discharge per batch _____(GPD)

c. Time of batch discharges_____at_____

(days of week) (hours of day)

d. Flow rate_____gallons/minute **e.** Percent of total discharge_____

SECTION F - WASTEWATER DISCHARGE INFORMATION Cont.

3. Operating Schedule:

Days of Operation	Hours of Operation	Hours of Discharge
[ ] Mon. - Fri.		
[ ] Mon. - Sun.		
[ ] Sunday		
[ ] Monday		
[ ] Tuesday		
[ ] Wednesday		
[ ] Thursday		
[ ] Friday		
[ ] Saturday		

4. Shift information:

Shifts/Day:_____ Shift times _____ No. Employees _____ per shift

_____ _____

_____ _____

5. **a.** Indicate whether the business activity is:

[ ] Continuous [ ] Seasonal - Circle the months business activity occurs:

J F M A M J J A S O N D

b. Indicate whether the facility discharge is:

[ ] Continuous [ ] Seasonal - Circle the months discharge activity occurs:

J F M A M J J A S O N D

6. Does operation shut down for vacation, maintenance, or other reason?

[ ] Yes [ ] No
If yes, please indicate the reason(s) and period when shutdown occurs._____

SECTION G – WASTEWATER CHARACTERISTICS

1. All industrial users are required to submit monitoring data for the wastewater which will be discharged to the SBMWD. All monitoring must be completed by a certified laboratory using EPA approved methods. Indicate the reported Pollutant Characteristics on the table provided in this section.

Pollutant	SBMWD Local Limit mg/l	Existing Dischargers				New Dischargers
		Maximum Daily Value		Average of Analyses		Pollutants in Wastestream
		Conc. mg/l	Mass lbs.	Conc. mg/l	Mass lbs.	P = present S = suspected O = not present
pH	5.0-11.0					
Arsenic	0.9					
Cadmium (Total)	0.2					
Chromium (Total)	2.3					
Copper (Total)	7.4					
Lead (Total)	2.2					
Mercury	0.1					
Nickel (Total)	2.3					
Silver (Total)	2.5					
Zinc (Total)	8.4					
Cyanide (Total)	1.5					
Total Toxic Organics (TTOs)	2.13					
Phenol	2.13					
Sodium	495					
Chloride	990					
Sulfate	382					
Boron	1.0					
Fluoride	3.8					

SECTION H – WASTEWATER PRETREATMENT

1. Indicate which treatment devices or processes are in use for treating wastewater which is to be discharged to the SBMWD. (check all that apply).

[ ] Air flotation

[ ] Centrifuge

[ ] Chemical precipitation

[ ] Chlorination

[ ] Cyclone

[ ] Filtration

[ ] Flow equalization

[ ] Grease or oil interceptor, size:_____

[ ] Grit removal

[ ] Ion exchange

[ ] Neutralization, pH correction

[ ] Ozonation

[ ] Reverse osmosis

[ ] Screen or Shaker Unit

[ ] Biological treatment, type:_____

[ ] Chemical treatment, type:_____

[ ] Physical treatment, type:_____

[ ] Other, type:_____

[ ] No Pretreatment

2. Do you have an operator for the listed treatment system?

[ ] Yes [ ] No

(if Yes,)

Name:_____ Name:_____

Title:_____ Title:_____

Phone No.:_____ Phone No.:_____

Title:_____ Title:_____

Working Hours:_____ Working Hours:_____

SECTION H – WASTEWATER PRETREATMENT Cont.

3. Describe in complete detail the pretreatment processes: including pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

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

5. Do you have an instruction or operation manual for your treatment equipment?

[ ] Yes [ ] No

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

[ ] Yes [ ] No

7. Do you have automatic sampling equipment or continuous wastewater flow metering equipment which will monitor the wastewater that is to be discharged to the SBMWD?

Flow Metering	[ ]	Yes	[ ]	No
Sampling Equipment	[ ]	Yes	[ ]	No

SECTION I - SPILL PREVENTION

1. Do you have storage containers, bins, or ponds at your facility which are used to store chemicals?
[ ] Yes [ ] No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. _____

_____

_____

2. Do you have floor drains in your manufacturing area(s)?

[ ] Yes [ ] No

Do you have floor drains in your chemical storage area(s)?

[ ] Yes [ ] No

If yes; Where do they discharge?_____

_____

_____

_____

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

[ ] an onsite disposal system
[ ] public sanitary sewer system (e.g. through a floor drain)
[ ] storm drain
[ ] to ground
[ ] other, specify:
[ ] not applicable, no possible discharge to any of the above routes

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

_____

_____

_____

_____

_____

_____

_____

_____

SECTION J -FACILITY WASTE MANAGEMENT PLAN

A. HAZARDOUS MATERIALS AND HAZARDOUS WASTE MANAGEMENT PLAN

The permittee is required to submit a Hazardous Materials and Hazardous Waste Management Plan which lists the types of hazardous materials used, storage locations, and types of hazardous waste generated. A copy of the Business Emergency Plan required by the Fire Department can be substituted for this Management Plan. (attach additional sheets if necessary):

B. WASTE MINIMIZATION/POLLUTION PREVENTION PLAN

List ways the permittee plans to conserve water, investigate and implement product or material substitution, maintain inventory controls, and provide employee education to minimize the amount of waste generated and hazardous material used. (attach additional sheets if necessary):

SECTION J -FACILITY WASTE MANAGEMENT PLAN Cont.

C. PRETREATMENT SYSTEMS OPERATIONS AND MAINTENANCE MANUAL

The permittee is required to submit an operations and maintenance manual for any pretreatment equipment used at the facility. This manual must include process flow rates, chemicals used and dosage rates, equipment used for treatment, a description of the operation and maintenance of the equipment, and the name(s) of personnel responsible for operating the pretreatment equipment. This requirement does not apply to those facilities which limit pretreatment to the operation of normal interceptor separation/clarification.

D. TOXIC ORGANIC MANAGEMENT PLAN (TOMP)

All categorical industrial users, required by the specific 40 CFR regulations, must submit a TOMP. All newly permitted categorical industrial users may be required to analyze for Total Toxic Organics (TTO) prior to submitting the required TOMP.

SECTION K - NON-DISCHARGED WASTES

1. List any waste liquids or sludges which are generated and **not** discharged to the sanitary sewer system?

	Waste Generated	**Quantity (per year)**	**Disposal Method**
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

2. Indicate where the non-discharged waste is disposed.

_____

_____

_____

3. Indicate the name and phone number of the firm that removes any of the above non-discharged wastes.

	Company	**Phone Number**
a.	_____	_____
b.	_____	_____
c.	_____	_____

4. Have you been issued any other Federal, State, or local environmental permits for the non-discharged waste?

[ ] Yes [ ] No

SECTION L - AUTHORIZED SIGNATURES

This section must be signed by one of the Authorized Representatives listed on page one of the permit application.

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 imprisonment for knowing violations.

Name	Title	
Signature	Date	Phone