



# GOLETA SANITARY

## Water Resource Recovery District

**GOLETA SANITARY DISTRICT**  
 One William Moffett Place  
 Goleta, CA 93117  
 Phone: (805) 967-4519  
 Fax: (805) 964-3583  
[www.goletasanitary.org](http://www.goletasanitary.org)

### Industrial Wastewater Discharge Permit Application

#### SECTION A – GENERAL INFORMATION

1. Company Name \_\_\_\_\_ Business License No. \_\_\_\_\_

2. Mailing Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

\_\_\_\_\_ Zip Code \_\_\_\_\_

3. Facility Address: \_\_\_\_\_

4. \*Name of Signing Official \_\_\_\_\_ Title \_\_\_\_\_ Tele. # \_\_\_\_\_

5. Name of Contact Official \_\_\_\_\_ Title \_\_\_\_\_ Tele. # \_\_\_\_\_

Contact Official Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

6. Property Owner \_\_\_\_\_ Telephone No. \_\_\_\_\_

7. Assessors Parcel Number (APN): \_\_\_\_\_

8. Number of Employees and Hours of Work:

OFFICE			PRODUCTION					
			DAYSHIFT		SWING SHIFT		NIGHT SHIFT	
NO.	HRS.	NO.	HRS.	NO.	HRS.	NO.	HRS.	
WEEK DAYS	to		to		to		to	
SATURDAY	to		to		to		to	
SUNDAY	to		to		to		to	

9. Is production seasonal? \_\_\_\_\_ If yes, months of peak production: \_\_\_\_\_

10. Is there a scheduled shutdown? When? \_\_\_\_\_

#### SECTION B – NATURE OF OPERATION

1. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts and the final products: \_\_\_\_\_

\_\_\_\_\_

2. List Raw Materials Used: \_\_\_\_\_

\_\_\_\_\_

\*Please see page 8 for federal regulations qualifying the signing official.

1. List ALL Chemicals Used for Production and/or Stored on site: (inorganics, acids, solvents, industrial cleaners, etc.) and attach additional sheets if necessary. Have Material Safety Data Sheet for each Chemical Used available during inspections.

Chemical Compound or Chemical Trade Name	Chemical Manufacturer	Annual Usage	Chemical Compound or Chemical Trade Name	Chemical Manufacturer	Annual Usage

2. Summarize Each Process at Your Facility

Process Description	Production Rate	Pretreatment Standard Category & Subpart	NAICS Code	SIC Code

**SECTION C – WATER SUPPLY**

1. Water Sources: (Check as many as are applicable)

- Private Well
- Goleta Water District
- Surface Water
- Other (Specify): \_\_\_\_\_

2. Name on the Water Bill: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION D – WASTEWATER DISCHARGE INFORMATION**

1. Provide the following information on wastewater flow rate. (New facilities may estimate).

- a. Hours/ Day Discharged (e.g., 8 hours/ day):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

- b. Hours of Discharge (e.g., 9 am to 5 pm):

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

2. a. Peak hourly flow rate (GPD): \_\_\_\_\_ b. Maximum daily flow rate (GPD): \_\_\_\_\_  
 c. Annual daily average (GPD): \_\_\_\_\_ d. Total daily flow rate (GPD): \_\_\_\_\_

- Potable Water Flow Meter
- OR
- Estimated by: \_\_\_\_\_

3. Individual process flows in gallons per day (gpd) (Attach additional sheet(s) if necessary):

Regulated Process	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Batch, Continuous, None)	Indicate Estimated (E) or Measured (M)
<b>Unregulated Process:</b>				
Contact Cooling Water				
Non-Contact Cooling Water				
Boiler Feed				
Process				
Sanitary – Toilets, sinks, etc.				
Air Pollution Control				
Contained in Product				
Plant and equipment washdown				
Irrigation and lawn watering				
Other				
Total				

4. If holding tank(s) is / are used, describe make-up and capacity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. If batch discharge occurs or will occur, indicate: (New facilities may estimate)

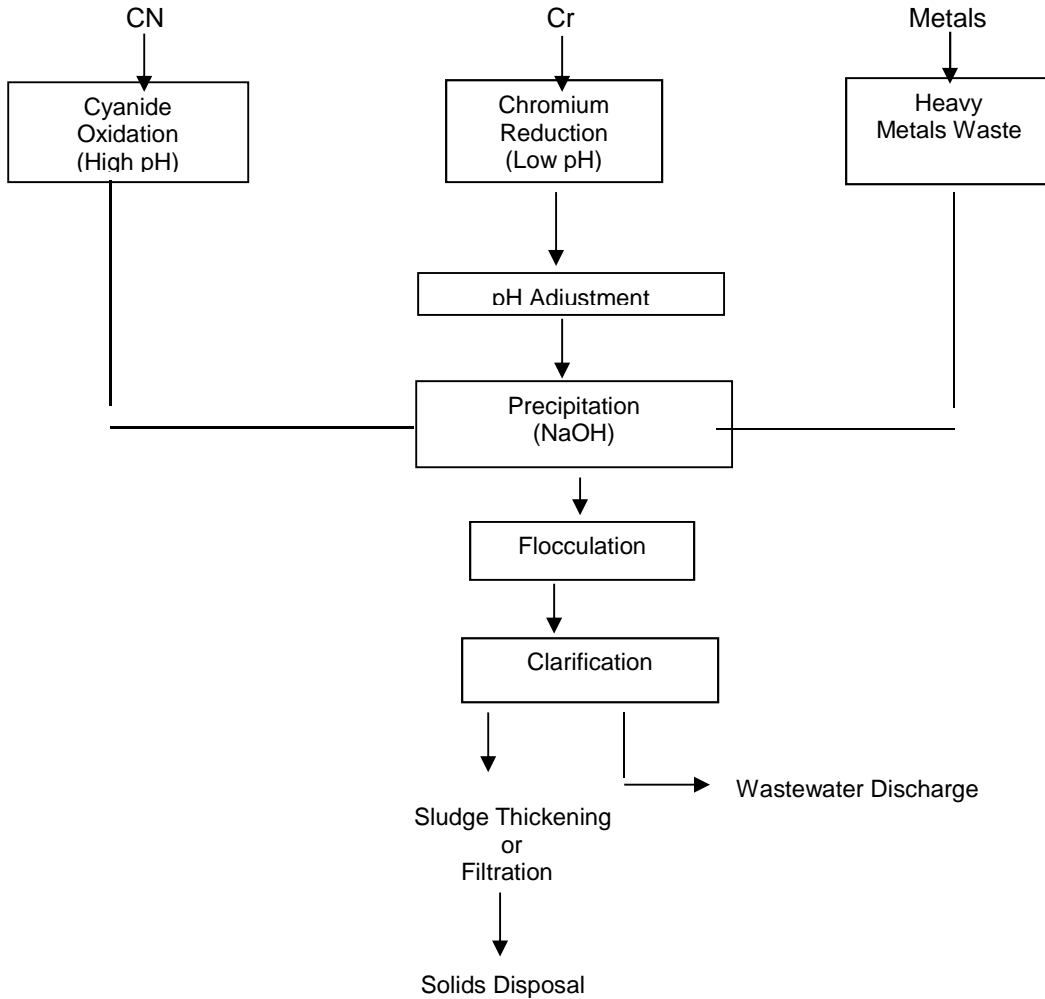
- a. Number of batch discharges \_\_\_\_\_ per day.
- b. Average discharge per batch \_\_\_\_\_ (GPD)
- c. Time of batch discharges \_\_\_\_\_ at \_\_\_\_\_  
 (days of week) (hours of day)
- d. Flow rate \_\_\_\_\_ gallons/ minute
- e. Percent of total discharge \_\_\_\_\_

6. Metal Plating and Finishing (If your company does not perform any metal plating or finishing, please skip)

- a. How often are plating solutions replenished? \_\_\_\_\_
- b. How often are spent or unusable plating solutions disposed of? \_\_\_\_\_
- c. At what frequency are the static rinse tanks replaced with clean water? \_\_\_\_\_
- d. Where are spent static rinse tanks disposed to? \_\_\_\_\_
- e. Is Hexavalent Chromium used for plating? \_\_\_\_\_
- f. At what frequency are clarifiers pumped or cleaned out? \_\_\_\_\_

5. Schematic Flow Diagram- Provide a schematic drawing or flow chart of each process that generates wastewater. For each activity in which wastewater is generated, draw a diagram of the flow of materials and water from start to completed product, showing all unit processes generating wastewater. Number each unit process having discharges to the public's sewer system. Use these numbers when showing this unit process in Building Layout.

**EXAMPLE: Metals Precipitation Treatment**



6. Provide a schematic drawing of the Building and Plumbing layout showing all wastewater generating operations which contribute to each building sewer. This building layout will enable the District and the applicant to select suitable sampling locations for determining and verifying wastewater strength.

Attach as many pages as necessary, or attach suitable plans to clearly show the location of the following facility features:

- Industrial Process Area (Show location of all wastewater generating activities listed).
- All Building Sewer Lines (Number each line leaving the building)
- Pretreatment System(s)
- Storm Drain
- Water Meter(s)
- Industrial Wastewater Sampling Location
- Floor Drains

Drawings or plans must be neat, legible and clearly labeled. If any of these features are not included, provide an explanation.

## CHARACTERISTICS OF DISCHARGE

Indicate whether any of the following substances are or can be present at this facility.

Mark in **Column A** if it comes into contact with water or may be present in the wastewater.

Mark in **Column B** if it is present on site but in a location or process where no entry to the wastewater should occur.

Write "N/A" for substances that "do not apply".

### I. Metal and Inorganics

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Antimony	<input type="checkbox"/>	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>
Barium	<input type="checkbox"/>	<input type="checkbox"/>	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>
Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>	<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>
Lead	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>
Nickel	<input type="checkbox"/>	<input type="checkbox"/>	Selenium	<input type="checkbox"/>	<input type="checkbox"/>	Silver	<input type="checkbox"/>	<input type="checkbox"/>
Thallium	<input type="checkbox"/>	<input type="checkbox"/>	Zinc	<input type="checkbox"/>	<input type="checkbox"/>			

### II. Phenols and Cresols

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Phenol (s)	<input type="checkbox"/>	<input type="checkbox"/>	Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Phenol, 2, 4, 6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>
Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	Parachlorometer cresol	<input type="checkbox"/>	<input type="checkbox"/>
o- Cresol, 4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>			

### III. Monocyclic Aromatics (Excluding phenols, cresols and phthalates)

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>
Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>
Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>

### IV. PCB's and Related Compounds

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
PCB- 1016	<input type="checkbox"/>	<input type="checkbox"/>	PCB- 1221	<input type="checkbox"/>	<input type="checkbox"/>	PCB- 1232	<input type="checkbox"/>	<input type="checkbox"/>
PCB- 1242	<input type="checkbox"/>	<input type="checkbox"/>	PCB- 1248	<input type="checkbox"/>	<input type="checkbox"/>	PCB- 1254	<input type="checkbox"/>	<input type="checkbox"/>
2- Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>	PCB- 1260	<input type="checkbox"/>	<input type="checkbox"/>			

### V. Ethers

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Ether, bis (2-chloroethyl)	<input type="checkbox"/>	<input type="checkbox"/>	Ether, bis (2-chlorisopropyl)	<input type="checkbox"/>	<input type="checkbox"/>
Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>	Ether, 4-bromophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>
Bis (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>	Ether, 4-chlorophenyl phenyl	<input type="checkbox"/>	<input type="checkbox"/>

### VI. Nitrosamines and other Nitrogen- Containing Compounds

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>
Benzidine, 3,3'-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Hydrazine, 1,2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>			

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**Write "N/A" for substances that "do not apply".**

VII. Halogenated Aliphatics

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Methane, bromo-	<input type="checkbox"/>	<input type="checkbox"/>	Methane, chloro-	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>
Methane, dichlorobromo	<input type="checkbox"/>	<input type="checkbox"/>	Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>
Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	Methane, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,1-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, 1,1,2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethane, 1,1,2,2-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, chloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	Ethylene, 1,1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethylene, 1, 2- trans- dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Ethylene, trichloro	<input type="checkbox"/>	<input type="checkbox"/>
Ethene, tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>	Propane, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
Propene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>			

VIII. Phthalate Esters

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Phthalate, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	Phthalate, diethyl	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>
Phthalate, bis (2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>	Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>

IX. Polycyclic Aromatic Hydrocarbons

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>
Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (a) anthracene	<input type="checkbox"/>	<input type="checkbox"/>
Benzo, 3,4- fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (k) fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
Benzo (ghi) perylene	<input type="checkbox"/>	<input type="checkbox"/>	Benzo (a) pyrene	<input type="checkbox"/>	<input type="checkbox"/>
Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>
Dibenzo (a,h) anthracene	<input type="checkbox"/>	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>
Indeno (1,2,3-cd) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>
Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>

X. Pesticides

	<u>A</u>	<u>B</u>		<u>A</u>	<u>B</u>
Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>
BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
BHC (Gamma) or Lindane	<input type="checkbox"/>	<input type="checkbox"/>	BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>
Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	DDD	<input type="checkbox"/>	<input type="checkbox"/>
DDE	<input type="checkbox"/>	<input type="checkbox"/>	DDT	<input type="checkbox"/>	<input type="checkbox"/>
Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>
Endrin	<input type="checkbox"/>	<input type="checkbox"/>	Endrin aldehyde	<input type="checkbox"/>	<input type="checkbox"/>
Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor epoxide	<input type="checkbox"/>	<input type="checkbox"/>
Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>
Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>			

## SECTION E – TREATMENT

1. Is any form of wastewater treatment (see list below) practiced at this facility before being discharged to the sanitary sewer?  
 Yes                       No
2. Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?  No             Yes, describe \_\_\_\_\_
3. Treatment devices or processes used or proposed for treating wastewater or sludge (check as many as appropriate).  
 Air Flotation             Centrifuge             Chemical precipitation             Chlorination  
 Cyclone             Filtration             Flow equalization             Grease trap  
 Grinding filter             Grit removal             Ion exchange             Ozonation  
 Reverse osmosis             Screen             Sedimentation             Septic tank  
 Solvent separation             Spill protection             Sump             Neutralization, pH correction  
 Biological treatment, type: \_\_\_\_\_  Rainwater diversion or storage  
 Grease or oil separation, type: \_\_\_\_\_  Other physical treatment, type: \_\_\_\_\_  
 Other chemical treatment, type: \_\_\_\_\_  
 Other, type: \_\_\_\_\_
4. 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. \_\_\_\_\_  
\_\_\_\_\_
5. Do you have a treatment operator?                       Yes                       No  
(if yes,) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Full time: \_\_\_\_\_ (specify hours)      Part time: \_\_\_\_\_ (specify hours)
6. Do you have an up to date operation and maintenance manual for your treatment equipment?  
 Yes                       No
7. Do you have a written maintenance schedule for your treatment equipment?  
 Yes                       No

## SECTION F – SPILL PREVENTION

1. Do you have chemical storage containers, or ponds at your facility?                       Yes                       No  
If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have secondary contain management.
2. Do you have floor drains in your manufacturing or chemical storage area(s)?                       Yes                       No  
If yes, where do they discharge to: \_\_\_\_\_
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                       the sanitary sewer system (e.g. through a floor drain)  
 a storm drain                       to ground                       other, specify: \_\_\_\_\_  
 not applicable, no possible discharge to any of the above routes
4. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Sanitary Sewer collection systems?  
 Yes – (Please enclose a copy with the application)                       No  
 N/A, Not applicable since there are no process facility discharge(s) only domestic wastes.
5. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION G – 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 H

Waste Generated	Quantity (per year)	Disposal Method

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

- a. \_\_\_\_\_ b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permit No. (if applicable): \_\_\_\_\_ Permit No. (if applicable): \_\_\_\_\_

## SECTION H – POLLUTION PREVENTION

1. Describe any pollution prevention, source reduction, or recycling measures your company participates in.

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## SECTION I – SIGNATORY REQUIREMENT

I certify under penalty of law that I have personally examined and am familiar with the information in this application and all attachments and that based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
 Name – Authorized Representative

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Official Title

\_\_\_\_\_  
 Date

Certification requirements: All reports must be signed by an authorized individual as required in 40 CFR Section 403.12 and as follows:

- (1) By a responsible corporate officer if the industrial user submitting the reports is a corporation. For the purposes of this requirement a responsible corporate officer means: ( i ) 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 (ii) a manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million dollars, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- (2) By the general partner or proprietor if the industry submitting the report is a partnership or sole proprietorship respectively.
- (3) By a duly authorized representative of the individual designated in paragraphs (1) and (2) above if (I) the authorization is made in writing by the individual described in paragraph (1) or (2) above, (ii) The authorization specifies either an individual or a position having responsibility for the over all operations of the facility from which the industrial discharge originates such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having over all responsibility for environmental matters for the company; and (iii) the written authorization is submitted to the Industrial Waste Control Officer.
- (4) If an authorization under paragraph (3) of this section is no longer accurate because a different individual or position has responsibility for the over all operation of the facility or overall responsibility for the environmental matter for the company, a new authorization satisfying the requirements of paragraph (3) of this section must be submitted to the Industrial Waste Control Officer to or together with any reports signed by the authorized representative.