GOLETA SANITARY DISTRICT
One William Moffett Place
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GOLETA SANITARY
Water Resource Recovery District

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)**
Unregulated Process:				
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 planting 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?_____

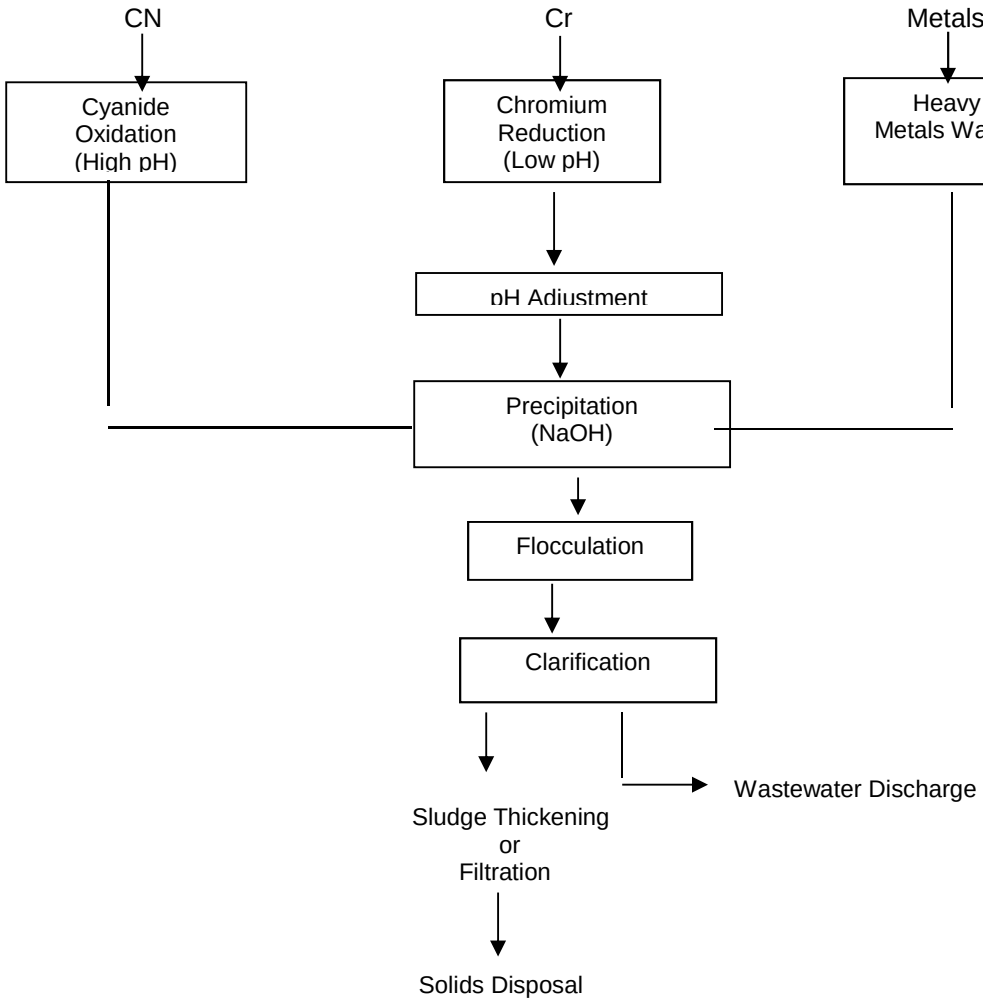
d. Where are spent static rinse tanks disposed to? _____

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

	A	B		A	B		A	B
Antimony	☐	☐	Arsenic	☐	☐	Asbestos	☐	☐
Barium	☐	☐	Beryllium	☐	☐	Cadmium	☐	☐
Chromium	☐	☐	Copper	☐	☐	Cyanide	☐	☐
Lead	☐	☐	Mercury	☐	☐	Molybdenum	☐	☐
Nickel	☐	☐	Selenium	☐	☐	Silver	☐	☐
Thallium	☐	☐	Zinc	☐	☐			

II. Phenols and Cresols

	A	B		A	B
Phenol (s)	☐	☐	Phenol, 2-chloro	☐	☐
Phenol, 2, 4-dichloro	☐	☐	Phenol, 2, 4, 6-trichchloro	☐	☐
Phenol, pentachloro	☐	☐	Phenol, 2-nitro	☐	☐
Phenol, 4-nitro	☐	☐	Phenol, 2,4-dinitro	☐	☐
Phenol, 2,4-dimethyl	☐	☐	Parachlorometer cresol	☐	☐
o- Cresol, 4,6-dinitro	☐	☐			

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

	A	B		A	B
Benzene	☐	☐	Benzene, chloro	☐	☐
Benzene, 1,2-dichloro	☐	☐	Benzene, 1,3-dichloro	☐	☐
Benzene, 1,4-dichloro	☐	☐	Benzene, 1,2,4-trichloro	☐	☐
Benzene, hexachloro	☐	☐	Benzene, ethyl	☐	☐
Benzene, nitro	☐	☐	Toluene	☐	☐
Toluene, 2,4-dinitro	☐	☐	Toluene, 2,6-dinitro	☐	☐

IV. PCB's and Related Compounds

	A	B		A	B		A	B
PCB- 1016	☐	☐	PCB- 1221	☐	☐	PCB- 1232	☐	☐
PCB- 1242	☐	☐	PCB- 1248	☐	☐	PCB- 1254	☐	☐
2- Chloronaphthalene	☐	☐	PCB- 1260	☐	☐			

V. Ethers

	A	B		A	B
Ether, bis (2-chloroethyl)	☐	☐	Ether, bis (2-chlorisopropyl)	☐	☐
Ether, 2-chloroethyl vinyl	☐	☐	Ether, 4-bromophenyl phenyl	☐	☐
Bis (2-chloroethoxy) methane	☐	☐	Ether, 4-chlorophenyl phenyl	☐	☐

VI. Nitrosamines and other Nitrogen- Containing Compounds

	A	B		A	B
Nitrosamine, dimethyl	☐	☐	Nitrosamine, diphenyl	☐	☐
Nitrosamine, di-n-propyl	☐	☐	Benzidine	☐	☐
Benzidine, 3,3'-dichloro	☐	☐	Hydrazine, 1,2-diphenyl	☐	☐
Acrylonitrile	☐	☐			

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".

VII. Halogenated Aliphatics

	A	B		A	B
Methane, bromo-	☐	☐	Methane, chloro-	☐	☐
Methane, dichloro	☐	☐	Methane, chlorodibromo	☐	☐
Methane, dichlorobromo	☐	☐	Methane, tribromo	☐	☐
Methane, trichloro	☐	☐	Methane, tetrachloro	☐	☐
Ethane, 1,1-dichloro	☐	☐	Ethane, 1,2-dichloro	☐	☐
Ethane, 1,1,1-trichloro	☐	☐	Ethane, 1,1,2-trichloro	☐	☐
Ethane, 1,1,2,2-tetrachloro	☐	☐	Ethane, hexachloro	☐	☐
Ethene, chlorothylene	☐	☐	Ethylene, 1,1-dichloro	☐	☐
Ethylene, 1, 2- trans- dichloro	☐	☐	Ethylene, trichloro	☐	☐
Ethene, tetrachloro	☐	☐	Propane, 1,2-dichloro	☐	☐
Propene, 1,3-dichloro	☐	☐	Butadiene, hexachloro	☐	☐
Cyclopentadiene, hexachloro	☐	☐			

VIII. Phthalate Esters

	A	B		A	B
Phthalate, dimethyl	☐	☐	Phthalate, diethyl	☐	☐
Phthalate, di-n-butyl	☐	☐	Phthalate, di-n-octyl	☐	☐
Phthalate, bis (2-ethylhexyl)	☐	☐	Phthalate, butyl benzyl	☐	☐

IX. Polycyclic Aromatic Hydrocarbons

	A	B		A	B
Acenaphthene	☐	☐	Acenaphthylene	☐	☐
Anthracene	☐	☐	Benzo (a) anthracene	☐	☐
Benzo, 3,4- fluoranthene	☐	☐	Benzo (k) fluoranthane	☐	☐
Benzo (ghi) perylene	☐	☐	Benzo (a) pyrene	☐	☐
Chrysene	☐	☐	Fluoranthene	☐	☐
Dibenzo (a,h) anthracene	☐	☐	Fluorene	☐	☐
Indeno (1,2,3-cd) pyrene	☐	☐	Naphthalene	☐	☐
Phenanthrene	☐	☐	Pyrene	☐	☐

X. Pesticides

	A	B		A	B
Acrolein	☐	☐	Aldrin	☐	☐
BHC (Alpha)	☐	☐	BHC (Beta)	☐	☐
BHC (Gamma) or Lindane	☐	☐	BHC (Delta)	☐	☐
Chlordane	☐	☐	DDD	☐	☐
DDE	☐	☐	DDT	☐	☐
Dieldrin	☐	☐	Endosulfan (Alpha)	☐	☐
Endosulfan (Beta)	☐	☐	Endosulfan Sulfate	☐	☐
Endrin	☐	☐	Endrin aldehyde	☐	☐
Heptachlor	☐	☐	Heptachlor epoxide	☐	☐
Isophorone	☐	☐	TCDD (or Dioxin)	☐	☐
Toxaphene	☐	☐			

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.

_____

_____

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.