



INLAND EMPIRE BRINE LINE (BRINE LINE) DISCHARGE PERMIT APPLICATION

EMWD • IEUA • JCSD • SAWPA • SBMWD • SBVMWD • WMWD • YVWD

SECTION A - GENERAL INFORMATION

1. **Facility Name:**

Operator Name:

Is the operator identified as the owner of the facility? Yes No

If no, provide the name and address of the owner 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 buildings.)**

Street: Suite: City:

State: Zip: Phone: Fax:

3. **Facility Mailing Address:**

Street/P.O. Box: Suite: City:

State: Zip: Phone: Fax:

4. **Authorized Representative(s):**

Name:

Name:

Title:

Title:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

5. **Delegated Authorized Representative(s)¹:**

Name:

Name:

Title:

Title:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

¹ Refer to 40 CFR 403.12(l). A letter *formally* delegating the Authorized Representative is required. Refer to Attachment A for sample wording.

6. Facility Contact(s):

Name:
Title:
Phone:
Fax:
Email:

Name:
Title:
Phone:
Fax:
Email:

7. Website (If applicable):

8. Indicate the applicable North American Classification System (NAICS) number for all processes. (If more than one applies, list in descending order of importance):

a. b. c. d.

SECTION B - MANUFACTURING PROCESSES

1. If your facility employs or will be employing processes in any of the industrial categories or activities listed in Attachment B (Categorical Facility), (regardless of whether any wastewater, waste sludge, or hazardous waste is generated), Attachment B must be completed and included with this application. All applicants must complete the remaining items in Section B.

2. List types and amount of raw materials and chemicals used at this facility. (Attach additional sheets, if necessary).

	Material	Quantity
a.	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>
c.	<input type="text"/>	<input type="text"/>
d.	<input type="text"/>	<input type="text"/>

3. Limitation on Discharge - Except to the extent connections presently exist, Santa Ana Watershed Project Authority (SAWPA) shall not allow, directly or indirectly, the discharge to the Brine Line of any wastewater originating outside SAWPA's Brine Line Service Area, unless SAWPA first obtains written approval of such discharge from Orange County Sanitation District (OCSD).

Does your facility accept waste or wastewater that has its origin outside the SAWPA Service Area?²

Yes No

If yes, please describe:

²See <http://www.sawpa.net/downloads/Watershed.pdf> for a map of the SAWPA service area.

4. Describe the products manufactured and operations performed at the facility, including a description of the wastewater which will be discharged to the Brine Line. (Attach additional sheets, if necessary).

5. Quantity of Product Manufactured: (please indicate units e.g., gallons, pounds, etc.)

Product Manufactured	Previous Year		Current Year	
	Average	Maximum	Average	Maximum
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SECTION C - WATER SUPPLY, USE, AND BRINE LINE CONNECTIONS

1. Water Sources: (Check all that apply)

- Private Well
- 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. (Attach additional sheets, if necessary)

Water Used For	Quantity Used	Quantity Discharged	Discharged to Brine Line	E = Estimated M = Measured C = Calculated
Non-contact Cooling Water				
Contact Cooling Water				
Boiler Feed				
Soft Water System				
Reverse Osmosis System				
Contained in Product				
Facility Cleanup (e.g., floor washdown, equipment cleaning)				
Air Pollution Control				
Sanitary				
Irrigation				
Process 1: <input type="text"/>				
Process 2: <input type="text"/>				
Total Volume Used and Discharged:				

5. Has this business ever been denied the right to discharge by Orange County Sanitation District?

Yes No

6. Is this facility currently connected to the Brine Line?

Yes No

7. If yes on question 6, list current Permit No.

Permit No.

[Complete questions 8 and 9, only if a direct discharger. If a Generator of hauled wastewater, mark as Not Applicable and proceed to Section D.]

8. If no on question 6, give description and attach blueprints of proposed lateral connection(s).

9. List size, descriptive location, and flow of each lateral which connects to the Brine Line. If more than two, attach additional sheet.

Descriptive Location of Brine Line

	Lateral Size	Connection or Discharge Point	Average Flow (gpd)
a.	<input type="text"/>	<input type="text"/>	<input type="text"/>
b.	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION D - WASTEWATER PROCESSES

1. **For Non-Categorical Industrial Users Only:** List the average wastewater discharge to the Brine Line, maximum discharge, and type of discharge (batch or continuous), for each process which will be discharged to the Brine Line. (New facilities may estimate each discharge). Note - discharge of domestic wastewater to the Brine Line shall be minimized. Please specifically state if domestic wastewater is proposed to be discharged to the Brine Line.

Process Description	Average Flow (gpd)	Maximum Flow (gpd)	Type of Discharge (Continuous, Batch)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Categorical Industrial Users - Complete Attachment B. All applicants complete the remainder of Section D.

2. Submit detailed flow diagrams for each activity from the start of the processes to its completion, in which wastewater is/ or will be generated. The diagram must include all flow/water meters, sample locations, and locations where the wastewater is stored before being discharged to the Brine Line.

[Complete question 3 only if a direct discharger. If a Generator of hauled wastewater, mark as Not Applicable and proceed to question 4.]

3. Indicate the average and maximum flow rates of the wastewater which will be discharged to the Brine Line. (New facilities may estimate)

a. Average Daily Flow Rate (gpd)

b. Maximum Daily Flow Rate (gpd)

c. Annual Volume Discharged

4. Indicate the number of batch discharges and the volume of each batch which will be discharged to the Brine Line. (New facilities may estimate.)

a. No. of batch discharges per day b. No. of batch discharges per week

c. Volume of each batch discharge disposed to the Brine Line.

5. Operating Schedule:

<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Hours of Discharge</u>
<input type="checkbox"/> Mon. - Fri.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Mon. - Sun.	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Monday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Wednesday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Thursday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Friday	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Saturday	<input type="text"/>	<input type="text"/>

6. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility, which will monitor the wastewater that is to be discharged to the Brine Line?

Flow Metering Yes No N/A

Sampling Equipment Yes No N/A

If yes, please indicate the present or future location of this equipment on the flow diagram provided in response to Section D.2. and describe the equipment below. Attach manufacturer's specifications, if available.

SECTION E - WASTEWATER CHARACTERISTICS

1. New industrial users, or existing users with process changes are required to submit monitoring data for the wastewater which will be discharged to the Brine Line. Submit laboratory documentation where appropriate. All monitoring must be completed by a certified laboratory using EPA approved methods. Indicate the reported pollutant characteristics on the table below. For renewals, complete the table below if changes in process are being asked to be permitted.

Pollutant	Brine Line Daily Maximum Limit mg/L	Maximum Daily Value		Average of Analyses		Pollutants in Wastestream P = Present/Measured S = Suspected/Estimated NP = Not Present
		Conc. mg/L	Mass lbs.	Conc. mg/L	Mass lbs.	
pH ²	6.0 - 12.0 s.u.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ammonia	Report	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Biochemical Oxygen Demand (BOD) ⁴	Note 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Suspended Solids (TSS) ⁴	No Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hardness - Total	No Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Dissolved Solids (TDS)	No Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Volatile Suspended Solids (VSS)	No Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Arsenic	2.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cadmium	1.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chromium - Total	20.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copper	3.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lead	2.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mercury	0.03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Molybdenum	2.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nickel	10.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Selenium	3.9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Silver	15.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Zinc	10.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cyanide - Total	5.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sulfide - Dissolved	0.5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sulfide - Total	5.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oil/Grease - Mineral/Petroleum ⁶	100.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fats, Oils, and Grease (FOG) ⁶	500.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1,4-dioxane	1.0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pesticides ⁷	0.01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polychlorinated Biphenyls ⁸ (PCBs)	0.01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes:

1. Composite sampling shall be 24-hour composites conducted using an automatic sampling device capable of collecting samples at 15-minute intervals during all hours of discharge during the day. A grab sample shall be an individual sample collected in less than 15 minutes.
2. Any pH discharge less than or equal to 2.0 Standard Units (S.U.) or greater than or equal to 12.5 S.U. is subject to the hazardous waste reporting criteria required by 40 CFR 403.12(p) and Section X.B of this Permit.
3. pH sample shall be taken at each sampling event and measured using a calibrated pH meter.
4. The Permittee may be subject to BOD and TSS surcharges for concentrations or pounds depending on the billing agreements.
5. The BMP demonstration value for BOD is 12,000 mg/L average daily concentration during any month. Refer to Section VI.C for a discussion regarding BMP requirements.
6. The same sample shall be analyzed for both Polar (FOG) and Non Polar (Oil & Grease Mineral/Petroleum) using EPA Method 1664A.
7. Pesticides comprise the following: Aldrin, *a*-BHC, *B*-BHC, *-*BHC, *y*-BHC, Chlordane, 4,4'-DDD, 4,4'-DDE, 4,4'-DDT, Dieldrin, Endosulfan II, Endosulfan Sulfate, Endrin, Endrin Aldehyde, Heptachlor, and Heptachlor Epoxide, Toxaphene.
8. Polychlorinated Biphenyls comprise the following: PCB-1016, PCB-1221, PCB-1232, PCB-1242, PCB-1248, PCB-1254, and PCB-1260.

2. **Stormwater Discharges** - Stormwater discharges are not allowed to the Brine Line from dischargers unless specifically authorized by SAWPA. Describe where/how any stormwater would be discharged from this facility.

3. **How are spent chemicals discharged?**

SECTION F - WASTEWATER PRETREATMENT

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

- | | |
|--|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Centrifuge |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Chlorination |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Filtration |
| <input type="checkbox"/> Flow equalization | <input type="checkbox"/> Grease or oil interceptor, size: <input style="width: 150px;" type="text"/> |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion exchange |
| <input type="checkbox"/> Neutralization, pH correction | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Reverse osmosis | <input type="checkbox"/> Screen or Shaker Unit |
| <input type="checkbox"/> Biological treatment | <input type="checkbox"/> Chemical treatment |
| <input type="checkbox"/> Physical treatment | <input type="checkbox"/> Other: <input style="width: 250px;" type="text"/> |
| <input type="checkbox"/> No pretreatment | |

2. **As applicable, describe the type, pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment device checked above. Attachments are encouraged.**

3. Do you have an operator for the listed treatment device(s)?

- Yes No

If yes, please indicate:

Name:

Title:

4. Attach a process flow diagram for each treatment system. Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions. Electronic submittal of process flow diagrams is acceptable.

Permit Renewals - Please check one of the boxes below:

- No changes have been made to the treatment system(s).
 Changes have been made to the treatment system. Updated flow diagrams are included with the submittal.
(Electronic submittals of process flow diagrams are acceptable).

SECTION G - OTHER REQUIREMENTS

- 1. Contingency Plan** - In the unlikely event that the Brine Line becomes unavailable for a period of time, the facility must be able to accommodate the disruption in service. Please provide a description of the facility's contingency plan. This document must describe the industry's plan to either cease discharge to the Brine Line, or reroute the discharge to the local POTW or other approved alternative. The contingency plan must address alternatives that do not rely on the Brine Line.

- 2. Facilities Waste Management Plan (FWMP)** - All facilities discharging to the Brine Line may be required to complete an FWMP. Listed below are examples of what may be required. More information may be found in SAWPA Ordinance 6, Section 520.0 (www.sawpa.org/brine-line/documents).

 - a. Toxic Organic Management Plan (TOMP)
 - b. Slug Discharge Prevention Control Plan (SDPCP)
 - c. Pretreatment Systems Operations and Maintenance Manual
 - d. Hazardous Materials and Hazardous Waste Management Plan
 - e. Waste Minimization/Pollution Prevention Plan (WM/PPP)

SECTION H - ADDITIONAL INFORMATION

[Complete Section H only if additional information needs to be included that wasn't incorporated in other sections of the application.]

SECTION I - SIGNATURE

This section must be signed by one of the Authorized Representatives listed on page 1 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: _____

Only applicable attachments must be submitted with application.

Attachment A
DELEGATION OF SIGNATORY AUTHORITY

I, , of
Authorized Representative Title Industry Name

duly authorizes , , to sign all reports
Designated Individual Title

submitted for the purposes of maintaining compliance with Federal and local Pretreatment requirements. In the event that the name of the aforementioned designated individual changes, a new statement shall be submitted to

, in writing, thus granting authorization to the new individual.
Permitting Agency

_____/_____
Signature of Designated Individual Date Signature of Authorized Representative Date

AUTHORIZED REPRESENTATIVE
(Refer to 40 CFR 403.12(l) for most current requirements)

- (l) *Signatory requirements for Industrial User reports.* The reports required by paragraphs (b), (d), and (e) of this section shall include the certification statement as set forth in § 403.6(a)(2)(ii), and shall be signed as follows:
- (1) By a responsible corporate officer, if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a corporation. For the purpose of this paragraph, 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) The manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which 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 control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
 - (2) By a general partner or proprietor if the Industrial User submitting the reports required by paragraphs (b), (d), and (e) of this section is a partnership, or sole proprietorship respectively.
 - (3) By a duly authorized representative of the individual designated in paragraph (l)(1) or (l)(2) of this section if:
 - (i) The authorization is made in writing by the individual described in paragraph (l)(1) or (l)(2);
 - (ii) The authorization specifies either an individual or a position having responsibility for the overall operation 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 overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to the Control Authority.
 - (4) If an authorization under paragraph (l)(3) of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of paragraph (l)(3) of this section must be submitted to the Control Authority prior to or together with any reports to be signed by an authorized representative.

Attachment B

Categorical Industrial User Dischargers must Complete and Submit

1. If your facility employs or will be employing processes in any of the industrial categories or activities listed below, (regardless of whether any wastewater, waste sludge, or hazardous wastes is generated) place a check besides the category of activity. (Check all that apply) (Additional information can be found at <http://www.ocsewers.com/modules/showdocument.aspx?documentid=84>)

Industrial Categories Regulated by Categorical Standards, 40 CFR-

- | | |
|---|--|
| <input type="checkbox"/> Aluminum Forming - 467 | <input type="checkbox"/> Metal Finishing - 433 |
| <input type="checkbox"/> Asbestos Manufacturing - 427 | <input type="checkbox"/> Nonferrous Metals Forming - 471 |
| <input type="checkbox"/> Battery Manufacturing - 461 | <input type="checkbox"/> Nonferrous Metals Manufacturing - 421 |
| <input type="checkbox"/> Can Making - 407 or 408 | <input type="checkbox"/> Paint and Ink Formulating - 446 or 447 |
| <input type="checkbox"/> Carbon Black - 458 | <input type="checkbox"/> Paving and Roofing Manufacturing - 443 |
| <input type="checkbox"/> Centralized Waste Treatment - 437 | <input type="checkbox"/> Pesticides Manufacturing - 455 |
| <input type="checkbox"/> Coal Mining - 434 | <input type="checkbox"/> Petroleum Refining - 419 |
| <input type="checkbox"/> Coil Coating - 465 | <input type="checkbox"/> Pharmaceutical - 439 |
| <input type="checkbox"/> Copper Forming - 468 | <input type="checkbox"/> Plastic and Synthetic Materials Manufacturing - 414 |
| <input type="checkbox"/> Electronic and Electronic Components Manufacturing - 469 | <input type="checkbox"/> Plastics Processing Manufacturing - 463 |
| <input type="checkbox"/> Electroplating - 413 | <input type="checkbox"/> Porcelain Enamel - 466 |
| <input type="checkbox"/> Feedlots - 412 | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing - 430 |
| <input type="checkbox"/> Fertilizer Manufacturing - 418 | <input type="checkbox"/> Rubber Manufacturing - 428 |
| <input type="checkbox"/> Foundries (Metal Molding and Casting) - 464 | <input type="checkbox"/> Soap and Detergent Manufacturing - 417 |
| <input type="checkbox"/> Glass Manufacturing - 426 | <input type="checkbox"/> Steam Electric - 423 |
| <input type="checkbox"/> Grain Mills - 406 | <input type="checkbox"/> Sugar Processing - 409 |
| <input type="checkbox"/> Inorganic Chemicals - 415 | <input type="checkbox"/> Textile Mills - 410 |
| <input type="checkbox"/> Iron and Steel - 420 | <input type="checkbox"/> Timber Products - 429 |
| <input type="checkbox"/> Leather Tanning and Finishing - 425 | |

All categorical industrial users, required by the specific 40 CFRs, are required to monitor for Total Toxic Organics (TTOs) unless one of the following alternatives is applicable to the category.

1. As an alternative to TTO monitoring, regulated categorical industrial users may elect to monitor for and comply with the O&G standards listed in the facility's Category.
2. An IU may prepare a Toxic Organic Management Plan (TOMP) this option is available to regulated industrial users in the Electroplating, Metal Finishing and Electrical and Electronic Components (both Phase I and Phase II) Categories. New categorical industrial users may be required to analyze for all TTOs prior to submitting the required TOMP.

Attachment B (continued)

- 2. List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or none), for each process. (New facilities may estimate each discharge; attach additional sheets, if necessary)**

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

- 3. When did you start operating this facility?**

Month:

Year:

- 4. Have you made any additions or modifications to the manufacturer's process during the past two years?**

Yes No

If yes, please describe the changes:

Attachment C

LOCAL NON-DOMESTIC WASTEWATER LIMITATIONS CONCENTRATION VALUES

Pollutant ⁽¹⁾	Maximum Daily Limit (mg/L)
1,4-dioxane	1.0
Arsenic	2.0
Cadmium	1.0
Chromium (Total)	20.0
Copper	3.0
Lead	2.0
Mercury	0.03
Nickel	10.0
Selenium	3.9
Silver	15.0
Zinc	10.0
Cyanide (Total)	5.0
Molybdenum	2.3
Polychlorinated biphenyls (PCB)	0.01
Sulfide (Total)	5.0
Sulfide (Dissolved)	0.5
Oil and Grease (Mineral/Petroleum Oil Origin) ⁽²⁾	100.0
Fats, Oil and Grease (FOG)	500.0

⁽¹⁾ Users subject to Federal Categorical Pretreatment Standards may be required to meet more stringent limits.

⁽²⁾ Oil and Grease of mineral or Petroleum Origin is also known as Petroleum Oil and Grease Silica Gel Treated n-Hexane Extractable Material.

MASS (LBS/DAY) LIMITATION

Pollutant	Maximum Daily Limit (lbs/day)
Ammonia	Report (**)
Biochemical Oxygen Demand	Report (**)

(**) Users may be required to monitor for and report the analytical results for required parameters at a frequency as specified in a wastewater discharge permit or other control mechanism.