

**ENVIRONMENTAL COMPLIANCE SECTION  
PERMIT APPLICATION**

**CLASS II THROUGH VI AND WDAC**

[ ] **NEW** (FILL IN ALL) [ ] **RENEWAL** (FILL IN ALL) [ ] **MODIFICATION** (FILL IN CHANGES)

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

**SECTION A - GENERAL INFORMATION**

1. **Facility Name:** \_\_\_\_\_
  
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 of the Facility:**  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_
  
5. **Designated Facility Contact:**  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B - BUSINESS ACTIVITY**

1. Give a brief description of all operations at this facility including primary products or services (attach additional sheets if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Indicate applicable North American Industrial Classification System (NAICS) and Standard Industrial Code (SIC) designation for all processes. (If more than one applies, list in descending order of significance.):  
**NAICS:** \_\_\_\_\_ **SIC:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION D - SEWER INFORMATION**

**1. a. For an existing business:**

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

Yes: Sanitary Sewer Account No.: \_\_\_\_\_

No: Have you applied for a sanitary sewer hookup?  Yes  No

**b. For a New Business:**

1. Will you be occupying an existing vacant building (i.e., in an industrial park or tenant space)?

Yes  No

2. If a new facility is to be constructed, have you applied for a building permit?

Yes  No

3. Will the facility be connected to the public sanitary sewer system?

Yes  No

2. List the size, descriptive location, and average flow for each facility sewer lateral that connects to the City's sewer system. (If more than four, attach additional information.)

	<b>Sewer Size</b>	<b>Descriptive Location of Sewer Connection or Discharge Point</b>	<b>Average Flow (GPD)</b>
<b>a.</b>	_____	_____	_____
<b>b.</b>	_____	_____	_____
<b>c.</b>	_____	_____	_____
<b>d.</b>	_____	_____	_____



**SECTION E - WASTEWATER DISCHARGE INFORMATION Cont.**

5. **Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all flow/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 sample locations. This drawing must be certified by a State Registered Professional Engineer.**

**A blueprint showing the above items may be attached in lieu of the building layout.**

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

<b>Current:</b>	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sample Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
<b>Planned:</b>	Flow Metering	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
	Sample Equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and provide a brief description of the equipment below.

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7. 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, briefly describe any changes below.  No

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8. Are any materials or water reclamation systems in use or planned?

Yes, briefly describe below.  No

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**SECTION F - CHARACTERISTICS OF DISCHARGE**

Your industry maybe required to submit monitoring data for the pollutants checked below. The samples for the required monitoring data must be collected from the sample location indicated on the Building Layout Diagram from Section E, question No. 5. All sample analysis must be performed by a State Certified Laboratory and copies of the analysis must be submitted with this application. Please write in the sample results for each pollutant on the lines provided below. **DO NOT LEAVE BLANKS.** If you are currently not required to sample your discharge then indicate by placing an N/A in boxes.

**POLLUTANT CHARACTERISTICS**

Pollutant	Existing Dischargers				New Dischargers	
	R.M.C. 14.12. Local Limit mg/l	Maximum Daily Value		Average of Analyses		Pollutants in Wastestream  P = present S = suspected O = not present
		Conc. mg/l	Mass lbs.	Conc. mg/l	Mass lbs.	
Ammonia	n/a					
Arsenic	0.18					
Barium	n/a					
Boron	5.2					
Cadmium	0.15					
Chloride	350.0					
Chromium	0.68					
COD	8,000					
Copper	3.0					
Cyanide	0.17					
Fluoride	12.0					
Hardness	2,500					
Lead	1.2					
Manganese	1.0					
Mercury	0.001					
Molybdenum	n/a					
Nickel	2.3					
Oil and Grease	250					
Phenol	n/a					
Selenium	n/a					
Silver	0.8,5.0					
Sodium	250.0					
Sulfate (SO <sub>4</sub> )	250.0					
TDS*	1,210					
Total Nitrogen	500					
TSS	2,000					
TTO	n/a					
Zinc	6.7					

\*Quarterly Average Compliance Limit



**SECTION H - FACILITY OPERATION CHARACTERISTICS Cont.**

2. Indicate whether the business activity is:

Continuous through the year, or

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

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

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List types and amounts (mass or volume per day) of raw materials used or planned for use at this facility (attach list if needed):

	<b>Material</b>	<b>Quantity</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____

4. List types and quantity of chemicals used or planned for use at this facility (attach list if needed). Include copies of Manufacturer's Safety Data Sheets (if available) for all chemicals identified:

	<b>Chemical</b>	<b>Quantity</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____



**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. 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 cathodic protection. \_\_\_\_\_

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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 to? \_\_\_\_\_

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3. If you have chemical storage containers, bins, or ponds in 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.

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SECTION J - FACILITY WASTE MANAGEMENT PLAN

A. SLUG LOAD CONTROL PLAN (attach additional information where necessary)

A Slug Load Control Plan (SLCP) is required to be developed to prevent any slug load discharges to the sewer and/or storm drain systems. The City of Riverside shall be notified immediately in the event of a spill. During normal business hours, the City of Riverside shall be notified by telephone at (951) 351-6145. After 4:30 pm - Monday through Friday, or weekends or holidays, the City of Riverside shall be notified by telephone at (951) 351-6140. A written report detailing the date and time of the discharge, location of discharge, the type of waste, including concentration and volume, and any corrective actions taken must be submitted to the City of Riverside within five (5) working days of the spill.

1. List the facility personnel that are responsible for the implementation of the SLCP.

Name: _____	Name: _____
Title: _____	Title: _____
Working Hours: _____	Working Hours: _____
Phone #: _____	Phone #: _____
Emergency Phone #: _____	Emergency Phone #: _____

2. List the name and quantity of all chemicals, solutions, liquids or raw materials which may enter the sewer or storm drain system in the event of a spill.

Name	Quantity
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

3. List the procedures which are in place for the routine inspection of potential spill sources.

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**C. 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):

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**D. 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 use no pretreatment equipment or limit pretreatment to the operation of normal interceptor separation/clarification.

**E. 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. 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 K.

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

**NON-DISCHARGED WASTES cont.**

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

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

	Name	Address
a.	_____	_____
b.	_____	_____
c.	_____	_____

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

[ ] Yes      [ ] No

If yes, please list the permit(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION L - AUTHORIZED REPRESENTATIVE STATEMENT**

**This section must be signed by one of the Authorized Representatives listed on page 1 of the permit application.**

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 No.

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Internal Use:

Name of Staff Reviewer	Date
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Senior/Supervisor Approval	Date
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