



**ONTARIO MUNICIPAL UTILITIES COMPANY
 ENVIRONMENTAL PROGRAMS
 1425 SOUTH BON VIEW AVE
 Ontario, CA 91761
 Phone: (909) 395-2678
 Fax: (909) 395-2601**

Industrial Wastewater Discharge Permit Application

| | |
|------------------|------------------------------------|
| _____ | _____ |
| Facility Name | Phone |
| _____ | _____ |
| Facility Address | City Zip Code |
| _____ | _____ |
| Mailing Address | City Zip Code |

SECTION A - GENERAL INFORMATION

Designated signatory authority of the facility: (Attach similar information for each authorized representative.)

Responsible Party: _____ Phone: _____

Title: _____

Facility Contact: _____ Phone: _____

Title: _____

Emergency Phone Numbers:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Indicate applicable Standard Industrial Classification (SIC) for all processes. (If more than one applies, list in descending order of importance.)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Product Volume:

| Product (Brandname) | Past Calendar Year Avg. amounts per day (Daily units) | Estimate this Calendar Year Avg. amounts per day (Daily units) |
|---------------------|---|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

SECTION B - WATER SUPPLY INFORMATION

Water Service Account Numbers: 1. _____
 2. _____
 3. _____

Name on the Water Account:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

| Meter No. | Size | Type of Use (Industrial, Domestic, Fire Service, Landscape Irrigation) | Backflow Prevention Device Make/Model/Serial No. |
|-----------|------|--|--|
| | | | |
| | | | |
| | | | |

List average water usage on premises: (New facilities may estimate)

| | Average Water Usage (gpd) | Indicate Estimated (E) or Measured (M) |
|------------------------------|---------------------------|--|
| Contact cooling water | _____ | _____ |
| Non-contact cooling water | _____ | _____ |
| Boiler feed | _____ | _____ |
| Process | _____ | _____ |
| Sanitary | _____ | _____ |
| Air pollution control | _____ | _____ |
| Contained in product | _____ | _____ |
| Plant and equipment washdown | _____ | _____ |

New Business:

Are you occupying an existing vacant building? [] Yes [] No

Have you applied for a Building Permit for any onsite changes? [] Yes [] No

If yes, Building Permit # _____

Do you have or plan to have a connection to the I.E.U.A. NRW System? [] Yes [] No

Schematic Flow Diagram:

For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Include the average daily volume and maximum daily volume of each waste stream (new facilities may estimate). If estimate are used for flow data this must be indicated. Number each unit process having a wastewater discharge to the Ontario Sewer System.

Attach additional sheets if necessary.

For Non-Categorical Users Only:

List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the Schematic Flow Diagram that corresponds to each process. (New facilities should provide estimates for each discharge)

| No. | Process Description | Avg. Flow (gpd) | Max. Flow (gpd) | Type of Discharge (batch, continuous) |
|-------|---------------------|-----------------|-----------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

For Categorical Users Only:

Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the Schematic Flow Diagram that corresponds to each process. (New facilities should provide estimates for each discharge)

| No. | Regulated Process | Avg. Flow (gpd) | Max. Flow (gpd) | Type of Discharge (batch, continuous) |
|-------|-------------------|-----------------|-----------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| No. | Unregulated Process | Avg. Flow (gpd) | Max. Flow (gpd) | Type of Discharge (batch, continuous) |
|-------|---------------------|-----------------|-----------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

| No. | Dilution | Avg. Flow (gpd) | Max. Flow (gpd) | Type of Discharge (batch, continuous) |
|-------|----------|-----------------|-----------------|---------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

For Categorical Users subject to Total Toxic Organic (TTO) requirements, provide the following (TTO) information:

Does (or will) this facility use any of the toxic organic that are listed under the TTO standards of the applicable Categorical Pretreatment Standards published by the EPA?

Yes No

Has a Baseline Monitoring Report (BMR) been submitted which contains TTO information?

Yes No

Has a Toxic Organics Management Plan (TOMP) been developed?

Yes, **(please attach a copy)** No

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

| | | | | | | | |
|-----------------|--------------------|--------------------------|-----|--------------------------|----|--------------------------|-----|
| Current: | Flow Metering | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| | Sampling Equipment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| Planned: | Flow Metering | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |
| | Sampling Equipment | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A |

If so, please indicate the present or future location of this equipment on the Schematic Flow Diagram and describe the equipment below.

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 No, **(skip the next question)**

Briefly describe these changes and their effects on the wastewater volume and characteristic: (Attach additional sheets if needed)

Briefly describe any recycling, or recovery processes, substances recovered, and percent recovered, or recycled. Submit a flow diagram for each process and describe the equipment in use. (Attach additional sheets if needed)

SECTION D - DISCHARGE CHARACTERISTICS

List the levels of any of the following parameters which are or can be present in the wastewater discharged to the City sewer as a result of your operations. Include copies of laboratory analyses. Current Industrial Users are required to submit monitoring data on all pollutants that are regulated. First time permittees shall submit a laboratory analysis report within sixty (60) days of the start of operation. List (UK) if a parameter is present but the concentration is unknown.

| Parameter | Loading (mg/L) | Parameter | Loading (mg/L) | Parameter | Loading (mg/L) |
|-----------|----------------|--------------|----------------|--------------------|----------------|
| Ammonium | | Copper | | Selenium | |
| Arsenic | | Cyanide | | Silver | |
| Barium | | Fluoride | | Sodium | |
| BOD | | Iron | | Sulfate | |
| Boron | | Lead | | Sulfide | |
| Cadmium | | Manganese | | Temperature | |
| Calcium | | MBAS | | TDS | |
| Chlorine | | Mercury | | TSS | |
| Chloride | | Nickel | | Total Hardness | |
| Chromium | | Oil & Grease | | Zinc | |
| Cobalt | | pH | | Other (List below) | |

BOD = Biological Oxygen Demand, TDS = Total Dissolved Solids, TSS = Total Suspended Solids

SECTION E - TREATMENT

Is any form of wastewater treatment (see list below) practiced at this facility?

Yes No

Is any form of wastewater treatment (or changes to an existing wastewater treatment) planned for this facility within the next three years?

Yes No

Treatment devices or processes used or proposed for treating wastewater or sludge. (check as many as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Air flotation | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Reverse osmosis |
| <input type="checkbox"/> Chemical precipitation | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Septic tank |

SECTION F – PLANS

All Industrial Users applying for an Industrial Users Discharge Permit or amending a current permit shall submit adequate plans. An exemption from submitting plans may be allowed if the facility has previously had an Industrial Users Discharge Permit and there are adequate plans on file with the District. **This can only be allowed if there have been no changes in the facility, process or pretreatment equipment from the depicted on the previously approved plans.** Plans must include a scale drawing showing the location of each building on the premises, location of all meters, storm drains, number unit processes (from Schematic Flow Diagram), public sewer, and each facility sewer line connected to the public sewer. Number each sewer and show existing and proposed sampling locations.

SECTION G - FACILITY OPERATIONAL CHARACTERISTICS

Shift Information

| | | | | | | | |
|------------|------|-------|------|--------|------|------|------|
| Work Days: | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| | [] | [] | [] | [] | [] | [] | [] |

Shifts per work day: _____

Employees per shift:

| | | | | | | | |
|------|-------|-------|-------|-------|-------|-------|-------|
| 1st: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2nd: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3rd: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Shift start and end times:

| | | | | | | | |
|------|-------|-------|-------|-------|-------|-------|-------|
| 1st: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2nd: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3rd: | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Indicate whether the business activity is:

- [] Continuous through the year, or
 - [] Seasonal (Circle the months of the year during which the business activity occurs)
- JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Comments:

Indicate whether the facility discharge is:

- [] Continuous through the year, or
 - [] Seasonal (Circle the months of the year during which the business activity occurs)
- JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Comments:

Does operation shut down for vacation, maintenance, or other reasons?

Yes, (If yes, indicate reasons and period when shut down occurs)

No

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

List types and quantity of chemicals used or planned to be used. (attach list if needed) If available, include copies of Manufacturer's Safety Data Sheets (MSDS) for all chemicals identified.

Chemicals

Quantity

SECTION H - SPILL PREVENTION

Do you have chemical storage containers, bins, or ponds at your facility?

Yes*

No

*If yes, please give a description of their location, contents, size, type, frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to the sewer or storm drain. Indicate if buried metal containers have cathodic protection.

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

Yes, (If yes, where do they discharge to?

No

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

- an outside disposal system
- the City's Sewer System (e.g. through a floor drain)
- storm drain
- to the ground
- other, specify: _____
- not applicable, no possible discharge to any of the above routes

Do you have a Slug Discharge Control Plan to prevent spills of chemicals or slug discharges from entering the City's Sewer System?

- Yes, (please attach a copy)
- No

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

SECTION I - NON-DISCHARGE WASTES

Are any waste liquids or sludges generated and not disposed of in the City's Sewer System?

- Yes, (please describe below)
- No, (skip the remainder of Section I)

| Waste Generated | Quantity (per year) | Disposal Method |
|-----------------|---------------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Indicate which waste identified above are disposed of at an off-site treatment facility.

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

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

Name: _____ Name: _____

Address: _____ Address: _____

Permit No. _____ Permit No. _____

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

Yes, (if yes, please list the permit(s): _____ No

SECTION J - AUTHORIZED SIGNATURE

Compliance Certification:

Are all applicable Federal, State, or Local Pretreatment Standards and requirements being met on a consistent basis?

Yes No

Not yet discharging

If no:

- a. What additional operations are being considered to bring the facility into compliance?
- b. Provide a schedule for bringing the facility into compliance

Milestone Activity

Completion Date

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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. I understand that Capacity Connection Reimbursement Account (CCRA) fees may be owed based on the information in this application for Equivalent Dwelling Unit (EDU) capacity.

Print Name

Title

Signature

Date

Phone