

**WESTERN MUNICIPAL  
WATER DISTRICT**

GENERAL MANAGER  
JOHN V. ROSSI



**DIRECT CONNECTION  
PERMIT APPLICATION**

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

**SECTION A - GENERAL INFORMATION**

1. **Facility Name:** \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in (1.a.) the owner of the facility?        Yes        No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Facility Address:**  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. **Facility Mailing Address:**  
Street or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. **Designated Authorized Representative of the Facility:**  
[Attach similar information for each authorized representative]

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

5. **Designated Facility Contact:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION B - FACILITY OPERATION CHARACTERISTICS**

1. Work Days		Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.
Shifts per work day:		_____	_____	_____	_____	_____	_____	_____
Employees per shift:	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____
Shift start and end times:	1st	_____	_____	_____	_____	_____	_____	_____
	2nd	_____	_____	_____	_____	_____	_____	_____
	3rd	_____	_____	_____	_____	_____	_____	_____

2. Indicate whether the business activity is:  
 Continuous through the year, or  
 Seasonal - Indicate operating cycles

COMMENTS:

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3. Indicate whether the facility discharge is:  
 Continuous through the year, or  
 Seasonal - Indicate operating cycles

COMMENTS:

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4. **Building Layout - Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from the schematic flow diagram required on page 7), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. A State Registered Professional Engineer must certify this drawing.**

**A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.**

**SECTION C - WATER SUPPLY AND USAGE**

1. Water Sources: (Check as many as are applicable)
  - Private Well
  - Surface Water
  - Municipal Water Utility (Specify City): \_\_\_\_\_
  - Other (Specify): \_\_\_\_\_
  
2. Name on the water bill: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  
3. Water service account number: \_\_\_\_\_

4. List average water usage on premises:  
 [New facilities may estimate]

<b>Type</b>	<b>Average Water Usage (GPD)</b>	<b>Indicate Estimated (E) or Measured (M)</b>
a. Contact cooling water	_____	_____
b. Non-contact cooling water	_____	_____
c. Boiler feed	_____	_____
d. Process (Describe Processes)	_____	_____
e. Sanitary	_____	_____
f. Air pollution control	_____	_____
g. Contained in product	_____	_____
h. Plant & equipment washdown	_____	_____
i. Irrigation & lawn watering	_____	_____
j. Other	_____	_____
k. TOTAL OF A-J	_____	_____

**SECTION D - SEWER CONNECTION INFORMATION**

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

Is the building presently connected to the Santa Ana Regional Interceptor (SARI) System?

Yes: SARI system permit number \_\_\_\_\_

No: Have you previously applied for a SARI system permit?  Yes  No

b. **For a new business:**

(i). Will you be occupying an existing vacant building (such as in an industrial park)?

Yes  No

(ii). Have you applied for a building permit if a new facility will be constructed?

Yes  No

(iii). Will you be connected to the SARI system?

Yes  No

2. List size, descriptive location, and flow of each facility lateral which connects to the SARI system. (If more than four, attach additional information on another sheet.)

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

**SECTION E - WASTEWATER DISCHARGE INFORMATION**

1. Does this facility currently discharge any wastewater to the SARI system?  
 Yes       No
  
2. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

**Industries Regulated by Categorical Standards**

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products



**SECTION E - WASTEWATER DISCHARGE INFORMATION**

6. Provide the following information on all wastewater sources which discharge to the SARI system. [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 a.m. to 4 p.m.):

M\_\_\_\_\_T\_\_\_\_\_W\_\_\_\_\_TH\_\_\_\_\_F\_\_\_\_\_SAT\_\_\_\_\_SUN\_\_\_\_\_

c. Peak hourly flow rate (GPD)\_\_\_\_\_

d. Maximum daily flow rate (GPD)\_\_\_\_\_

e. Annual daily average (GPD)\_\_\_\_\_

7. If batch discharges occur or will occur, which discharge to the SARI system:  
[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\_\_\_\_\_

8. **Schematic Flow Diagram - For each major activity in which wastewater is or will be generated, that discharges to the SARI system, 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. Indicate which processes use water and which generate wastewater which discharges to the SARI system. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater which discharges to the SARI system. Use these numbers when showing the unit processes in the building layout in Section B - 4. This drawing must be completed and certified for accuracy by a State Registered Professional Engineer.**

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

9. **For Non-Categorical Users Only:** List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each process(es) which discharge to the SARI system. Include the reference number from the process schematic that corresponds to each process. [New facilities should estimate each discharge]

No.	Process Description	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

10. **For Categorical Users Only:** Provide the wastewater discharge flows for each process(es) or proposed process(es) which discharge to the SARI system. Include the reference number from the process schematic that corresponds to each process. [New facilities should estimate each discharge]

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Unregulated Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

No.	Dilute Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SECTION E - WASTEWATER DISCHARGE INFORMATION Cont.

11. For Categorical Users Subject To Total Toxic Organic (TTO) Requirements:

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA? [ ] Yes [ ] No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information? [ ] Yes [ ] No

c. If yes, please attach a copy of the BMR.

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

Current: Flow Metering [ ] Yes [ ] No [ ] N/A
Sampling Equipment [ ] Yes [ ] No [ ] N/A
Planned: Flow Metering [ ] Yes [ ] No [ ] N/A
Sampling Equipment [ ] Yes [ ] No [ ] N/A

If so, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below:

Horizontal lines for describing equipment location and details.

13. 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 question 14)

14. Briefly describe these changes and the anticipated effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

Horizontal lines for describing process changes and effects.

**SECTION F - TREATMENT OF WASTEWATER**

1. Is any form of wastewater treatment (see # 2 for a list of options) for the wastewater discharged to the SARI system practiced at this facility?

Yes  No ( If No, please skip to Section G )

2. Indicate which treatment devices or processes are in use or are proposed for treating wastewater or sludge (check as many as appropriate).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil separation, type: \_\_\_\_\_
- Grease trap
- Grinding filter
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump
- Biological treatment, type: \_\_\_\_\_
- Rainwater diversion or storage
- Other chemical treatment, type: \_\_\_\_\_
- Other physical treatment, type: \_\_\_\_\_
- Other, type: \_\_\_\_\_

3. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

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**SECTION F - TREATMENT OF WASTEWATER Cont.**

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

Yes  No ( If No, please skip to question 5 )

5. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

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6. Attach a process flow diagram for each existing treatment system. Include process equipment, bi-products, by-product disposal method, waste and by-product volumes, and design and operating conditions.

7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharged to the SARI system. Please include estimated completion dates.

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8. Do you have a wastewater treatment system operator?  Yes  No  
If yes, the operator is:  an employee of facility  a consultant

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Full time: \_\_\_\_\_ (specify hours)

Part time: \_\_\_\_\_ (specify hours)

9. Do you have a manual on the correct operation of your treatment equipment?

Yes  No

10. Do you have a written maintenance schedule for your treatment equipment?

Yes  No

**SECTION G - CHARACTERISTICS OF RAW MATERIALS**

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

	Material	Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

2. 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:

	Chemical	Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

**SECTION H - CHARACTERISTICS OF DISCHARGE**

All current industrial users of the SARI system are required to submit monitoring data on all pollutants that are regulated specific to each process. Use the tables provided in this section to report the analytical results. **DO NOT LEAVE BLANKS.** For all other (non-regulated) pollutants, indicate whether the pollutant is known to be present (P), suspected to be present (S), or known not to be present (O), by placing the appropriate letter in the column for average reported values. Indicate on either the top of each table, or on a separate sheet, if necessary, the sample location and type of analysis used. Be sure methods conform to 40 CFR Part 136; if they do not, indicate what method was used.

New dischargers should use the table to indicate what pollutants will be present or are suspected to be present in proposed wastestreams by placing a P (expected to be present), S (suspected to be present), or O (will not be present) under the average reported values.













**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 the SARI system or storm drain system.

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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 onsite, could an accidental spill lead to a discharge to: (check all that apply).

- an onsite disposal system
- SARI 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 recurrence.

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**SECTION J -FACILITY WASTE MANAGEMENT PLAN**

1. 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 SARI system and/or storm drain systems which discharge to the SARI system. In the event of a spill, Orange County Sanitation District (OCSD) shall be notified immediately by telephone at (714) 593-7444, (714) 593-7410, or (714) 962-2411 and Western Municipal Water District (WMWD) shall be notified immediately by telephone at (909) 780-9764. 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 received by WMWD 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 SARI system and/or storm drain systems which discharge to the SARI 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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**A. SLUG LOAD CONTROL PLAN Cont.**

- 4. List the abatement, containment and prevention plans which are proposed or currently in place. These can include spill containment structures or vessels, known drainage and containment patterns and/or established transfer procedures.

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- 5. List the equipment and materials, in addition to its approximate location at the facility, which are available for spill response activities.

	Equipment/Materials	Location
a.	<hr/>	<hr/>
b.	<hr/>	<hr/>
c.	<hr/>	<hr/>
d.	<hr/>	<hr/>
e.	<hr/>	<hr/>

- 6. List the standard operating procedures that will be followed in the event a spill occurs.

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**A. SLUG LOAD CONTROL PLAN Cont.**

7. List the name and telephone number of the commercial supplier(s) of spill response equipment used by your facility.

	Company	Phone Number
a.	_____	_____
b.	_____	_____
c.	_____	_____

8. List the name, address, telephone number, and contact of the company contracted for the recovery and/or removal of the spill from the facility.

a. Name: _____	b. Name: _____
Address: _____	Address: _____
Contact: _____	Contact: _____
Phone: _____	Phone: _____

**B. WASTE MINIMIZATION/POLLUTION PREVENTION PLAN**

List methods in which the facility plans to conserve water, investigate and implement product or material substitution, maintain inventory controls, and provide employee education to minimize the amount of waste generated and hazardous material used. (attach additional sheets if necessary):

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**C. HAZARDOUS MATERIALS AND HAZARDOUS WASTE MANAGEMENT PLAN**

A Hazardous Materials and Hazardous Waste Management Plan which lists the types of hazardous materials used, storage locations, and types of hazardous waste generated is required to be submitted. 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**

A copy of the operations and maintenance manual for any pretreatment equipment used at the facility to treat any wastewater which discharges to the SARI system is required to be submitted. 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 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 to the SARI system?

Yes, please describe below.  No (If No, skip the remainder of Section K)

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

2. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

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

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4. 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.	_____	_____

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

Yes  No

If yes, please list the permit(s):

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**SECTION L - COMPLIANCE CERTIFICATION**

1. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

Yes  No  Not yet discharging

2. If No:

a. What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates. Note that if the Control Authority issues a permit to the applicant, it may establish a schedule for compliance different from the one submitted by the facility.

**SECTION L - COMPLIANCE CERTIFICATION Cont.**

	<b>Milestone Activity</b>	<b>Completion Date</b>
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____

**SECTION M - AUTHORIZED SIGNATURES**

**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

\_\_\_\_\_  
Telephone