

**WESTERN MUNICIPAL
WATER DISTRICT**

GENERAL MANAGER
JOHN V. ROSSI



**INDIRECT 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	1st	_____	_____	_____	_____	_____	_____	_____
per	2nd	_____	_____	_____	_____	_____	_____	_____
shift:	3rd	_____	_____	_____	_____	_____	_____	_____
Shift	1st	_____	_____	_____	_____	_____	_____	_____
start	2nd	_____	_____	_____	_____	_____	_____	_____
and	3rd	_____	_____	_____	_____	_____	_____	_____
end								
times:								

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

COMMENTS:

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

COMMENTS:

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 6), public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations. This drawing must be certified by a State Registered Professional Engineer.**

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 - WASTEWATER DISCHARGE INFORMATION

1. Does this facility currently discharge any wastewater to the SARI system?
 Yes, Current Permit Number issued by SAWPA _____ No

2. Place a check beside the category of business activity your facility employs or will be employing, in any of the industrial categories or business activities listed below, (if applicable), **which generate wastewater that is hauled to the Santa Ana Regional Interceptor (SARI) Truck Disposal Station.**

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 C - WASTEWATER DISCHARGE INFORMATION

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

Type	Average Water Usage (GPD)	Indicate Estimated (E) or Measured (M)
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	_____	_____

7. Provide the following information on all wastewater sources which discharge to the SARI Truck Disposal Station.
[New facilities may estimate]

- a. Hours/Day Discharged (e.g., 8 hours/day):
 MT _____ W _____ TH _____ F _____ SAT _____ SUN _____
- b. Hours of Discharge (e.g., 9 a.m. to 4 p.m.):
 MT _____ W _____ TH _____ F _____ SAT _____ SUN _____
- c. Peak hourly flow rate (GPD) _____
- d. Maximum daily flow rate (GPD) _____
- e. Annual daily average (GPD) _____

8. Indicate if any batch discharges occur which are hauled to the SARI Truck Disposal Station:
[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 _____

SECTION C - WASTEWATER DISCHARGE INFORMATION Cont.

9. **Schematic Flow Diagram** - For each major activity in which wastewater is or will be generated, that discharges to the SARI Truck Disposal Station, 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 Truck Disposal Station. 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 Truck Disposal Station. 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.

10. **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 Truck Disposal Station. 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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. **For Categorical Users Only:** Provide the wastewater discharge flows for each process(es) or proposed process(es) which discharge to the SARI Truck Disposal Station. 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 C - WASTEWATER DISCHARGE INFORMATION Cont.

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

Provide the following (TTO) information.

- a. Does 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.

13. 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 hauled to the SARI Truck Disposal Station?

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 sewer schematic and describe the equipment below:

14. 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 15)

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

SECTION D - TREATMENT OF WASTEWATER

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

Yes No (**If No, please skip to Section E**)

2. Indicate which treatment devices or processes are in use for treating the wastewater which is hauled to the SARI Truck Disposal Station (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.

SECTION D - TREATMENT OF WASTEWATER Cont.

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

Yes No

5. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. (Attach additional sheets if needed.)

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 Truck Disposal Station. Please include estimated completion dates.

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 E - CHARACTERISTICS OF RAW MATERIALS

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

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

- 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 F – POLLUTANT CHARACTERISTICS

All facilities which generate wastewater that is hauled to the SARI Truck Disposal Station 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 facilities 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 G - 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 wastewater which is hauled to the SARI Truck Disposal Station.

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?

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

SECTION H - FACILITY WASTE MANAGEMENT PLAN

A. SLUG LOAD CONTROL PLAN (SLCP) – Indirect Dischargers who haul only Brine Waste to the SARI System are not required to submit a SLCP (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 Truck Disposal Station 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.

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.

- 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 which will be followed in the event a spill occurs.

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. PRETREATMENT SYSTEMS OPERATIONS AND MAINTENANCE MANUAL

A copy of the operations and maintenance manual for any pretreatment equipment used at the facility 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.

C. 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 I - HAULED WASTES

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

2.* 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.	_____	_____

* Wastehauling companies will be required to obtain a Wastehauler Discharge Permit issued by WMWD

5. SECTION J - COMPLIANCE CERTIFICATION

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

Yes No

If yes, please list the permit(s):

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

Yes No Not yet discharging

3. 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._____

SECTION K - 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