TOWN OF
WINDSOR

INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

"No person intending to discharge anything except domestic sewage shall make a connection to the sewer system without first applying to and receiving from the office of the General Manager a permit therefore. This permit shall be in addition to all other permits required by the Town of Windsor."
(Town of Windsor code, Article 3)

SECTION I. GENERAL INFORMATION

A. **APPLICATION DATE:** _____/_____/_____

B. **BUSINESS IDENTIFICATION:**

1. Business Name: _____

2. Street Address (of facility discharging wastewater): _____
   _____

3. Business Mailing Address: _____

4. Please select from the choices below and provide the requested information:

   a. If sole proprietorship, please list the name of owner and assumed name, if different from name listed in B.1 above: _____
   b. If a partnership, please list the names of all general partners and assumed name(s), if different from the name listed in B.1. above: _____
   c. If a corporation, please list the state in which incorporated and the name and address of the registered agent: _____

5. Building Owner name and address: _____
   _____
   _____

Submit to:

Town of Windsor
Attn: Mike Cave, Utility Systems Superintendent
P.O. Box 100, Windsor, CA 95492
Phone: (707) 838-5329

C. CONTACTS:

1. Executive officer responsible for this facility, must be at least vice president, general partner, proprietor or duty authorized representative (40 CFR 403.12)
Name: _____ Title: _____
Mailing Address: _____

2. Principal Contact Person (person to whom correspondence/calls relating to wastewater discharge will be directed):
Name: _____ Title: _____ Phone: _____
Mailing Address: _____

3. On-site contact (if different):
Name: _____ Title: _____ Phone: _____

4. Alternate On-site Contact:
Name: _____ Title: _____ Phone: _____

5. Person to be contacted in case of emergency:
Name: _____ Title: _____

Day Phone: _____ Night Phone: _____

D. **GENERAL FACILITY DESCRIPTION** SIC CODE:_____

1. Please identify the principal business activity (ies)/products(s)/service(s) at this facility: _____
_____

DISCHARGE ACTIVITIES				
SOURCE	**WEEKLY**		**WEEKEND**	
	Start Time	End Time	Start Time	End Time
Process				
Cooling				
Sanitary				
Other:				

2. Please select the days that discharge occurs: **(circle) S M T W T F S**

3. Has a slug control plan been prepared for this facility?
☐NO ☐YES-DATE: _____

4. Has a Toxic Organic Management Plan (TOMP) been prepared for this facility?
☐NO ☐YES-DATE: _____

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SECTION II. ENVIRONMENTAL CONTROL PERMITS

A. **PLEASE LIST ALL ENVIRONMENTAL CONTROL PERMITS HELD BY THIS FACILITY.**

PERMITTING AGENCY	PERMIT TYPE	IDENTIFICATION NUMBER

B. **ADDITIONAL PERMIT INFORMATION**

1. If you have a waste treatment system:

   a. Have you applied for a treatment facility permit from the California Department of Health Services? ☐NO ☐YES

   b. If yes, did you receive: ☐Permit ☐Waiver ☐Action pending ☐Rejection

   c. What is your permit number? _____

2. Do you store waste chemicals more than 90 days? ☐NO ☐YES ‘

   a. If yes, have you applied for a hazardous material storage permit from the California Department of Health Services? ☐NO ☐YES

   b. If yes, did you receive: ☐Permit ☐Waiver ☐Action pending ☐Rejection

   c. What is your permit number? _____

3. Do you have any discharge to storm drains or channels other than rainwater and irrigation? ☐NO ☐YES

   a. If yes, explain: _____

4. Is there any discharge to storm water associated with industrial processes? ☐NO ☐YES

   a. If yes, have you filed an NOI for coverage under the NPDES general storm water permit with the California Regional water Quality Control Board OR applied for an NPDES storm water permit? ☐NO ☐YES

   b. If yes, do you have a Storm Water Pollution Prevention Plan on file? ☐NO ☐ YES

   c. If you applied for an NPDES storm water permit, did you receive: ☐Permit ☐ Waiver ☐Action pending ☐Rejection

   d. What is your permit number? _____

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5. Have you applied for a Hazardous Materials Storage Permit from CUPA?
   ☐NO ☐YES

   a. If yes, did you receive: ☐Permit ☐Waiver ☐Action pending ☐Rejection

   b. What is your permit number? _____

6. Do you have an EPA identification number? ☐NO ☐YES

   a. If yes, what is your number(s)? _____

SECTION III DESCRIPTION OF OPERATIONS

A. **FACILITIES OPERATION**. Please check any of the following that occur at your facility:

☐ Bio-Medical Research
☐ Cage Washing
☐ Coolant Recycling
☐ Cooling Tower
☐ Dairy Products
☐ DI Water
☐ Dyeing
☐ Educational Institution
☐ Electrical & Electronic Components
☐ Electroplating
☐ Food & Edible Products Processing
☐ Grinding
☐ Hospital or Medical/Dental Facility
☐ Incinerator
☐ Inorganic Chemicals
☐ Labs
☐ Laundry
☐ Machine Shop/Machining
☐ Metal Fabrication
☐Metal Finishing
☐Organic Chemicals
☐Plastic Molding
☐Paint Striping
☐Painting
☐Pharmaceuticals
☐Photo Processing
☐Pool/Fountain
☐Polishing
☐Printing & Publishing
☐Recirculating Hot Water System
☐Restaurant/Cafeteria
☐Silk Screening
☐Soldering
☐Solvent Degreasing
☐Vehicle Maintenance
☐Water Contacts Air Scrubbers
☐Water Seal Vacuum Systems
☐_____

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B. **WASTEWATER GENERATING ACTIVITIES.** Please list below all wastewater-generating activities in this facility with the exception of sanitary. (Attach additional sheets if necessary.)

WASTEWATER GENERATING ACTIVITY DESCRIPTION	USUAL HOURS OF ACTIVITY	DAYS/FREQUENCY OF ACTIVITY	SIC CODE

1. Discharge of wastewater is:
   ☐ Batch ☐ Continuous ☐ Both _____ % Batch _____% Continuous

2. Is the discharge of wastewater subject to seasonal variation? ☐NO ☐YES
   a. If YES, please describe briefly:_____
   _____
   _____

   b. Estimated effective date: _____

3. Are any process changes or expansions planned during the term of this permit?
   ☐NO ☐YES

   a. If yes, please describe briefly: _____
   _____
   _____

   b. Estimate effective date:_____

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SECTION IV. FACILITY LAYOUT

A. Please provide a schematic drawing of your facility layout or attach as-built plans. Please indicate the location(s) of sampling sites.

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B. **PROCESS FLOW DIAGRAM**. Please provide a process flow diagram for (all) processes/activities at the site including cooling towers and boiler discharges. Please indicate a maximum and average flow rate of any/each process, which generates wastewater. All wastewater sources and discharge points must be clearly identified.

Submit to:

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SECTION V. FLOW MEASUREMENT

A. **FLOW**

1. Average daily water usage based on previous 6 months usage: _____
   Source: Town Water/Groundwater/Reclaimed Water: _____
   Average daily process flow to sewer: _____
   Total facility discharge including sanitary waste: _____

FLOW	AVERAGE	MAXIMUM	DISCHARGE POINT
Total Process Discharge (From IV.B)			
Cooling Blowdown (From IV.B)			
Boiler Blowdown (From IV.B)			
Sanitary Discharge			
Irrigation/ Evaporation			
Other Discharges 1.			
2.			
3.			
4.			
	GRAND TOTAL		

B. **FLOW VERIFICATION/WATER AUDIT**

1. List all water account numbers for your facility: _____
   _____

2. The **maximum** daily water use for your facility in gallons/day: _____

   Determined by: ☐ Water billings ☐ Meter readings ☐ other

3. The **average** daily water use for your facility in gallons per work day (1 ccf= 748 gallons): _____

   Determined by: ☐ Water billings (use 13 mo. average) ☐ Meter readings ☐ other

   If determined by water billings, list which months used: _____
   _____

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4. Projected significant water use changes for the coming year are:
☐ None ☐ Increase ☐ Decrease

Process water changes: gallons/day _____ estimated date:_____

Other water use changes: type of change _____
Amount in gallons/day _____ estimated date:_____

5. Attach a copy of your meter readings and meter calibration logs for all flow/water meters within your facility (other than the Town-maintained meters) for the past 12 months.

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SECTION VI. POLLUTANT MEASUREMENT

A. **WASTEWATER CHEMICAL CHARACTERISTICS.** Please indicate whether any of the following pollutants may be present at this facility. Please check column A if the pollutant comes in contact with water and/or may be present in the wastewater. Please check column B if the pollutant is a present on-site but in a location or process where no entry into the wastewater should occur. Attach additional sheets if necessary.

PRIORITY POLLUTANTS

A B VOLATILES

☐☐ Acrolein
☐☐ Acrylonitrile
☐☐ Benzene
☐☐ Bromodichloromethane
☐☐ Bromoform
☐☐ Bromomethane
☐☐ Carbon tetrachloride
☐☐ Chlorobenzene
☐☐ Chlorodibromomethane
☐☐ Dichlorodifluoromethane
☐☐ 1, 1, 1-trichloromethane-TCA
☐☐ 1, 1, 2 trichloroethane
☐☐ trichlorofluoroethane
☐☐ 1, 2-dichlorethane
☐☐ 1, 1, 1-trichloromethane
☐☐ 1, 1-dichloroethane
☐☐ 1, 1, 2-trichloromethane
☐☐ 1, 1, 2, 2-tetrachloroethane
☐☐ Chloroethane
☐☐ 2-chloroethylvinyl ether
☐☐ Chloroform
☐☐ 1, 1-dichloroethylene
☐☐ 1, 2-trans-dichloroethylene
☐☐ 1, 2-dichloropropane
☐☐ 1, 3-dichloropropylene
☐☐ Ethylbenzene
☐☐ Methylene chloride
☐☐ Methyl chloride
☐☐ Methyl bromide
☐☐ Tetrachloroethylene PCE
☐☐ Toluene
☐☐ Trichloroethylene-TCE
☐☐ Vinyl Chloride

A B SEMI-VOLATILES

☐☐ Acenaphthene
☐☐ Acenaphthylene
☐☐ Anthracene
☐☐ Benzidine
☐☐ Benzo(a)anthracene
☐☐ Benz(a)pyrene
☐☐ Benzo(k)fluoranthene
☐☐ Benzo(ghi)perylene
☐☐ 3, 4-benzofluoranthene
☐☐ Bis (2-chloroethyl) ether
☐☐ Bis (2-chloroethoxy) methane
☐☐ Bis (2-ethylhexyl) phthalate
☐☐ 4-bromophenyl
☐☐ Butyl benzyl phthalate
☐☐ Chrysene

A B SEMI-VOLATILES

☐☐ 2-chlorphenol ether
☐☐ 4-chlorphenyl phenyl ether
☐☐ Dibenzo (a, h)anthracene
☐☐ 1, 2-dichlorobenzene
☐☐ 1, 3-dichlorobenzene
☐☐ 1, 4-dichlorobenzene
☐☐ 3, 3-dichlorobenzidine
☐☐ 2, 4-dichlorophenol
☐☐ Di-n-octyl phthalate
☐☐ Di-n-butyl phthalate
☐☐ 2, 4-dinitrophenol
☐☐ 4, 6-dinitro-o-cresol
☐☐ 1, 2-diphenylthydrazine
☐☐ 2, 4-dinitrotoluene
☐☐ Fluoranthene
☐☐ Fluorene
☐☐ Hexachlorobenzene
☐☐ Hexachloroethane
☐☐ Hexachlorobutadiene
☐☐ Hexachlorocycopentadiene
☐☐ Indeno (1, 2, 3-cd)pyrene
☐☐ Isophorome
☐☐ Naphthalene
☐☐ Nitrobenzene
☐☐ 2-nitrophenol
☐☐ 4-nitrophenol
☐☐ N-nitrosodimethylamine
☐☐ N-nitrosodiphenylamine
☐☐ N-nitrosodi-n-propylamine
☐☐ Parachlorometacresol
☐☐ Pentachlorophenol
☐☐ Phenanthrene
☐☐ Phenol
☐☐ Pyrene
☐☐ 1, 2, 4-trichlorobenzene
☐☐ 2, 4, 6-trichlorophenol

A B PESTICIDES & PCB'S

☐☐ Aldrin
☐☐ Chlordane
☐☐ Dieldrin
☐☐ 4, 4-DDT
☐☐ 4, 4-DDE (p, p'DDX)
☐☐ 4, 4-DDD (pm, pTDE)
☐☐ Alpha-endosulfan
☐☐ Beta-endosulfan
☐☐ Endosulfan
☐☐ Endrin
☐☐ Endrin aldehyde
☐☐ Heptachlor

A B PESTICIDES & PCB'S

☐☐ Heptachlor epoxide
☐☐ Alpha-BHC
☐☐ Beta-BHC
☐☐ Delta-BHC
☐☐ Gamma-BHC (lindane)
☐☐ PCB-1016 (Arocior 1016)
☐☐ PCB-1221 (Arocior 1221)
☐☐ PCB-1232 (Arocior 1232)
☐☐ PCB-1242 (Arocior 1242)
☐☐ PCB-1248 (Arocior 1248)
☐☐ PCB-1254 (Arocior 1254)
☐☐ PCB-1260 (Arocior 1260)
☐☐ Toxaphene
☐☐ 2, 3, 7, 8-tetrachlorodibenzo-p- dioxin

A B METALS & MISC.

☐☐ Antimony
☐☐ Arsenic
☐☐ Beryllium
☐☐ Cadmium
☐☐ Chromium
☐☐ Copper
☐☐ Lead
☐☐ Mercury
☐☐ Nickel
☐☐ Silver
☐☐ Thallium
☐☐ Zinc
☐☐ Asbestos
☐☐ Cyanide, total
☐☐ Cynaide, amenable to chlorination

A B NON-PRIORITY POLLUTANTS

☐☐ Barium
☐☐ Cobalt
☐☐ Hex Chromium
☐☐ Selenium
☐☐ Cresols
☐☐ Radioactivity
☐☐ High pH (>11.0)
☐☐ Low pH (<6.0)
☐☐ Oil/grease (animal/vegetable)
☐☐ Suspended solids (>300mg/L ave.)
☐☐ Total dissolved solids (>5,200 mg/L)
☐☐ BOD (>300mg/L)
☐☐ **Other pollutants *(please list)***
☐☐ _____
☐☐ _____
☐☐ _____
☐☐ _____

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SECTION VII. POLLUTION ABATEMENT PRACTICES

A. **WASTEWATER PRETREATMENT.** Please place a check beside any of the following listed pretreatment devices or processed used in treating wastewater or sludge discharged from this facility.

1. ☐ Air Flotation
   ☐ Chrome Reduction
   ☐ Cyanide Destruction
   ☐ Distillation Evaporation
   ☐ Disinfection Tank
   ☐ Electrowinning
   ☐ Equalization Tank
   ☐ Filter Press
   ☐ Filtration-Membrane
   ☐ Filtration-Sand/Diatomaceous
   ☐ Filtration-Other
   ☐ Flocculation
   ☐ Gold Recovery
   ☐ Ion Exchange
   ☐ Oil/Grease Separator
   ☐ PH Adjustment
   ☐ Precipitation
   ☐ Settling/Clarification

   ☐ Grease Interceptor-Outside *(Please list size and maintenance frequency):*
   _____
   ☐ Grease Trap-Inside *(Please list maintenance frequency):* _____
   ☐ Silver Recovery *(Please list type of unit and maintenance frequency):* _____
   _____
   ☐ Other pretreatment methods *(Please list):* _____

2. The pretreatment system operates from _____ AM/PM to_____ AM/PM on the following days of the week *(please select all that apply):*
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

3. Have you applied for a hazardous waste treatment facility permit from the California Department of Toxic Substance Control?

4. Please provide the maintenance protocol for treatment system: _____

5. Does this facility treat and/or discharge (or anticipate treating and/or discharging) any concentrated waste that is not listed as a wastewater generating activity in Section III.B (i.e. plating baths, spent solvents, fluoride bearing wastes, high strength acids and/or bases, etc.)? ☐ No ☐ Yes
   a. If yes, please describe this waste below, listing the waste type, annual quantity discharged (include unit description), type of treatment, and the point of discharge into the Town sanitary sewer:
   _____
   _____

6. System manufacturer or design engineer: _____
   Design flow: _____ Actual flow: _____

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B. **STORED WASTES**

1. Please indicate below the quantity of each of the following wastes that are generated at your facility during a one-year period. (Please choose gallons [gal.] or pounds [lbs.])

☐ Heavy Metal Sludges	_____Gal./lbs.	☐ Plating Wastes	_____Gal./lbs.
☐ Inks/dyes	_____Gal./lbs.	☐ Pretreatment Sludges	_____Gal./lbs.
☐ Medical Waste	_____Gal./lbs.	☐ Radioactive Waste	_____Gal./lbs.
☐ Oil and/or Grease	_____Gal./lbs.	☐ Scrap Metal	_____Gal./lbs.
☐ Paints	_____Gal./lbs.	☐ Solvent Thinners	_____Gal./lbs.
☐ Pesticides	_____Gal./lbs.	☐ Spent Chemicals	_____Gal./lbs.
☐ Photo Waste	_____Gal./lbs.		

☐ Other Hazardous Wastes *(please list):*

_____ _____Gal./lbs.
_____ _____Gal./lbs.
_____ _____Gal./lbs.

2. For the above-checked wastes, select your facility's practice from the choices below:
   ☐ On-site storage ☐ Off-site storage ☐ On-site disposal ☐ Off-site disposal

3. Please list waste haulers used and provide information on a separate sheet of paper if necessary.

WASTE HAULER #1	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					

WASTE HAULER #2	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					

WASTE HAULER #3	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	
NAME:					
ADDRESS:					

Submit to:

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SECTION VIII. COMPLIANCE CERTIFICATION

A. **Are you applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?**

☐ **NO** ☐ **YES** ☐ **not yet discharging**

B. **If No:**

1. 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. (Attach additional sheets if needed.)

_____
_____
_____
_____

2. 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.

MILESTONE ACTIVITY	Completion Date

SECTION IX. CERTIFICATION/AUTHORIZED SIGNATURES

THIS DOCUMENT MUST BE SIGNED BY THE MOST RESPONSIBLE PERSON OF THE COMPANY. THIS INCLUDES THE OWNER, PRESIDENT, CORPORATE OFFICER, OR ANY OTHER REPRESENTATIVE OF THE ORGANIZATION IN A DECISION-MAKING CAPACITY. THE PERSON SIGNING THIS DOCUMENT IS LEGALLY RESPONSIBLE FOR ALL INFORMATION CONTAINED HEREIN AND BECOMES LIABLE FOR ANY AND ALL FUTURE ENFORCEMENT ACTIONS RELATED TO THIS INFORMATION.

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.

_____ _____
Signature of Responsible Person Date

_____
Title

Submit to:

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