

INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

Part A

GENERAL INFORMATION

**TO BE COMPLETED BY ALL INDUSTRIAL USERS
REQUIRED TO SUBMIT THIS APPLICATION**

SECTION A-I.

A. Company Name _____ SIC Code No. _____

B. Organization of Business (sole proprietorship, partnership or corporation)

1. If sole proprietorship, give name of owner and assumed name, if different from answer to A-1 above.

2. If partnership, give names of general partners and assumed name, if different from answer to A-1 above.

3. If corporation, give state in which incorporated and the name and address of registered agent.

C. Business Address

Street _____

City _____ Zip Code _____

D. Location of premise discharging wastewater

Street _____

City _____ Zip Code _____

E. Brief description of manufacturing or service activity on premises:

F. Person completing this application

Name _____

Title _____ Phone _____

G. Number of Employees

Average annual number of employees _____

H. Variation of operation

Average annual days per week of plant operation _____

Shifts normally worked each day:

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
1 st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. Time and duration of discharge to the sanitary sewer

Discharge occurs from ____ AM / PM to ____ AM / PM

Check the days of the week that discharge occurs:

S M T W TH F S

SECTION A-II. INDUSTRIAL WASTE FLOW RATES

A. The following industrial waste flow rates to the sanitary sewer are to be provided by the industrial user and must be physically measured unless other verifiable techniques are approved by the City of Corona Department of Water and Power due to cost or nonfeasibility.

Maximum Daily Flow	Annual Daily Average Flow
(Gal/Day)	(Gal/Day)

B. Show the estimated average quantity of water received and industrial waste discharged daily.

Water Used For	Supply From		Discharge To	
	Gal/Day	Source (1)	Gal/Day	Discharge to (2)
Sanitary				
Process				
Cooling				
Lawn Sprinkling				
Boiler				
Evaporation				
Scrubber Water For Air Pollution Control				
Other (3)				
Total Gal/Day				

Notes:

(1) Enter the appropriate code letter indicating the source:

- a) City of Corona
- b) Recycled or reclaimed water
- c) Private well
- d) Storm water

(2) Enter the appropriate code letter indicating the discharge point:

- a) Surface waters
- b) Storm sewer
- c) Product
- d) Evaporation
- e) Hauled by wastewater hauler
- f) Domestic sewer

(3) Describe:

SECTION A-III. RAW MATERIALS AND CHEMICALS

Give technical, common names and amount in gallons of raw materials and chemicals on site that are used in the manufacturing or other processes, which may or may not be discharged to the sanitary sewer. In the case of proprietary compounds, provide manufacturer's name. Please add additional sheets if necessary.

Technical Name	Common Name	Manufacturer's Name	Number of gallons on site

SECTION A-IV. NATURE AND CONCENTRATION OF POLLUTANTS IN INDUSTRIAL WASTE DISCHARGE

Are any of the following pollutants present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, indicate which ones by checking the appropriate box(es):

- | | | |
|---|---|---|
| <input type="checkbox"/> 001 Acenaphthene | <input type="checkbox"/> 020 2-chloronaphthalene | <input type="checkbox"/> 038 Ethylbenzene |
| <input type="checkbox"/> 002 Acrolein | <input type="checkbox"/> 021 2,4,6-trichlorophenol | <input type="checkbox"/> 039 Fluoranthene |
| <input type="checkbox"/> 003 Acrylonitrile | <input type="checkbox"/> 022 Parachlorometa cresol | <input type="checkbox"/> 040 4-chlorophenyl phenyl ether |
| <input type="checkbox"/> 004 Benzene | <input type="checkbox"/> 023 Chloroform | <input type="checkbox"/> 041 4-bromophenyl phenyl ether |
| <input type="checkbox"/> 005 Benzidine | <input type="checkbox"/> 024 2-chlorophenol | <input type="checkbox"/> 042 Bis(2-chloroisopropyl) ether |
| <input type="checkbox"/> 006 Carbon tetrachloride | <input type="checkbox"/> 025 1,2-dichlorobenzene | <input type="checkbox"/> 043 Bis(2-chloroethoxy)methane |
| <input type="checkbox"/> 007 Chlorobenzene | <input type="checkbox"/> 026 1,3-dichlorobenzene | <input type="checkbox"/> 044 Methylene chloride |
| <input type="checkbox"/> 008 1,2,4-trichlorobenzene | <input type="checkbox"/> 027 1,4-dichlorobenzene | <input type="checkbox"/> 045 Methyl chloride |
| <input type="checkbox"/> 009 Hexachlorobenzene | <input type="checkbox"/> 028 3,3-dichlorobenzidine | <input type="checkbox"/> 046 Methyl bromide |
| <input type="checkbox"/> 010 1,2-dichloroethane | <input type="checkbox"/> 029 1,1 -dichloroethylene | <input type="checkbox"/> 047 Bromoform |
| <input type="checkbox"/> 011 1,1,1-trichlorethane | <input type="checkbox"/> 030 1,2-trans-dichloroethylene | <input type="checkbox"/> 048 Dichlorobromomethane |
| <input type="checkbox"/> 012 Hexachloroethane | <input type="checkbox"/> 031 2,4-dichlorophenol | <input type="checkbox"/> 051 Chlorodibromomethane |
| <input type="checkbox"/> 013 1,1-dichloroethane | <input type="checkbox"/> 032 1,2-dichloropropane | <input type="checkbox"/> 052 Hexachlorobutadiene |
| <input type="checkbox"/> 014 1,1,2-trichloroethane | <input type="checkbox"/> 033 1,2-dichloropropylene | <input type="checkbox"/> 053 Hexachlorocyclopentadiene |
| <input type="checkbox"/> 015 1,1,2,2-tetrachloroethane | <input type="checkbox"/> 034 2,4-dimethylphenol | <input type="checkbox"/> 054 Isophorone |
| <input type="checkbox"/> 016 Chloroethane | <input type="checkbox"/> 035 2,4-dinitrotoluene | <input type="checkbox"/> 055 Naphthalene |
| <input type="checkbox"/> 018 Bis(2-chloroethyl) ether | <input type="checkbox"/> 036 2,6-dinitrotoluene | <input type="checkbox"/> 056 Nitrobenzene |
| <input type="checkbox"/> 019 2-chloroethyl vinyl ethers | <input type="checkbox"/> 037 1,2-diphenylhydrazine | <input type="checkbox"/> 057 2-nitrophenol |

- | | | |
|--|---|--|
| <input type="checkbox"/> 058 4-nitrophenol | <input type="checkbox"/> 092 4,4-DDT | <input type="checkbox"/> 126 Silver |
| <input type="checkbox"/> 059 2,4-dinitrophenol | <input type="checkbox"/> 093 4,4-DDE | <input type="checkbox"/> 127 Thallium |
| <input type="checkbox"/> 060 4,6-dinitro-o-cresol | <input type="checkbox"/> 094 4,4-DDD | <input type="checkbox"/> 128 Zinc |
| <input type="checkbox"/> 061 N-nitrosodimethylamine | <input type="checkbox"/> 095 Alpha-endosulfan | <input type="checkbox"/> 129 2,3,7,8-TCDD. |
| <input type="checkbox"/> 062 N-nitrosodiphenylamine | <input type="checkbox"/> 096 Beta-endosulfan | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> 063 N-nitrosodi-n-propylamine | <input type="checkbox"/> 097 Endosulfan sulfate | <input type="checkbox"/> Alkyl Epoxides |
| <input type="checkbox"/> 064 Pentachlorophenol | <input type="checkbox"/> 098 Endrin | <input type="checkbox"/> Molybdenum |
| <input type="checkbox"/> 065 Phenol | <input type="checkbox"/> 099 Endrin aldehyde | <input type="checkbox"/> Manganese |
| <input type="checkbox"/> 066 Bis(2-ethylhexyl) phthalate | <input type="checkbox"/> 100 Heptachlor | <input type="checkbox"/> Iron |
| <input type="checkbox"/> 067 Butyl benzyl phthalate | <input type="checkbox"/> 101 Heptachlor epoxide | <input type="checkbox"/> Chromium (Hexavalent) |
| <input type="checkbox"/> 068 Di-N-Butyl Phthalate | <input type="checkbox"/> 102 Alpha-BHC | <input type="checkbox"/> Barium |
| <input type="checkbox"/> 069 Di-n-octyl phthalate | <input type="checkbox"/> 103 Beta-BHC | <input type="checkbox"/> Sulfuric Acid |
| <input type="checkbox"/> 070 Diethyl Phthalate | <input type="checkbox"/> 104 Gamma-BHC | <input type="checkbox"/> Hydrochloric Acid |
| <input type="checkbox"/> 071 Dimethyl phthalate | <input type="checkbox"/> 105 Delta-BHC | <input type="checkbox"/> Nitric Acid |
| <input type="checkbox"/> 072 benzo(a) anthracene | <input type="checkbox"/> 106 PCB-1242 | <input type="checkbox"/> Hydrofluoric Acid |
| <input type="checkbox"/> 073 Benzo(a)pyrene | <input type="checkbox"/> 107 PCB-1254 | <input type="checkbox"/> Radioactive Nuclides |
| <input type="checkbox"/> 074 Benzo(b) fluoranthene | <input type="checkbox"/> 108 PCB-1221 | <input type="checkbox"/> BOD(Biochemical Oxygen Demand) |
| <input type="checkbox"/> 075 Benzo(b) fluoranthene | <input type="checkbox"/> 109 PCB-1232 | <input type="checkbox"/> COD(Chemical Oxygen Demand) |
| <input type="checkbox"/> 076 Chrysene | <input type="checkbox"/> 110 PCB-1248 | <input type="checkbox"/> Chromic Acid |
| <input type="checkbox"/> 077 Acenaphthylene | <input type="checkbox"/> 111 PCB-1260 | <input type="checkbox"/> Phosphoric Acid |
| <input type="checkbox"/> 078 Anthracene | <input type="checkbox"/> 112 PCB-1016 | <input type="checkbox"/> TSS(Total Suspended Solids) |
| <input type="checkbox"/> 079 Benzo(ghi) perylene | <input type="checkbox"/> 113 Toxaphene | <input type="checkbox"/> Total Inorganic Nitrogen |
| <input type="checkbox"/> 080 Fluorene | <input type="checkbox"/> 114 Antimony | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> 081 Phenanthrene | <input type="checkbox"/> 115 Arsenic | <input type="checkbox"/> Chloride |
| <input type="checkbox"/> 082 Dibenzo,(h) anthracene | <input type="checkbox"/> 116 Asbestos | <input type="checkbox"/> Sulfate |
| <input type="checkbox"/> 083 Indeno (1,2,3-cd) pyrene | <input type="checkbox"/> 117 Beryllium | <input type="checkbox"/> TDS(Total Dissolved Solids) |
| <input type="checkbox"/> 084 Pyrene | <input type="checkbox"/> 118 Cadmium | <input type="checkbox"/> Formaldehyde |
| <input type="checkbox"/> 085 Tetrachloroethylene | <input type="checkbox"/> 119 Chromium | <input type="checkbox"/> Boron |
| <input type="checkbox"/> 086 Toluene | <input type="checkbox"/> 120 Copper | <input type="checkbox"/> Surfactants,LAS |
| <input type="checkbox"/> 087 Trichloroethylene | <input type="checkbox"/> 121 Cyanide, Total | <input type="checkbox"/> Total Hardness |
| <input type="checkbox"/> 088 Vinyl chloride | <input type="checkbox"/> 122 Lead | <input type="checkbox"/> Fluoride |
| <input type="checkbox"/> 089 Aldrin | <input type="checkbox"/> 123 Mercury | <input type="checkbox"/> Oil & Grease (mineral or petroleum) |
| <input type="checkbox"/> 090 Dieldrin | <input type="checkbox"/> 124 Nickel | <input type="checkbox"/> Oil & Grease (Total) |
| <input type="checkbox"/> 091 Chlordane | <input type="checkbox"/> 125 Selenium | |

SECTION A-V.

For all pollutants indicated as being present in the industrial waste discharge in Section A-IV, list below the annual daily concentration average for each. The annual daily concentration average is defined as the average of the 12 months' data prior to the date of application. For those pollutants never analyzed, check the appropriate column.

Pollutant	Annual Daily Concentration Average mg/L	Never Analyzed

SECTION A-VI. INDUSTRIAL WASTE ANALYSIS

List the laboratory(ies) where analysis of the pollutants listed in Section A-V was conducted.

- 1) Name _____
 Address _____ Phone _____
 Person to Contact _____

- 2) Name _____
 Address _____ Phone _____
 Person to Contact _____

I certify that sampling and analysis for this application is representative of normal work cycles and the expected pollutant discharges to the POTW.

Name _____ (Type or Print)
 Signature _____
 Title _____ Date _____

SECTION A-VII. INDUSTRIAL WASTE TREATMENT OPERATOR & INDUSTRIAL WASTE TREATMENT SYSTEM (Do not complete this section if pretreatment is not applicable)

A. Industrial Waste Treatment Operator

OPERATOR(S) NAME(S)

B. Time & Duration of Pretreatment System Operation

The pretreatment system operates daily from _____ A.M. /P.M. to _____ A.M. /P.M.

Check the days of the week in which operation occurs:

S M T W TH F S

SECTION A-VIII. PROCESS ACTIVITIES

Indicate those process activities, which occur at the facility for which this permit application is submitted.

(Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Pulp and Paper |
| <input type="checkbox"/> Leather, Tanning, and Finishing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Soaps and Detergents | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Aluminum Foaming | <input type="checkbox"/> Coal Mining |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Ore Mining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Iron and Steel | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Pesticides Materials |
| <input type="checkbox"/> Photographic Supplies | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Plastics Processing | <input type="checkbox"/> Auto & Other Laundries |
| <input type="checkbox"/> Porcelain Enamel | <input type="checkbox"/> Mechanical Products |
| <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Electric & Electronic Components |
| <input type="checkbox"/> Paint & Ink | <input type="checkbox"/> Explosives Manufacturing |
| <input type="checkbox"/> Printing & Publishing | <input type="checkbox"/> Inorganic Chemicals |
| <input type="checkbox"/> Other: (explain) | |

SECTION A-IX **PLANT LAYOUT DIAGRAM**

SECTION B-II. DESCRIPTION OF OPERATIONS

OPERATION DESCRIPTION	AVERAGE RATE OF PRODUCTION			STANDARD INDUSTRIAL CLASSIFICATION
	BASIS (CHOOSE ONE)	AMOUNT (EXACT FIGURE OR VERIFIABLE ESTIMATE)	UNITS (SEE KEY BELOW)	
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			
	<input type="checkbox"/> DAY <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR			

- Unit Key:
- | | |
|----------------|-------------------------|
| A. Pounds | G. Pieces or Units |
| B. Tons | H. Kilograms |
| C. Barrels | I. Square Meters |
| D. Bushels | J. Liters |
| E. Square Feet | K. Other, Specify _____ |
| F. Gallons | |

SECTION B-III. SCHEMATIC PROCESS DIAGRAM

Provide a schematic process diagram, which indicates points of discharge to the sanitary sewer from each regulated process as found in the applicable point source categorical regulation. Include National Categorical Pretreatment Standards, as well as nonregulated processes.

SECTION B-IV. FLOW MEASUREMENT

Submit information showing the measured average daily and maximum daily flow in gallons per day to the POTW from regulated process streams. Include flows of other streams as necessary to allow the use of the combined wastestream formula if it is to be used in calculating an alternate limit. Attach additional sheets if necessary.

WASTESTREAM DESCRIPTION	REGULATED YES/NO	AVERAGE DAILY FLOW (GPD)	MAXIMUM DAILY FLOW (GPD)	BATCH OR CONTINUOUS FLOW?

SECTION B-V. IDENTIFICATION OF APPLICABLE NATIONAL CATEGORICAL PRETREATMENT STANDARDS

Identify below the subcategory in which you are a member and the applicable pollutant concentrations from that category.

Category: _____

Subcategory (if applicable): _____

APPLICABLE PRETREATMENT STANDARDS

POLLUTANT	ONE-DAY MAXIMUM		_____ AVERAGE	
	CONCENTRATION-BASED STANDARD mg/L	MASS-BASED STANDARD (SPECIFY UNITS)	CONCENTRATION-BASED STANDARD (mg/L)	MASS-BASED STANDARD (SPECIFY UNITS)

SECTION B-VI. POLLUTANT MEASUREMENT

Submit results of sampling and analysis identifying the nature and concentration of required pollutants in the discharge from each regulated process. Samples will be representative of daily operations, obtained through proper composite sampling techniques. Where composite sampling is not feasible, a grab sample is acceptable.

Sampling for the purposes of this report shall be according to the directions below or the Control Authority may allow the use of historical data so long as the data provides information sufficient to determine the need for industrial pretreatment measures.

Samples shall be taken immediately down stream from pretreatment facilities if such exists or immediately downstream from the regulated process if no pretreatment exists. If other wastewaters are mixed with regulated wastewaters prior to pretreatment or the point of sampling, use the flows calculated above, the combined wastestream formula and the standards identified in Part C of this application to evaluate compliance with the pretreatment standards. Attach additional sheets if necessary.

Regulated Process Description _____

POLLUTANT	DAILY AVERAGE		DAILY MAXIMUM	
	CONCENTRATION (mg/L)	MASS (SPECIFY UNITS)	CONCENTRATION (mg/L)	MASS (SPECIFY UNITS)

SECTION B-VII. SAMPLING AND ANALYTICAL METHODS

In the space below indicate the time, date, and place of sampling and methods of analysis for the results given above. Attach additional sheets if necessary.

SECTION B-VIII. ALTERNATED LIMIT CALCULATION

Where an alternate concentration limit has been calculated using the combined wastestream formula, the adjusted unit along with supporting data showing the calculation is to be given below. Attach additional sheets if necessary.

I certify that sampling and analysis for this application is representative of normal work cycles and the expected pollutant discharges to the POTW.

Name _____ (Type or Print)

Signature _____

Title _____ Date _____

PART C

COMPLIANCE AND CERTIFICATION

TO BE COMPLETED BY ALL INDUSTRIAL USERS

SECTION C-I. COMPLIANCE SCHEDULE

If additional pretreatment and/or Operation and Maintenance (O & M) will be required to meet the applicable pretreatment standards as calculated by the combined wastestream formula, provide a compliance schedule, which gives the shortest schedule, which will provide such additional pretreatment or O & M. The completion date in this schedule shall not be later than the compliance date established for the applicable national categorical pretreatment standards.

The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the Industrial User to meet the applicable categorical pretreatment standards (for example, hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).

Not later than fourteen (14) days following each date in the schedule and the final date for compliance, the Industrial User shall submit a progress report to the Control Authority including as a minimum whether or not it complied with the increment of progress, the reason for delay, and the steps being taken by the Industrial User to return the construction to the schedule established.

If a compliance schedule is needed, it is to be typed or printed below or on separate sheets and attached to this page.

SECTION C-II. CERTIFICATION

We have personally examined and are familiar with the information submitted in this application, and we hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Moreover, based on our inquiry of those individuals immediately responsible for obtaining the information reported herein, we believe that the submitted information is true, accurate and complete. We are aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Therefore, we certify that the applicable National Categorical Pretreatment Standards as identified in this application are are not being met on a consistent basis.

Authorized Representative

Qualified Professional

Name (type or print)

Name (type or print)

Signature

Signature

Title

Title

Date

Date

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