



Environmental Utilities
Wastewater Division
 1800 Booth Road
 Roseville, California 95747

APPLICATION FOR NON-DOMESTIC WASTEWATER DISCHARGE

SECTION A – GENERAL INFORMATION

1. Company: Name _____
 Address _____
 Telephone _____

2. Facility: Name _____
 Address _____
 Telephone _____

3. Person authorized to represent this firm in official dealings with the City of Roseville:
 Name _____
 Title _____
 Telephone _____
 Email _____

4. Alternative contact person:
 Name _____
 Title _____
 Telephone _____
 Email _____

5. Identify the type of business (auto repair, machine shop, painting, printing, etc.):

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. The information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

 Signature of Official/ Title

 Date

SECTION A – GENERAL INFORMATION

6. Describe the manufacturing, production, or service activities your firm conducts:

7. North American Industry Classification System Number (s) (NAICS) for your facility:

8. This facility generates the following types of wastes (check all that apply):

Average gallons/day

<input type="checkbox"/> Domestic wastes (restrooms, etc.)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Boiler/Tower blow down	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Process	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Equipment/ Facility Wash down	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Stormwater runoff to sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Other (specify) _____	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
Total	_____		

9. Wastes are discharged to (check all that apply):

Average gallons/day

<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Ground waters	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Waste haulers (List names below)	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured
<input type="checkbox"/> Other (specify) _____	_____	<input type="checkbox"/> estimate	<input type="checkbox"/> measured

Provide name and address of waste hauler (s):

10. Is a Spill Prevention Control and Countermeasure Plan prepared for facility?

Yes No

SECTION B – FACILITY OPERATION CHARACTERISTICS

Note: The following information in this section must be completed for each product line.

1. Number of employee shifts worked per 24-hour day _____
Average number of employees per shift _____
Starting times of shift (s) 1st _____ am/pm 2nd _____ am/pm 3rd _____ am/pm
2. Principal product produced: _____
3. Raw materials and process additives used:

4. Production process is: Batch Continuous Both: _____% Batch _____% Continuous
Average number of batches per 24-hour day: _____
5. Hours of Operation: _____ am to _____ pm continuous
6. Is production subject to seasonal variation? yes no
If yes, briefly describe the seasonal production cycle: _____

7. Are any process changes or expansions planned during the next three years? yes no
If yes, attach a separate sheet to this form describing the nature of the planned changes and or expansion.

SECTION C – WASTEWATER INFORMATION

1. If your facility employs processes in any of the 34 industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check mark beside the category or business activity (check all that apply):
 - a. 34 Industrial Categories:

<input type="checkbox"/> Aluminum Forming	<input type="checkbox"/> Metal Molding/Casting
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Nonferrous Metal Forming
<input type="checkbox"/> Carbon Black / Coal Mining	<input type="checkbox"/> Nonferrous Metal Mfg.
<input type="checkbox"/> Centralized Waste Treatment	<input type="checkbox"/> Oil & Gas Extraction
<input type="checkbox"/> Coil Coating	<input type="checkbox"/> Organic Chemicals / Plastics
<input type="checkbox"/> Concentrated Animal Feed	<input type="checkbox"/> Tars & Asphalts
<input type="checkbox"/> Copper Forming	<input type="checkbox"/> Pesticide Chemicals
<input type="checkbox"/> Electric/Electronic Components	<input type="checkbox"/> Petroleum Refining
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Pharmaceutical Mfg.
<input type="checkbox"/> Fertilizer Manufacturing	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Glass Manufacturing	<input type="checkbox"/> Pulp, Paper, Paperboard
<input type="checkbox"/> Grain Mills	<input type="checkbox"/> Rubber Manufacturing
<input type="checkbox"/> Ink or Paint Formulating	<input type="checkbox"/> Soap & Detergent Mfg.
<input type="checkbox"/> Inorganic Chemical Mfg.	<input type="checkbox"/> Steam Electric Power Gen.
<input type="checkbox"/> Iron & Steel Manufacturing	<input type="checkbox"/> Timber Product Processing
<input type="checkbox"/> Leather Tanning & Finishing	<input type="checkbox"/> Trans. Equipment Cleaning
<input type="checkbox"/> Metal Finishing, Jetting, Coating	<input type="checkbox"/> Waste Combustors
 - b. Other Business Activity

<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Food/Edible Products Processor	<input type="checkbox"/> Laundering
<input type="checkbox"/> Slaughter/Meat Packing	<input type="checkbox"/> Beverage Bottler	<input type="checkbox"/> Photo Processing
<input type="checkbox"/> Other (If other list beside) _____		

SECTION C – WASTEWATER INFORMATION

2. Pretreatment devices or processes used for treating wastewater or sludge (check all that apply):
- | | |
|---|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization, pH correction |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Reverse Osmosis |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Screen |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Spill Protection |
| <input type="checkbox"/> Ion Exchange | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Sand/Oil Interceptor, type _____ | |
| <input type="checkbox"/> Biological Treatment, type _____ | |
| <input type="checkbox"/> Rainwater diversion or storage _____ | |
| <input type="checkbox"/> Other chemical treatment, type _____ | |
| <input type="checkbox"/> Other physical treatment, type _____ | |
| <input type="checkbox"/> Other, type _____ | |
| <input type="checkbox"/> No pretreatment provided | |
3. Is wastewater discharged continuously or in batches?
 Continuous Flow Batch Discharge
4. If any wastewater analyses have been performed on the wastewater discharge (s) from your facilities, **attach a copy of the most recent data to this questionnaire**. Be sure to include the data of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken.
5. If plumbing plans for the facility sewer drainage are available, **attach a copy to this questionnaire**. (Hand drawn sketches are acceptable)

SECTION D – OTHER WASTES

1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?
 Yes No

If “no” skip remainder of Section D.
If “yes”, complete items 2 and 3.

2. These wastes may best be described as:

	Estimated gallons or pounds per year
<input type="checkbox"/> Acids and Alkalies	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Organic Compounds	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Pretreatment Sludges	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Wastes/Haz Wastes (specify)	_____

SECTION D – OTHER WASTES

3. For the above checked wastes, does your company practice:
 on-site storage off-site storage
 on-site disposal off-site disposal

Briefly describe the methods of storage or disposal utilized:

SECTION E – REQUEST FOR MONITORING WAIVER

In order to request a monitoring waiver for pollutants not present, you must provide data from at least one sampling of your facility’s wastewater prior to any treatment present at your facility that is representative of all wastewater from all processes. The request of a monitoring waiver must be signed in accordance with 40 CFR 403.12(l), and include the certification statement in 40 CFR 403.6(a)(2)(ii). Do you wish to make this request?

- Yes No

Signature of Official/ Title

Date

If you have any questions concerning this application, please contact the City of Roseville Industrial Waste Division at 746-1882.