EL TORO WATER DISTRICT
(ETWD)
WASTEWATER DISCHARGE PERMIT APPLICATION
INSTRUCTIONS

1. Any discharger of non-domestic, industrially or commercially generated wastewater is required to apply for a Wastewater Discharge (WD) Permit.

2. The information that is requested in this application shall be used to determine if a WD Permit is required. If any of the information that is requested is considered confidential due to a trade secret or security concerns, please call our office prior to submitting this application.

3. Please type or print all requested information.

4. Additional sheets may be attached as needed. Additional sheets should be referenced with the appropriate section number.

5. **A Company Authorized Representative shall sign this application, which is one of the following:**

   A) By a corporate officer – a president, vice-president, treasurer, corporate secretary or any other person who performs similar policy or decision making functions for the company.

   B) By a General Partner or Proprietor.

   C) By a duly authorized representative of A) or B) as indicated above. This authorization is to be made in writing and shall be submitted with this application. This authorization specifies either an individual or position having responsibility for the overall operation of the facility or a position of equivalent responsibility, or having responsibility for environmental matters for the company.

6. For assistance concerning this application contact our Engineering Department at (949) 837-7050, Ext. 224.

7. Return the completed application to:

El Toro Water District
Engineering Dept.
24251 Los Alisos Blvd.
Lake Forest, CA 92630

EL TORO WATER DISTRICT
WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A – FACILITY BUSINESS INFORMATION

A1. Company Name: _____
Web Site (if Applicable): _____

A2. Type of Business: _____

A3. Parent Company Name (If Applicable): _____

A4. Facility Address:
Street: _____

City: _____ State: _____ Zip: _____

A5. Mailing Address (If different from above):
Street: _____

City: _____ State: _____ Zip: _____

A6. List all principals/owners of the company (Attach additional names as necessary):

Name/Title	Phone

A7. Are you the (check one) [ ] Landowner or [ ] Lessee.
If a Lessee, list the name, address and phone number of the Landowner and Management Company:

Name of Landowner: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Name of Management Company: _____

Management Company Contact Person: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

OFFICIAL USE ONLY

Application Received _____ Reviewed by _____ Member Agency _____
SOCWA Review _____ Permit Issued _____ Expiration _____
Comments _____

SECTION B – FACILITY CONTACT PERSONNEL INFORMATION

B1. Company Authorized Representative (see instruction page. This person must sign this application's certification page):

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

B2. Other Company Contact Personnel:

1. Administrative Contact (This is the person to contact concerning the information contained in this application)

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

2. Facility Contact (This is the person to contact concerning an inspection at the facility site)

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Sampling Contact (This is the person to contact concerning any monitoring events of the facility's effluent)

Name: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

B3. Company Authorized Consultant (if applicable):

Name of Company: _____

Name of Individual: _____ Title: _____

Phone: _____ Fax: _____ E-mail: _____

Street: _____

City: _____ State: _____ Zip: _____

SECTION C – FACILITY PRODUCTION INFORMATION

C1. List the non-domestic (industrial or commercial) wastewater producing operations at the facility, and each operation's approximate production rate, wastewater volume (gallons per day, per batch, or equivalent), and (if known) the Standard Industrial Classification (SIC) Codes.

Activity	Production Rate	Wastewater Volume	SIC Codes

C2. The above non-domestic wastewater producing activities at this facility are:
[ ] batch [ ] continuous [ ] Seasonal

If seasonal, circle months of operation: J F M A M J J A S O N D

C3. Total Building or Unit/Space Square Footage: _____

C4. Circle the days of the week that wastewater discharge will occur: S M T W T F S

C5. Average number of production hours per workday: _____

C6. Number of employees per shift: 1st_____ 2nd_____ 3rd

C7. Process wastewater discharge occurs daily from: _____ to _____

C8. Does this facility have an EPA Generator Number? [ ] No [ ] Yes #_____

C9. Does this facility have any other environmental control permits (air / stormwater / etc.)?
[ ] No [ ] Yes - list below

_____

_____

_____

SECTION D – FACILITY CHEMICAL INFORMATION

D1. List all chemicals and other materials, liquid and solid, which could be present in the wastewater produced by the processes at this facility, or could enter the sewer system from wash downs, cleanups and/or spills in the production areas. Attach any MSDS sheets as necessary.

Materials	Quantity Stored on Facility Property at one time	Quantity Used at Facility Per Year

D2. Is a written spill prevention control and counter measure plan prepared for this facility?

[ ] No [ ] Yes (submit plan with application)

D3. List materials regularly discharged to the sewer. Give common and technical names and describe their physical and chemical properties. This section should include compounds formulated from chemicals listed above in D1, whether they are liquids, solids, production residues or wastes. If available, submit any laboratory testing data on the wastewater discharged from the facility.

Materials	Description

SECTION E – FACILITY DIAGRAMS

E1. Facility Layout

In the space below or on separate sheet(s), draw to scale an approximate layout of the facility. Layout should include the location of major processes, chemical and waste storage areas, floor drains or process area drains that are connected to the sewer, streets surrounding the facility, and other pertinent physical structures. Bathrooms and work area wash sinks should be labeled. Office areas need not be shown in detail. Professionally prepared drawings of the facility may be required by the district.

E2. Process Flow Diagrams

In the space below or on an attached sheet draw a flow diagram showing the production and/or fabrication process that generates the wastewater that is discharged to the sewer system from this facility. Show the flow of materials into the process and points where wastewater would leave to be discharged to the sewer.

SECTION F – FACILITY WATER SOURCE AND USE

F1. Is water supplied by Landlord? [ ] No [ ] Yes (Skip to F7)

F2. Name of water supplier: _____

F3. What name appears on water bill? _____

F4. Water bill account numbers: _____

F5. Estimated daily average water usage based on water bill? _____

F6. Name of sewer service provider, if different than F2: _____

F7. Estimate the quantities of wastewater discharged to the sewer and water used/consumed in the production processes in gallons per day.

Discharging Source or Process	Amount of Wastewater Discharged to the Sewer	Amount of Water Consumed or Used and not Discharged to the Sewer.
Restroom/Washrooms		
Plant/Equipment Washdown		
Consumed by Product	XXXXXXXXXXXXXXXX	
Used in cooling system		
Used for Irrigation	XXXXXXXXXXXXXXXX	
Consumed by other	XXXXXXXXXXXXXXXX	
Totals		

F 8. Total area exposed to rainwater or stormwater runoff that is connected and drains to the sewer system:

_____

SECTION G – FACILITY WASTEWATER CONSTITUENTS

G1. Indicate with a [X] any of the following constituents, characteristics, or substances that are or could be present in the wastewater discharged as a result of this facility's operations or by accidental spill.

[ ] Alcohols (1)
[ ] Algaecides (1)
[ ] Aluminum
[ ] Ammonia
[ ] Antimony
[ ] Arsenic
[ ] Barium
[ ] Beryllium
[ ] Boron
[ ] Bromide
[ ] Cadmium
[ ] Calcium
[ ] Chloride
[ ] Chlorinated Solvents (1)
[ ] Chlorine
[ ] Chromium
[ ] Cobalt
[ ] Copper
[ ] Cyanide
[ ] Fibrous Wastes (1)
[ ] Flammable Solvents
[ ] Fluoride
[ ] Fuels (1)
[ ] Formaldehyde
[ ] Gold
[ ] Hydrocarbons (1)
[ ] Iodide
[ ] Iron
[ ] Ketones (1)
[ ] Lead
[ ] Magnesium
[ ] Manganese
[ ] Mercury
[ ] Molybdenum
[ ] Nickel
[ ] Odorous Wastes (1)
[ ] Oil & Grease (1)
[ ] PCB's (1)
[ ] Pesticides (1)
[ ] pH - acids (1)
[ ] pH - caustic (1)
[ ] Phenols (1)
[ ] Phosphorus
[ ] Potassium
[ ] Radioactive Wastes (1)
[ ] R.O./other Brines (1)
[ ] Selenium
[ ] Silver
[ ] Sodium
[ ] Solvents (1)
[ ] Sulfate
[ ] Sulfide
[ ] Sulfite
[ ] Surfactants - MBAS (1)
[ ] Temp - High (1)
[ ] Temp - Low (1)
[ ] Titanium
[ ] Tin
[ ] Toxic Organics (1)
[ ] Uncontaminated Water
[ ] Vanadium
[ ] Viscous Wastes/Solids (1)
[ ] Zinc
[ ] Others not listed (1)
[ ] _____
[ ] _____

G2. Identify the specific compound(s) contained in or chemical constituents of any item listed above that is followed by a (1)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION H – FACILITY WASTEWATER PRETREATMENT

H1. At this facility is any form of pretreatment currently being performed, or planned in the future, on industrially or commercially produced wastewaters prior to their discharge to the sewer system?

[ ] No [ ] Yes

If yes, indicate with an [X] the type of pretreatment used or planed for this facility:

[ ] Air Flotation	[ ] Grinder	[ ] Screening
[ ] Biological Treatment	[ ] Grit Removal	[ ] Sedimentation
[ ] Centrifuge	[ ] Holding Tank	[ ] Silver Recovery
[ ] Chemical Additions	[ ] Interceptor	[ ] Solids Screening
[ ] Chlorination	[ ] Marble Chip Neutralizer	[ ] Solvent Separation
[ ] Chromium Reduction	[ ] Oil/Water Separator	[ ] Spill Protection
[ ] Clarifiers	[ ] Oxidation/Ozone	[ ] Storage
[ ] Coagulation	[ ] pH Neutralize/Batch	[ ] Sump
[ ] Cyanide Destruction	[ ] pH Neutralize/Continuous	[ ] Traps
[ ] Cyclone	[ ] Precipitation	[ ] Others not listed
[ ] Diversion	[ ] Rinse – Counterflows	[ ] _____
[ ] Equalization	[ ] Rinse – Dead	[ ] _____
[ ] Filtration	[ ] Rinse – Sprays	[ ] _____

H2. Describe the loading rates, design capacity, and physical size of each of the pretreatment methods/systems checked above (additional sheets may be attached if necessary).

H3. Describe any changes in pretreatment or disposal methods planned or under construction for the wastewater generated by this facility.

SECTION I – FACILITY NON-DISCHARGED WASTES

I1. Are there any wastes that are recycled onsite or removed from the Facility for offsite treatment or disposal?

[ ] No [ ] Yes

If yes, indicate with an [X] the wastes that are recycled or removed from the facility:

	Volume Generated Gal./lbs./etc.	Recycled Onsite	Removed from Facility
[ ] Antifreeze	_____	[ ]	[ ]
[ ] Dry Cleaning Wastes	_____	[ ]	[ ]
[ ] Grease	_____	[ ]	[ ]
[ ] Paints	_____	[ ]	[ ]
[ ] Pesticides	_____	[ ]	[ ]
[ ] pH - Acids	_____	[ ]	[ ]
[ ] pH - Caustic	_____	[ ]	[ ]
[ ] Plating Wastes	_____	[ ]	[ ]
[ ] Photo (Silver Based) Solutions	_____	[ ]	[ ]
[ ] Pretreatment Sludge	_____	[ ]	[ ]
[ ] Sump Wastes	_____	[ ]	[ ]
[ ] Waste Oil	_____	[ ]	[ ]
[ ] Waste Product	_____	[ ]	[ ]
[ ] Waste Solvent	_____	[ ]	[ ]
[ ] Other not listed	_____	[ ]	[ ]
[ ] _____	_____	[ ]	[ ]
[ ] _____	_____	[ ]	[ ]

I2. List names and addresses of firms that recycle or remove any of the wastes listed above from your facility.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

SECTION J – CERTIFICATION STATEMENT

This company's operation and its resultant wastewater discharges shall achieve consistent compliance with applicable federal, state and local wastewater discharge requirements. If the wastewater discharge from the facility does not meet discharge requirements, the company shall be required to modify its production process and/or operations, wastewater treatment equipment, and/or reduce or eliminate the discharge of process wastewaters that are in non-compliance. Any installation or modification of equipment that will affect the quantity or quality of process wastewaters shall be done in as timely a manner as possible. The cost of wastewater pretreatment equipment, its installation, and ongoing operation is the sole responsibility of the company. Any modification of the facility's wastewater pretreatment system or volume of wastewater that will be disposed to the sewer system is subject to prior approval to assure adequate capacity both for the equipment's intended use and that capacity of the local sewer system is adequate for the intended volume and quality of wastewater to be discharged. In no instance shall dilution or increased water use be deemed an acceptable method of achieving compliance. Compliance with wastewater discharge standards in no way relieves the company from complying with any other federal, state, or local regulations that may be imposed on it by other regulatory agencies.

The following Certification Statement is to be signed by the Company Authorized Representative:

"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."(40 CFR 403)

Date: _____

Signature: _____

Print Name: _____

Title: _____

Company Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____