



TEMPLETON COMMUNITY SERVICES DISTRICT

P.O. Box 780
420 Crocker Street
Templeton, CA 93465
(805) 434-4900 FAX (805) 434-4820

Industrial Wastewater Discharge Permit Application

Section 1. REASON FOR APPLYING

- A. New or proposed Point of Discharge
- B. Existing, but Unpermitted Point of Discharge
- C. New Ownership - Previous Company dba: _____ Previous Permit No. _____

Section 2. COMPANY INFORMATION

- A. San Luis Obispo County License No. _____
- B. Legal Business Name: _____
- C. Type of Ownership: Corporation Partnership LLC Sole Proprietor _____
(Owner Name)
- D. Facility Doing Business As (dba): _____
- E. Names and Titles of authorized representatives:
- | Corporate Officers/ Partners/other | Title |
|------------------------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
- F. Facility Location Address:
- Address: _____
(Street) (City) (State) (Zip Code)
- Facility Contact Person: _____ Phone No. _____ Ext. _____
- Title: _____ Fax No. _____
- G. Mailing Address:
- Name: _____
- Address: _____
(Street) (City) (State) (ZipCode)
- Attention Name: _____ Phone No. _____ Ext. _____

Company Name: _____

H. Billing Address:

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name: _____ Phone No. _____ Ext. _____

I. Property Owner Mailing Address:

Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Attention Name: _____ Phone No. _____ Ext. _____

J. Number of Employees: _____ Number of Shifts: _____

Hours of Operation: _____ am/pm to _____ am/pm Days Per Week: S M T W Th F S (Circle)

K. Average Operational /Production Days Per Year: _____ Average discharge Days Per Year: _____

L. When did Operations Begin (Mo/Day/YYYY)? _____

Has there been any construction since the beginning of operations that has modified or replaced the process or production equipment that caused the discharge of pollutants? NO YES If YES, Explain: _____

Section 3. OPERATION(S)

- | | |
|--|---|
| <input type="checkbox"/> Auto Detail/Wash | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Auto Service/Repair | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Automobile Service/Repair | <input type="checkbox"/> Photo Services |
| <input type="checkbox"/> Dry Cleaning/Laundry | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Food Services/Restaurant | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Wholesale Distribution |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Manufacturing/ All Types | <input type="checkbox"/> Other _____ |

Company Name: _____

A. Provide a brief detailed description of the type of manufacturing, business processes, production, or service activities your firm conducts at this site: _____

B. List primary products produced at this site: _____

C. Standard Industrial Classification Code(s) (SIC) for your facility: _____

D. Raw materials and process additives used: _____

Company Name: _____

E. Types of wastes generated per operational day in Gallons Per Day (GPD). Indicate Estimated (E) or Measured (M):

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Ave. Discharge Days Per Month
1. Domestic wastes, restroom					
2. Cooling water, non-contact					
3. Boiler/ tower blowdown					
4. Cooling water, contact					
5. Process waste					
6. Food Processing waste (Cleaning food)					
7. Equipment/facility washdown					
8. Air pollution control unit					
9. Storm water runoff to sewer					
10. Water Treatment					
11. Other					

TOTAL WASTES GENERATED					

F. Wastewater discharges in gallons per operational day in Gallons Per Day (GPD). Indicate Estimated (E) or measured (M).

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Ave. Discharge Days Per Month
1. Sanitary sewer (all wastewater)					
2. Storm drain or channel					
3. Street					
4. Ground					
5. Surface Water					
6. Groundwater					
7. Waste hauler(s) (grease/oil)					
8. Evaporation					
9. Other					

TOTAL WASTES DISCHARGED					

Section 4. WASTEWATER INFORMATION

A. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity.

- | | |
|--|---|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Metal Coating (Phosphating, Coloring,) |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Nonferrous Materials |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Automobile Maintenance and Repair | <input type="checkbox"/> Paint & Ink |
| <input type="checkbox"/> Battery Manufacturing OR Reclaiming | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Dairy Products Processing | <input type="checkbox"/> Photographic Supplies |
| <input type="checkbox"/> Electric/Electronic Components | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Fruit or Vegetable Processing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Laundries | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Soaps & Detergent |
| <input type="checkbox"/> Mechanical Products | <input type="checkbox"/> Winery |
| <input type="checkbox"/> Metal Etching/Chemical Milling | |

B. Individual wastewater flows generated in gallons per operational day in Gallons Per Day(GPD). Indicate Estimated (E) or Measured (M).

Process Description List all wastewater generating operations	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, continuous, none)	Ave. Discharge Days Per Month
TOTAL FLOW					

Company Name: _____

- C. Water conditioning unit(s) (softener or demineralizer) used on site? Yes No If yes, # of units: _____
Conditioning unit regenerated on site: Yes No _____ gals/month
If yes: name chemical(s) and amount used for regeneration: _____ lbs/month

D. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- Air flotation
- Biological treatment, type _____
- Centrifuge
- Chemical precipitation
- Chlorination
- Clarifier, size _____, Number of compartments _____
- Cyclone
- Filtration
- Flow equalization, capacity _____
- Grease or oil separation, type _____
- Grease trap, size _____
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Rainwater diversion or storage
- Reverse osmosis
- Screen
- Septic tank, size _____
- Solvent separation
- Spill protection
- Sump, size _____
- Other chemical treatment, type _____
- Other physical treatment, type _____
- Other, type _____
- No pretreatment provided

E. List types and quantities of chemicals used or planned use per month (attach additional sheets if necessary).

Chemical	Quantity (Per month)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Section 5. SPILL PREVENTION

- A. Do you have chemical storage containers, bins, or ponds at your facility? Yes No
- B. Do you have floor drains in your manufacturing or chemical storage area(s)? Yes No
If yes, where do they discharge to? _____
- C. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to:
(check all that apply):
- An onsite disposal system
 - Public sanitary sewer system (e.g. through a floor drain)
 - Storm drain
 - To ground
 - Other, specify: _____
 - Not applicable, no possible discharge to any of the above routes
- D. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?
- Yes (Please enclose a copy with the application)
 - No
 - N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.

Section 6. SITE PLAN

A site plan of the premises MUST be included with this application. This application will be considered incomplete if no site plan is included. Failure to submit a site plan will result in this application being denied and no permit will be issued.

Site plan must show all pertinent buildings, property lines, streets and roads. Indicate all sewers, storm drains, drainage ditches, manholes, sampling and monitoring locations and show the sizes of these items. Show all points of connection to the public sewer and drain lines. Indicate direction with a North arrow. Use additional sheets if necessary.

Section 7. CERTIFICATION

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 upon 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/or imprisonment for knowing violations.

Name (Printed)

Title

Signature

Date

Company Name: _____

SITE PLAN