



**INDUSTRIAL USER  
WASTEWATER DISCHARGE  
PERMIT APPLICATION FORM**

S A N F R A N C I S C O P U B L I C U T I L I T I E S C O M M I S S I O N

**Wastewater Enterprise/Collection System Division**

3801 THIRD STREET, SUITE 600, SAN FRANCISCO, CA 94124 • Tel. (415) 695-7310 • Fax (415) 695-7388



**SECTION B – BUSINESS ACTIVITY**

Raw Materials Used (including all process chemicals):

Additional chemicals used (e.g. for cleaning floors/equipment, treating wastewater etc.):

Brief Description of Production or Service Operations:

Type of Product or Service	Past Calendar Year's Quantity per Day (Indicate Units)	
	Average	Maximum

**SECTION C - FACILITY DRAWINGS TO BE ATTACHED**

**Building Layout:**

Attach a drawing indicating each building and process location on the premises. Also show the locations of all side sewers, storm drains, SFWD (or other) water meters and water supply wells (if any).

**Process Schematic:**

Attach a diagram which shows, for each production or service activity, the flow of materials, products, water, solid wastes and/or wastewater.

Do you have wastewater or sludge treatment processes?

YES

NO

If yes, attach schematics as described below

**Wastewater / Sludge Treatment Schematic:**

Attach a flow diagram for all existing and proposed wastewater and/or sludge treatment processes. Identify all treatment equipment, and show final disposal method of wastestreams.

**SECTION D - WATER USAGE**

Purpose	Average Water Usage <sup>1</sup> by Supply Source (Gallons per Day)			Estimated	Measured
		S.F. Bay	Private Well	Indicate by "X"	
Sanitary					
Process(es)					
Boiler Feed					
Cooling					
Equipment/Facility Washdown					
Irrigation					
Contained in Product					
Other <sup>2</sup>					
<b>TOTAL</b>					

<sup>1</sup>NOTE: Water usage should be averaged over the actual number of working days in a typical operating month

<sup>2</sup>Describe "Other":

List Supply Agency Water Account Number(s)


**SECTION E - WASTEWATER DISPOSAL**

Purpose	Average Wastewater Discharge <sup>1</sup> by Disposal Location (Gallons per Day)				Estimated	Measured
	Sewer	S.F. Bay	Ground	Hauled Offsite	Indicate by "X"	
Sanitary						
Process(es)						
Boiler Blowdown						
Cooling						
Cooling Tower Blowdown						
Equipment/Facility Washdown						
Other <sup>2</sup>						
<b>TOTAL</b>						

<sup>1</sup>NOTE: Wastewater discharge should be averaged over the actual number of working days in a typical operating month

<sup>2</sup>Describe "Other":

Do you accumulate wastewater and release it in batches?

YES

NO

If yes, list the batch discharges as described below

List Batch Wastewater Discharge(s)

Wastestream Description	Average Number of Batch Discharges Per Week	Average Volume of Discharge (Gallons)

**SECTION F - WASTEWATER / SLUDGE TREATMENT**

**Treatment Processes**

(Check as many devices or treatment processes as appropriate)			
<input type="checkbox"/> None	<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Grease Trap	<input type="checkbox"/> Oil/Water Separator
<input type="checkbox"/> Screening	<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Metals Precipitation
<input type="checkbox"/> Chromium Reduction	<input type="checkbox"/> Cyanide Destruction	<input type="checkbox"/> Dissolved Air Flotation	<input type="checkbox"/> Filtration
<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Chlorination	<input type="checkbox"/> Solvent Separation	
<input type="checkbox"/> Silver Recovery, Type	_____		
<input type="checkbox"/> Sludge Dewatering, Type	_____		
<input type="checkbox"/> Other, Describe	_____ _____		

**Treatment System Operation**

Do you have a treatment system operator?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
Do you have a manual on the correct operation of your treatment system?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE
Do you have a written maintenance schedule for your treatment system?		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT APPLICABLE

**SECTION G - NON-DISCHARGED WASTES**

Are any liquid wastes, sludges or other solid wastes generated and not discharged to the sewer system?

YES                       NO

If yes, list wastes as described below

List Wastes Disposed Off-Site (Attach additional sheets if necessary):

Type or Name of Waste Generated	Quantity (gal. or lb.) per year	Waste Hauler(s) (Name and address)

**Hazardous Waste Reduction**

Are any hazardous wastes generated in your operations?

YES                       NO

Have you prepared a hazardous waste reduction plan?

YES                       NO

Have you performed an on-site hazardous waste reduction audit?

YES                       NO

**Environmental Control Permits**

Have you been issued any other environment control permits?

YES                       NO

If yes, list the Agencies and Permit #s:




**SECTION H - SPILL PREVENTION**

Do you have chemical storage drums, bins, tanks etc. at your facility?

YES  NO

Are any of these chemical containers stored outdoors, such that rain water could come into contact with them?

YES  NO

Are any of these chemical containers stored outdoors, such that storm water runoff could come into contact with them?

YES  NO

Are there floor drains in your storage area(s)?

YES  NO

If "Yes", indicate whether these floor drains discharge to:

- Sewer System
- Storm Drain
- Wastewater Storage
- Wastewater Pretreatment System
- Ground
- Other, Describe \_\_\_\_\_

Do you have an accidental spill prevention control and countermeasures plan to prevent spills of chemicals or slug discharges from entering the sewer system?

YES  NO

Do you have Material Safety Data Sheets (MSDSs) for all chemicals used in your facility?

YES  NO

Are those MSDSs kept on file for use and review by your employees?

YES  NO

Have your employees been trained to respond to accidental spills according to information contained in the appropriate MSDSs?

YES  NO

**SECTION I - CERTIFICATION STATEMENT**

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 ensure 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature<sup>1</sup>

\_\_\_\_\_  
Date

<sup>1</sup> To be signed by an authorized representative of the industrial user.  
An authorized representative may be (i) a principal executive officer or official;  
(ii) a general partner or proprietor; or (iii) a duly authorized representative of the  
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**INDUSTRIAL USER  
WASTEWATER DISCHARGE PERMIT APPLICATION**

APPENDIX A

Spill Prevention Control and Countermeasures (SPCC) Checklist

**Please check the appropriate answer for each spill prevention practice in your facility. Your facility must implement practices that are not currently performed within 180 days of the effective date of your permit. Use additional sheets to describe other spill prevention practices.**

DOES YOUR FACILITY		YES	NO	NA
1.	Carefully handle all chemicals?			
2.	Keep lids secure on all chemical containers?			
3.	Secure all chemical and waste containers located on any shelf or platform above the floor?			
4.	Use secondary containment for all chemical containers?			
5.	Store chemicals and waste away from areas with floor drains?			
6.	Routinely inspect all equipment, storage containers and piping to detect possible leaks resulting from container or pipe failures?			
7.	Use curbs or dikes to protect floor drains in process areas from accidental spills?			
8.	Use alarm systems to warn of excessive liquid levels and/or spills?			
9.	Test those alarm systems frequently?			
10.	Keep appropriate spill control kits (e.g. drain plugs, flow diking materials, absorbents) and clean-up equipment on hand?			
11.	Incorporate a company policy directing all employees in proper handling and disposal of all chemicals?			
12.	Assign responsibility for SPCC to a specific employee?			
13.	Provide regular training to all employees on proper chemical handling and disposal techniques?			

## APPENDIX A

### GLOSSARY

- **"Secondary containment" or "Double containment"** refers to the practice of placing a container of chemicals in another container that can accommodate at least **110%** of the volume of the primary container.
- **"Flow diking materials"** are items that can be used to contain a spill and stop it from spreading to a drain. They are usually absorbents shaped like booms or socks.
- **"Absorbents"** are materials used to remove spilled chemicals. Examples are rags, sawdust, diatomaceous earth, cellulose and polypropylene. Commercially packaged absorbents are available as loose shredded material, pillows, sheets, rolls and socks.
- **"Clean-up materials"** include personal protective equipment (gloves, goggles, coveralls etc.), disposal buckets, squeegees, chemical resistant brooms, dust pans, mops and wringer buckets.

APPENDIX A

Certification Statement

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## APPENDIX B

Hazardous Waste Reduction Assessment Checklist

Please check the appropriate answer for each of the following questions regarding the use of chemicals.

DOES YOUR FACILITY		YES	NO
1.	Use chemicals in your processing operations?		
2.	Discharge wastewater containing any of the following chemicals: cadmium, copper, lead, mercury, nickel, silver, zinc, cyanide, chlorinated solvents, other petroleum-based solvents?		

For positive responses to either of the above questions, your facility must implement the following hazardous waste reduction elements within 180 days of the effective date of issuance of your permit.

DOES YOUR FACILITY		YES	NO	NA
1.	Keep an accurate inventory of chemicals to avoid stockpiling them beyond their shelf life and having to discard them as waste?			
2.	Employ a first-in, first-out material usage policy?			
3.	Maintain and enforce a clear policy of using materials only for their intended purposes?			
4.	Practice good housekeeping to minimize losses during material handling and processing or servicing operations?			
5.	Keep accurate records to determine all waste management costs (including storage, treatment, disposal, management overhead, insurance and raw material expenses)?			
6.	Segregate different types of wastes to ensure proper and economical disposal?			
7.	Minimize chemical spills by keeping a record of their occurrences and developing appropriate spill prevention options?			
8.	Rigorously implement its Spill Prevention Control and Countermeasures plan to ensure waste reduction?			
9.	Provide training programs and encourage employee involvement in the search for waste reduction opportunities?			

## APPENDIX B

Hazardous Waste Reduction Assessment Checklist (Cont'd.)

Please check the appropriate answer for each of the following additional questions.

HAS YOUR FACILITY		YES	NO	NA
1.	Submitted the necessary forms and fee to register your hazardous materials with the City's Department of Public Health?			
2.	Been issued a <b><i>Certificate of Registration</i></b> by the Department of Public Health?			
3.	Ever developed a hazardous waste reduction or waste minimization plan?			

APPENDIX B

Certification Statement

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Printed Name

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Title

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\_\_\_\_\_  
Date

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## APPENDIX C

Stormwater Pollution Prevention Plan Checklist

Please check the appropriate answer for each of the following activities.

DOES YOUR FACILITY		YES	NO	NA
1.	Perform any process or waste treatment activities outdoors?			
2.	Operate a fleet of transportation vehicles?			
3.	Perform any equipment or vehicle maintenance (including mechanical repairs, cleaning, painting, fueling and lubrication) activities outdoors?			
4.	Perform any loading or unloading of liquids or dry bulk materials outdoors?			
5.	Store any raw materials, intermediate products, finished products or waste products outdoors?			

For positive responses to any of the above activities, your facility must implement the following stormwater pollution prevention elements within 180 days of the date of issuance of your permit.

HAS YOUR FACILITY		YES	NO	NA
1.	Developed a site map showing the location(s) of the stored transportation vehicles and the other activities above?			
2.	Developed a list of all chemicals that may come in contact stormwater?			
3.	Extended the implementation of its Spill Prevention Control and Countermeasures plan to the reduction of pollutants in stormwater discharges from the facility?			

APPENDIX C

Certification Statement

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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature<sup>3</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
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