Received Date

APPLICATION FOR WASTEWATER DISCHARGE PERMIT

INSTRUCTIONS

Applications must be received 60 days prior to any new wastewater discharges or expiration of an existing permit. If you have any questions, please call the Pretreatment Office at (831) 420-6050.

Please mail to: City of Santa Cruz Water Pollution Control Facility
110 California Street
Santa Cruz, CA 95060
Attn: Environmental Compliance Manager

GENERAL INFORMATION

1. Business Name: _____

2. Street Address: _____

3. Mailing Address: _____

4. Phone #: _____ Fax: _____

5. Individual responsible for wastewater disposal: _____

   Title: _____ Phone #: _____

6. Emergency contact: _____

   Title: _____ Phone: _____

7. **Certification:**
   I certify that the information contained in this application is true and correct to the best of my knowledge. I also agree to comply with the provisions on page 13 of this application.

_____ _____
Signature * **Date**

_____ _____
Printed Name **Title**

***The application must be signed by the owner or an executive officer of the business.**

BUSINESS ACTIVITY

1. General description of business activity or products manufactured:

_____

_____

_____

2. Federal SIC* Number(s): _____
*Standard Industrial Classification

3. Rate of Production:

Product	Production Unit	Monthly Average	Monthly Maximum

4. List all chemicals and raw materials used or stored at this location and the maximum quantity stored at any given time. Please specify chemical names as well as trade names. Please attach a list of chemicals and raw materials if there is not enough space below.

Chemical Name	Trade Name	Quantity	Process Use

5. Do you have current Material Safety Data Sheets for the materials listed in your inventory?

☐ Yes ☐ No

6. Operating hours: _____ am/pm to _____ am/pm

7. Days per week of operation: (circle days)

Su M Tu W Th F Sa

8. Number of employees:

Office Staff:	Weekdays_____	Hours_____
	Saturday _____	Hours _____
	Sunday _____	Hours _____
	Seasonal _____	Hours _____
Production:	Weekdays _____	Hours_____
	Saturday _____	Hours _____
	Sunday _____	Hours _____
	Seasonal _____	Hours _____
	Total _____	

9. Variation of operations:

Business activity is:

☐ Continuous throughout the year

or

☐ Seasonal: Please circle the months of the year during which discharge to the city sewer occurs:

JAN FEB MAR APR MAY JUN

JUL AUG SEP OCT NOV DEC

OPERATIONAL DATA

1. Water supply:

Source	**Average Use** (Gal/Month)	**Maximum Monthly Use** Month	Gallons
Metered city water			
Well water			
Water received in raw material			
Other unmetered source			

2. Water Use:

	Gal/month	**Check if metered separately**
Sanitary		
Process		
Boiler		
Cooling		
Irrigation		
Product		
Other		
TOTAL		

These figures are based on:

- ☐ Wastewater flow meter readings
- ☐ _____% of incoming metered water
- ☐ Best estimate
- ☐ Other, please explain: _____

3. Please complete the following for each batch wastewater discharge. Please attach additional pages if you have more than two different batch wastewater discharges.

Batch #1:

a. Source _____
b. Average volume _____
c. Maximum volume_____
d. Estimated flow rate (gal/min) _____
e. Approximate frequency _____
f. Days and times _____

Batch #2:

a. Source _____
b. Average volume _____
c. Maximumvolume _____
d. Estimated flow rate (gal/min) _____
e. Approximate frequency _____
f. Days and times _____

4a. Check any existing or proposed pretreatment systems:

- ☐ Filters or screens
- ☐ Clarifier
- ☐ Grit Removal
- ☐ Oil & Grease removal
- ☐ Chemical treatment
- ☐ Biological treatment
- ☐ pH correction
- ☐ Other
- ☐ Flow equalization
- ☐ Solvent separation
- ☐ Dissolved air floatation
- ☐ Oil & water separator
- ☐ Waste hauling
- ☐ Waste storage tank
- ☐ None

If other, please describe: _____
_____
_____
_____
_____
_____

4b. Please attach a description of loading rates, sources of wastewater flow, design capacities, physical size and general locations of each of the pretreatment systems checked above.

SAMPLING POINTS

1. Is a sampling point available where a representative sample of the wastewater discharged to the city may be collected?

2. Describe the location and nature (manhole, sump, clean out, etc.) of each sampling point.

3. Are these sampling points accessible to authorized city personnel at all times?

4. Are there security measures at your facility which require clearance before entry into or onto your premises?

5. Please explain any special safety precautions required at any of the sampling points.

6. If there are no adequate sampling points currently available, provide a detailed description of all proposed sampling manholes and the scheduled dates of their installation.

WASTEWATER CHARACTERISTICS

1 If this is a permit application for a new facility or for new operations at a currently permitted facility, please attach representative laboratory data for any parameters that have been sampled or measured at your site. If this is a permit renewal application, you do not need to provide sampling data unless specifically requested by the City.

2. In the tables below, circle any of the pollutants used at your facility:

California Ocean Plan Table A Pollutants

Grease and Oil	Suspended Solids
Turbidity	Settleable Solids
pH	Acute Toxicity*

California Ocean Plan Table B Pollutants

Toxics

Arsenic	Cyanide
Cadmium	Total Chlorine Residual
Chromium (Hexavalent) (or Total Chromium)	Ammonia (expressed as nitrogen)
Copper	Chronic Toxicity*
Lead	Phenolic Compounds (non-chlorinated*)
Mercury	Chlorinated Phenolics*
Nickel	Endosulfan*
Selenium	Endrin
Silver	HCH*
Zinc	Radioactivity

Noncarcinogens

acrolein	2,4-dinitrophenol
antimony	ethylbenzene
bis(2-chloroethoxy) methane	fluoranthene
bis(2-chloroisopropyl) ether	hexachlorocyclopentadiene
chlorobenzene	isophorone
chromium (III)	nitrobenzene
di-n-butyl phthalate	thallium
dichlorobenzenes*	toluene
1,1-dichloroethylene	1,1,2,2-tetrachloroethane
diethyl phthalate	tributyltin
dimethyl phthalate	1,1,1-trichloroethane
4,6-dinitro-2-methylphenol	1,1,2-trichloroethane

(Continued Next Page)

California Ocean Plan Table B Pollutants (Continued)

Carcinogens

acrylonitrile
aldrin
benzene
benzidine
beryllium
bis(2-chloroethyl) ether
bis(2-ethylhexyl) phthalate
carbon tetrachloride
chlordane*
chloroform
DDT*
1,4-dichlorobenzene
3,3'-dichlorobenzidine
1,2-dichloroethane
dichloromethane
1,3-dichloropropene
dieldrin
2,4-dinitrotoluene
1,2-diphenylhydrazine
halomethanes*
heptachlor*
hexachlorobenzene
hexachlorobutadiene
hexachloroethane
N-nitrosodimethylamine
N-nitrosodiphenylamine
PAHs*
PCBs*
TCDD equivalents*
tetrachloroethylene
toxaphene
trichloroethylene
2,4,6-trichlorophenol
vinyl chloride

Remaining Priority Pollutants

Endrin Aldehyde
Acenapthene
1,2,4,-Trichlorobenzene
2-Chloronapthalene
2,6-Dinitrotoluene
4-Chlorophenyl Phenyl Ether
4-Bromophenyl Phenyl Ether
Naphthalene
N-Nitrosodi-M-Propylamine
Bis(2-Ethyl-hexyl) Phthalate
N-Butyl Benzyl Phthalate
Di-N-Octyl Phthalate
Benzo(A) Anthracene
Benzo(A) Pyrene
Benzo(B) Fluoranthene
Benzo(K) Fluoranthene
P-Chloro-M-Cresol
2-Chlorophenol
2,4-Dichlorophenol
2,4-Dimethylphenol
2-Nitrophenol
4-Nitrophenol
'4,6-Dinitro-O-Cresol
Pentachlorophenol
Phenol
1,1-Dichloroethane
Chloroethane
1,2-Trans-Dichloroethylene
1,2-Dichloropropane
Methylene Chloride
Trichlorofluoromethane
Dichlorodifluoromethane
Dibromochloromethane
Bis(Chloromethyl) Ether
2-Chloroethyl Vinyl Ether

(*Definitions Next Pages)

*DEFINITION OF TERMS

ACUTE TOXICITY

a. Acute Toxicity (TUa)
Expressed in Toxic Units Acute (TUa)

TUa = 100/96-hr LC 50%

b. Lethal Concentration 50% (LC 50)
LC 50 (percent waste giving 50% survival of test organisms) shall be determined by static or continuous flow bioassay techniques using standard test species. If specific identifiable substances in wastewater can be demonstrated by the discharger as being rapidly rendered harmless upon discharge to the marine environment, but not as a result of dilution, the LC 50 may be determined after the test samples are adjusted to remove the influence of those substances.

When it is not possible to measure the 96-hour LC 50 due to greater than 50 percent survival of the test species in 100 percent waste, the toxicity concentration shall be calculated by the expression:

$$TUa = \frac{\log (100 - S)}{1.7}$$

S = percentage survival in 100% waste. If S > 99, TUa shall be reported as zero.

CHLORDANE shall mean the sum of chlordane-alpha, chlordane-gamma, chlordene-alpha, chlordene-gamma, nonachlor-alpha, nonachlor-gamma, and oxychlordane.

CHRONIC TOXICITY: This parameter shall be used to measure the acceptability of waters for supporting a healthy marine biota until improved methods are developed to evaluate biological response.

a. Chronic Toxicity (TUc)
Expressed as Toxic Units Chronic (TUc)
TUc = 100/NOEL

b. No Observed Effect Level (NOEL)
The NOEL is expressed as the maximum percent effluent or receiving water that causes no observable effect on a test organism, as determined by the result of a critical life stage toxicity test listed in Appendix II.

DDT shall mean the sum of 4,4’DDT, 2,4’DDT, 4,4’DDE, 2,4’DDE, 4,4’DDD, and 2,4’DDD.

DICHLOROBENZENES shall mean the sum of 1,2- and 1,3-dichlorobenzene.

ENDOSULFAN shall mean the sum of endosulfan-alpha and -beta and endosulfan sulfate.

HALOMETHANES shall mean the sum of bromoform, bromomethane (methyl bromide),chloromethane (methyl chloride), chlorodibromomethane, and dichlorobromomethane.

HEPTACHLOR shall mean the sum of heptachlor and heptachlor epoxide.

HCH shall mean the sum of the alpha, beta, gamma (lindane) and delta isomers of hexachlorocyclohexane.

PAHs (polynuclear aromatic hydrocarbons) shall mean the sum of acenaphthylene, anthracene, 1,2-benzanthracene, 3,4-benzofluoranthene, benzo[k]fluoranthene, 1,12-benzoperylene, benzo[a]pyrene, chrysene, dibenzo[ah]anthracene, fluorene, indeno[1,2,3-cd]pyrene, phenanthrene and pyrene.

PCBs (polychlorinated biphenyls) shall mean the sum of chlorinated biphenyls whose analytical characteristics resemble those of Aroclor-1016, Aroclor-1221, Aroclor-1232, Aroclor-1242, Aroclor-1248, Aroclor-1254 and Aroclor-1260.

TCDD EQUIVALENTS shall mean the sum of the concentrations of chlorinated dibenzodioxins (2,3,7,8-CDDs) and chlorinated dibenzofurans (2,3,7,8-CDFs) multiplied by their respective toxicity factors, as shown in the table below.

Isomer Group	Toxicity Equivalence Factor
2,3,7,8-tetra CDD	1.0
2,3,7,8-penta CDD	0.5
2,3,7,8-hexa CDDs	0.1
2,3,7,8-hepta CDD	0.01
octa CDD	0.001
2,3,7,8 tetra CDF	0.1
1,2,3,7,8 penta CDF	0.05
2,3,4,7,8 penta CDF	0.5
2,3,7,8 hexa CDFs	0.1
2,3,7,8 hepta CDFs	0.01
octa CDF	0.001

PHENOLIC COMPOUNDS
(NON-CHLORINATED)

2,4-dimethylphenol
2,4-dinitrophenol
2-nitrophenol
4-nitrophenol
phenol
4,6-dinitro-o-cresol (4,6-dinitro-2-methylphenol)

CHLORINATED PHENOLICS
2-chlorophenol
2,4,6-trichlorophenol
2,4-dichlorophenol
pentachlorophenol
p-chloro-m-cresol (4-chloro-3-methylphenol)

PROCESS DIAGRAMS AND BUILDING LAYOUTS

1. Process Diagram. For each process or activity in which wastewater is generated, please attach a diagram of the flow of materials and water from start to completed product, showing all processes generating wastewater, including clean-up operations. Number each process that discharges to the sanitary sewer. Use the resultant numbers when completing the site plan.

2. Site Plan. If available, please attach an architectural drawing, or draw to scale the location of each building on the premises. Show property lines, streets, storm drains, drainage ditches, water supply sources, wastewater pretreatment systems, bulk storage tanks and storage areas for raw materials. Indicate where sewers and drains leave buildings and property. Also, please indicate the location of water meters, in line monitoring equipment (such as pH and flow meters), and sampling points.

3. Monitoring Equipment Provide a detailed description of current or proposed metering and/or monitoring equipment: (i.e., flow meters, samplers, contract with private laboratory for sampling and analyses).

SPILL CONTINGENCY PLAN

1. Has your facility developed a spill prevention plan to prevent and contain accidental spills?

☐ Yes ☐ No

2. If yes, please attach a copy of the plan. (If applicable, you may submit a copy of your facility's Hazardous Waste Management Plan).

If no, please submit a plan within 30 days of the date of this application.

3 Accidental Spill Response: Attach a copy of your facility's plan for containing and cleaning up an accidental spill in order to prevent discharge to the sanitary sewer or the environment.

4. Has a solvent management plan been developed and implemented? (if applicable)

☐ Yes ☐ No ☐ Not applicable

If yes, please attach a copy of the plan.

ENVIRONMENTAL PERMITS

1. List all other environmental permits which have been issued to you by other agencies, i.e., Air Quality or Water Quality Control Board, County Environmental Health, etc.

Agency Name	Permit Number	Expiration Date

2. a. Does your facility generate hazardous wastes? ☐ Yes ☐ No

If yes, please provide the following information:

b. Generator's EPA ID Number: _____

c. Transporter 1 Company Name: _____

Phone Number: _____

U.S. EPA ID Number: _____

Transporter 2 Company Name: _____

Phone Number: _____

U.S. EPA ID Number: _____

APPLICANT FOR PERMIT MUST READ AND AGREE TO THESE PROVISIONS

A. To furnish any additional information on wastewater discharges as required by the City of Santa Cruz.

B. To accept and abide by all provisions of Chapter 16.08, Municipal Sewer Ordinance, and Chapter 16.19, Storm Water and Urban Runoff Pollution Control, of the City of Santa Cruz Municipal Code.

C. To effectively operate and maintain wastewater pretreatment equipment to ensure compliance with wastewater discharge limits.

D. To cooperate at all times with reasonable requests by City personnel in the inspection, sampling, and monitoring of industrial waste discharges.

E. To notify the Santa Cruz Water Pollution Control Facility immediately, at (831) 420-6050, in the event of an accident or other occurrence that results in the discharge to the sewer of any material that, by nature and/or quantity, violates wastewater discharge limits or constitutes a hazard to the Santa Cruz Water Pollution Control Facility, City personnel, or the environment.

F. To pay the City of Santa Cruz the required sewer use fee for wastewater treatment.

G. To submit, as required by the City, accurate data on industrial wastewater flows and constituents.

H. To apply for a revised wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.