



**CITY OF FONTANA
8353 SIERRA AVE., FONTANA, CALIFORNIA 92335
INDUSTRIAL WASTEWATER PERMIT APPLICATION**

1. Business name, mailing address, and telephone number:

Phone _____ E-mail _____

2. Address of production or manufacturing facility (Check if same _____)

Phone _____ E-mail _____

3. Person authorized to represent above named business in official dealings with the City:

Name _____ Title _____

Phone _____ Email _____

4. Alternate person to contact concerning information provided herein:

Name _____ Title _____

Phone _____ Email _____

5. Name, address and phone number of landlord/ property owner/ management Company:

6. Type of business (machine shop, electroplating, warehousing, painting, meat packing, food processing, etc.): _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Fontana Municipal Code (FMC) Section 23-7, 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 and FMC Section 23-8. Should a discharge permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent application for Wastewater Discharge Permit will be used by the City in developing a wastewater discharge permit.

To be signed by business authorized 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 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.

Date	Signature of Official	Print Name
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Title

7. Provide a brief description of the manufacturing, production, or service activities your business conducts: _____

7a. Standard Industrial Classification Code(s) (SIC) for your facility. _____

7b. North American Industry Classification System Code(s) (NAICS) for your facility. _____

8. Does your facility have a Septic Tank? Yes / No (If yes, stop here)

9. Types of wastes generated: Maximum gallons per day

1. <input type="checkbox"/> Domestic wastes, restroom*	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
2. <input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
3. <input type="checkbox"/> Boiler/tower blowdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
4. <input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
5. <input type="checkbox"/> Process waste	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
6. <input type="checkbox"/> Food processing waste	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
7. <input type="checkbox"/> Equipment/facility washdown	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
8. <input type="checkbox"/> Air pollution control unit	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
9. <input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
10. <input type="checkbox"/> Other _____	_____	<input type="checkbox"/> estimated	<input type="checkbox"/> measured
TOTAL WASTES GENERATED _____			

10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? Yes No

10a. Attach copies of manifests or bill of ladings for liquid waste control.

11. Attach a copy of the last 4 water bills (If new business, send a copy of the first four water bills)

SECTION B - FACILITY OPERATIONS CHARACTERISTICS

B.1. Number of shifts per 24-hour day:

B.2. Starting time of each shift: _____ AM/PM, _____ AM/PM, _____ AM/PM

B.3. Total number of employees per shift: _____, _____,

NOTE: Information for the following items must be completed for each product line. Attach additional sheets if necessary.

B.4. Principal product(s) produced:

*18 gallons per employee per 8-hour shift.

B.5. Raw materials and process additives used: _____

B.6. Product process:
 Batch Continuous Both _____ % batch _____ % continuous

B.7. Hours of operation: _____ AM/PM to _____ AM/PM Continuous

B.8. Is production subject to seasonal variation? Yes No

B.9. Are any process changes or expansions planned during the next three years? Yes No

If yes, describe the nature of planned changes or expansions on a separate sheet.

B.10. Attach floor and plumbing plan(s) of new or remodeled facility showing details of process plumbing, sewer lines, appurtenances, etc.

B.11a. Indicate total area of property (in acres):

B.11b. Does this facility have an Industrial General Permit (NOI, NEC, or NONA):

If yes, provide WDID number _____

If no, contact City of Fontana, Environmental Code Compliance.

B.12. Do you use a water conditioning unit (softener or demineralizer)?
 Yes No

If yes, is conditioning unit regenerated onsite:

Yes No

If yes, name chemical(s) and amount used for regeneration:

_____ pounds/month
_____ pounds/month

B.13. Do you use solvent degreasers (parts washers)? Yes No

If yes, are you aware of Air Quality Management District (AQMD) Rule 1171? Yes No
Effective date (1/1/1999) _____ 50 gm/L VOC Limit _____

If yes, have you converted to a Low VOC System (Water-based)? Yes No
Date converted _____ System/Material Name _____

If not, when do you plan to convert? Date _____

Name and address of waste hauler(s):

SECTION C - WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or activity.

Industrial Categories

- Adhesives
- Aluminum Forming
- Anodizing
- Automobile Maintenance and Repair
- Battery Manufacturing or Reclaiming
- Coal Mining
- Coil Coating
- Copper Forming
- Electric & Electronic Components
- Electroplating
- Explosives Manufacturing
- Foundries
- Gum & Wood Chemicals
- Inorganic Chemicals
- Iron & Steel
- Laundries
- Leather Tanning & Finishing
- Mechanical Products
- Metal Etching or Chemical Milling
- Metal Coating (Chromating, Phosphating, Coloring, Passivating)
- Nonferrous Metals
- Ore Mining
- Organic Chemicals
- Paint & Ink
- Pesticides
- Petroleum Refining
- Pharmaceuticals
- Photographic Supplies
- Plastic & Synthetic Materials
- Plastics Processing
- Porcelain Enamel
- Printed Circuit Board Manufacturing
- Printing & Publishing
- Pulp & Paper
- Rubber
- Soaps & Detergent
- Steam Electric
- Textile Mills
- Timber

Business Activities

- Beverage Bottler
- Dairy Products
- Food/Edible Products Processing
- Restaurant
- Slaughter/Meat Packaging/Rendering

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- Air Floatation
- Biological Treatment, Type _____
- Centrifuge
- Chemical Precipitation
- Chlorination
- Sand/Oil Interceptor/Separator, Size _____, Sample chamber Yes / No
- Clarifier, Size _____, Sample chamber Yes / No
- Cyclone
- Filtration
- Flow Equalization, Capacity _____

- 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

C.3. 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 survey/application. Be sure to include the data of the analysis, name of laboratory who performed the analysis, and sampling location(s) (attach sketches, plans, etc. as necessary).

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludge from this business disposed of by means other than discharge to the sewer system?

Yes No

If yes, complete items D.2 and D.3.

If no, go on to Section E.

D.2. These wastes may be best described as:

Estimated Gallons or Pounds/Year

- Acids and Alkaline(s)
- Heavy Metal Sludges
- Inks/Dyes
- Oil and/or Grease
- Pesticides
- Plating Wastes
- Solvents/Thinners

Other Hazardous Wastes (specify)

D.3. For the above checked wastes, does your company practice:

<input type="checkbox"/> Onsite Storage	<input type="checkbox"/> Onsite Disposal
<input type="checkbox"/> Offsite Disposal	<input type="checkbox"/> Offsite Storage

Briefly describe the method(s) of storage or disposal checked above.

SECTION E - ONSITE CHEMICAL STORAGE AND USE

Complete items 1 through 8 for all chemicals in current or past use. Use additional sheets if necessary.

1. Chemical Name:

2. Common/Trade Name:

3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify)

4. Quantity Stored:

5. Method of Waste Disposal: Sewer Hauled Onsite

6. Is waste treated prior to disposal? Yes No
If yes, describe:

7. Is waste stored prior to disposal? Yes No

8. Is there secondary containment for chemical(s)? Yes No

1. Chemical Name:

2. Common/Trade Name:

3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify)

4. Quantity Stored:

5. Method of Waste Disposal: Sewer Hauled Onsite

6. Is waste treated prior to disposal? Yes No
If yes, describe:

7. Is waste stored prior to disposal? Yes No

8. Is there secondary containment for chemical(s)? Yes No

1. Chemical Name:

2. Common/Trade Name:

3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify)

4. Quantity Stored:

5. Method of Waste Disposal: Sewer Hauled Onsite

6. Is waste treated prior to disposal? Yes No
If yes, describe:

7. Is waste stored prior to disposal? Yes No

8. Is there secondary containment for chemical(s)? Yes No

FACT SHEET

Provide a full description of all business activities. This description should specify the types and quantities of new materials used and waste materials generated during daily business activities. Describe storage measures and methods of disposal for waste materials, including non-domestic wastewater (e.g., discharge to sewer, stored and/or hauled, type and size of storage containers, etc.)