

FOR OFFICE USE ONLY  
PERMIT #

**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

\_\_\_\_\_  
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

- |   |  |
|---|--|
| <input type="checkbox"/> Adhesives  | <input type="checkbox"/> Nonferrous Metals                   |
| <input type="checkbox"/> Aluminum Forming   | <input type="checkbox"/> Ore Mining                          |
| <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"/> Pesticides                          |
| <input type="checkbox"/> Coal Mining  | <input type="checkbox"/> Petroleum Refining                  |
| <input type="checkbox"/> Coil Coating   | <input type="checkbox"/> Pharmaceuticals                     |
| <input type="checkbox"/> Copper Forming   | <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"/> Explosives Manufacturing                                       | <input type="checkbox"/> Porcelain Enamel                    |
| <input type="checkbox"/> Foundries  | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Gum & Wood Chemicals   | <input type="checkbox"/> Printing & Publishing               |
| <input type="checkbox"/> Inorganic Chemicals  | <input type="checkbox"/> Pulp & Paper                        |
| <input type="checkbox"/> Iron & Steel   | <input type="checkbox"/> Rubber                              |
| <input type="checkbox"/> Laundries  | <input type="checkbox"/> Soaps & Detergent                   |
| <input type="checkbox"/> Leather Tanning & Finishing                                    | <input type="checkbox"/> Steam Electric                      |
| <input type="checkbox"/> Mechanical Products  | <input type="checkbox"/> Textile Mills                       |
| <input type="checkbox"/> Metal Etching or Chemical Milling                              | <input type="checkbox"/> Timber                              |
| <input type="checkbox"/> Metal Coating (Chromating, Phosphating, Coloring, Passivating) |  |

### 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
<input type="checkbox"/> Acids and Alkaline(s)	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> 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
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- 
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☐ 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.)