



CITY OF EL PASO DE ROBLES
"The Pass of the Oaks"

Revised: January 2, 2008

TO: Commercial Wastewater Discharge Permit Applicants

SUBJECT: Wastewater Discharge Permit Application as Mandated by the US Environmental Protection Agency (EPA) and State Regional Water Quality Control Board (RWQCB).

State and Federal regulations require the City to issue regulatory permits to all commercial and industrial businesses that discharge to the wastewater collection and treatment facilities. The City is required to identify and permit those businesses or industries that have the potential to discharge unconventional wastes into the sewer system.

In response to the State and Federal mandates, the City has developed the enclosed application form. Please review the application and instructions carefully before completing. Upon completion, return the entire application to the address provided. Upon receipt the City will review the application and issue a permit.

If you have any questions or need assistance concerning this application or permit process, please contact Patti Gwathmey at the City of Paso Robles Wastewater Division at 805 227-1654 from 7:00 a.m. to 3:30 p.m. Monday through Friday.

Sincerely,

Patti Gwathmey

Patti Gwathmey
Industrial Waste Manager



CITY OF PASO ROBLES
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION

PLEASE PRINT OR TYPE APPLICATION

1. *Enter the name of the business and the physical street address where the discharge will take place in the City of Paso Robles, and the mailing address, and telephone number contact.*

Business Name: _____

Physical Street Address of Discharge Location: _____

Mailing Address: *(if same as above, write same)* _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

2. *Enter the name of the individual or corporation that owns the business listed above, the mailing address, and telephone number. If a corporation, attach separate sheet setting out names and addresses of all officers thereof.*

Name of Business Owner *(If same as #1, write same)* _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

3. **Person to be contacted about this application:** *Identify contact person, this person must be thoroughly familiar with the facts as reported in this application and must be available to City personnel for questions/comments. (Officer or authorized employee of above named company)*

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip _____

Phone No: _____ Cell No: _____ FAX No: _____

4. **Person to be contacted in a wastewater related emergency:** *Identify contact person for emergency purposes. This person must be familiar with the facts as set out in this application and must have the ability to disarm any alarms as may be necessary in an emergency. Contact is for after approval of permit and any construction.*

Name: _____ Title: _____

Day Phone No: _____ Cell No: _____ Night No: _____

5. Indicate the type of sewer service the business will be using. (Check one)

City Sewer System _____ Septic Tank _____

6. Indicate the type of business that the wastewater discharge permit would apply to. (Check and describe all that apply to your business activity)

- | | |
|---|--|
| <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"/> Professional Services |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Photo Processing |
| <input type="checkbox"/> Food Services/Restaurant | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Public Service |
| <input type="checkbox"/> Laundry/Dry Cleaning | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Wholesale Distribution |
| <input type="checkbox"/> Manufacturing/All Types | <input type="checkbox"/> Other (please describe below) |

Briefly Describe Business: _____

7. Indicate all days and times your business is in operation: _____ AM to _____ PM
SU M TU W TH F SA (Circle all That Apply)

8. Does your facility utilize any of the processes listed below? (Check all activities which apply to your business)

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Nonferrous Metals |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Auto (car) Wash | <input type="checkbox"/> Paint & Ink |
| <input type="checkbox"/> Auto Servicing | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Dry Cleaning | <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"/> Printing & Publishing |
| <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Paper Processing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Soaps & Detergents |
| <input type="checkbox"/> Leather Tanning & Finishing | |
| <input type="checkbox"/> Mechanical Products | |

9. What types and amounts of wastewater will your facility be generating? (Check all types of waste water generated by your business and fill in the "average gallons per day" column)

	Average Gallons Per Day
a. <input type="checkbox"/> Domestic Wastes (restrooms, employee showers, etc.)	_____
b. <input type="checkbox"/> Cooling Water, non-contact	_____
c. <input type="checkbox"/> Boiler	_____
d. <input type="checkbox"/> Cooling water, contact	_____
e. <input type="checkbox"/> Process	_____
f. <input type="checkbox"/> Equipment/Facility Wash Down	_____
g. <input type="checkbox"/> Air Pollution Control Unit	_____
h. <input type="checkbox"/> Storm Water Runoff to Sewer	_____
i. <input type="checkbox"/> Other (describe below)	_____

Remarks: _____

10. Seasonal wastewater variations: Determine if your business has seasonal wastewater discharge variations and explain. Yes _____ No _____ (If yes, describe below)

11. Are any of the following materials to be used or stored on the premises? (Check all that apply to your business)

- Flammable or explosive materials
- Acid, alkaline, or corrosive material
- Pesticides or toxic material such as Aldrin, Dieldrin
- Benzidine, Cadmium, Cyanide, DDD, DDE, DDT, Endrin
- Mercury, PCB's, Toxaphene, etc.
- Oil, grease or solvents
- Metal solutions
- Phenols
- Large amounts of soaps or detergents
- Radioactive materials
- Dyes
- Tetrachloroethylene (AKA: PCE or "Perc.")

Give approximate quantities used or stored of all items checked:

12. Do you wish to obtain permission to discharge any of the following? Check all which pertains to your business or those which you anticipate may be discharged into the City sewer system.

These items are regulated and may be discharged only with the specific permission of the City. Give details in the remarks area below.

	YES	NO
a. More than 50,000 gallons per day?	_____	_____
b. A "slug"? (More than five times the normal flow or strength for longer than 15 minutes)	_____	_____
c. A concentration of BOD or suspended solids in excess of 250 mg/L?	_____	_____
d. 200lbs of COD per day?	_____	_____
e. Animal or vegetable derived oil or grease in excess of 20 mg/L; Or petroleum derived oil or grease in excess of 20mg/L?	_____	_____
f. pH between 6.0 and 9.0? (Less than 6 or greater than 9 is prohibited)	_____	_____
g. Metals, metal pickling wastes or plating solutions, phenols or other taste or odor producing substances, soaps or detergents?	_____	_____
h. Temperatures over 150° F or 66° C maximum?	_____	_____
i. Storm water, cooling water, etc., which is polluted or otherwise unacceptable for discharge into storm drains or other natural outlets?	_____	_____
j. Garbage? (Except from homes or restaurants)	_____	_____
k. Radioactive waste?	_____	_____
l. Swimming pool water?	_____	_____
m. Materials which cause unusual amounts of inert suspended solids, (e.g. soil solids) dissolved solids (e.g. sodium chloride), or discoloration (e.g. dyes)?	_____	_____
n. Discharging substances regulated by EPA?	_____	_____

If any of the above questions are marked "YES", give details of each in the "REMARKS" section below, or attach separate sheet if necessary.

NOTE: THESE ITEMS MAY BE DISCHARGED ONLY IF SPECIFICALLY APPROVED.

Remarks: _____

13. **Does your facility have any floor drains to the sewer system?** If your business has floor drains, indicate locations of each on your attached site plan.

Yes _____ No _____

14. **Does your facility have a grease trap or oil/water separator?** Indicate if your business utilizes a grease trap and if so, describe the location(s).

Yes _____ No _____

Location(s): _____

15. **Type of pre-treatment system used or planned for future use.** Check any that may apply. These are treatments that are done to any waste before it is discharged into the City sewer system. Describe in remarks below sufficient detail to enable staff to estimate its effectiveness on the waste being pre-treated.

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Biological Treatment | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Oil & Water Separation | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Chlorination or Disinfection | <input type="checkbox"/> pH Adjustment |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Ion Exchange |
| <input type="checkbox"/> Reverse Osmosis | <input type="checkbox"/> Sump |
| <input type="checkbox"/> Solvent Separation | <input type="checkbox"/> Grease Trap |
| <input type="checkbox"/> Other (explain) | |

Remarks: _____

16. **Does your facility have a Spill Prevention and Control Plan?** Yes _____ No _____
(If yes, please attach a copy with this application)

17. **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.**

The attached sheet can be used for your site plan.

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.

SITE PLAN

CITY OF PASO ROBLES
INDUSTRIAL WASTEWATER DISCHARGE
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CERTIFICATION INSTRUCTIONS

The application must be signed and dated by an officer, or duly authorized employee of the business who has **legal authority** to bind the applicant business. Also, type or print the name and title of that person signing the application.

RETURN OF APPLICATION TO CITY:

Return the entire completed application to the address below.

City of Paso Robles
Public Works Department
Wastewater Division
3200 Sulphur Springs Road
Paso Robles, CA 93446

CERTIFICATION

WARNING: DISCHARGE OF SUBSTANCES INTO THE SEWER SYTEM IS REGULATED BY LAW AND IS SUBJECT TO CIVIL AND CRIMINAL PENALTIES. IF YOU ANTICIPATE DISCHARGING ANY SUBSTANCES OTHER THAN DOMESTIC SEWAGE, YOU ARE ADVISED TO READ THE CITY OF PASO ROBLES MUNICIPAL CODE.

The sewage system operation code prohibits any discharge which would cause a hazard or interfere with the operations of the City's facilities, or would result in contamination, nuisance, or pollution of waterways (refer to Sewer Code). In addition, the Sewer Code specifically prohibits and/or limits the discharge of any substances listed in the Sewer Code.

CERTIFICATION: I certify, under penalty of law, that this document and all attachments thereto are true, accurate and complete to the best of my knowledge. I am aware there are significant penalties for knowingly submitting false information, including the possibility of fine or imprisonment.

Signature_____

Date_____

Name_____

Please Type or Print Name of Signature above [Must be Officer or Employee of Company]

Title_____