



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 Environmental Compliance Unit at (831) 477-3907, or email: dpwenv@santacruzcountyca.gov.

Please mail to Santa Cruz County Sanitation District
2750 Lode Street
Santa Cruz, CA 95062
Attn: Environmental Compliance Unit

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:

<u>Product</u>	<u>Production Unit</u>	<u>Monthly Average</u>	<u>Monthly Maximum</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

<u>Chemical Name</u>	<u>Trade Name</u>	<u>Quantity</u>	<u>Process Use</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Do you have current 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: (select 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

Seasonal: Please select the months of the year during which discharge to the District 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 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. Maximum volume _____
- d. Estimated flow rate (gal/min) _____
- e. Approximate frequency _____
- f. Days and times _____

- 4a. Check any existing or proposed pretreatment systems:

- | | | | |
|--------------------------|----------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Filters or screens | <input type="checkbox"/> | Flow equalization |
| <input type="checkbox"/> | Clarifier | <input type="checkbox"/> | Solvent separation |
| <input type="checkbox"/> | Grit Removal | <input type="checkbox"/> | Dissolved air floatation |
| <input type="checkbox"/> | Oil & Grease removal | <input type="checkbox"/> | Oil & water separator |
| <input type="checkbox"/> | Chemical treatment | <input type="checkbox"/> | Waste hauling |
| <input type="checkbox"/> | Biological treatment | <input type="checkbox"/> | Waste storage tank |
| <input type="checkbox"/> | pH correction | <input type="checkbox"/> | None |
| <input type="checkbox"/> | Other | | |

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 County 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 County 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 CA state certified analytical laboratory results for any known pollutants circled below or sampled at your site. If this is a permit renewal application, you do not need to provide sampling data unless specifically requested by the County.
2. In the tables below, select any of the pollutants used at your facility:

California Ocean Plan Table A Pollutants

- | | |
|---|--|
| <input type="checkbox"/> Grease and Oil | <input type="checkbox"/> Suspended Solids |
| <input type="checkbox"/> Turbidity | <input type="checkbox"/> Settleable Solids |
| <input type="checkbox"/> pH | <input type="checkbox"/> Acute Toxicity* |

California Ocean Plan Table B Pollutants

Toxics

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

Noncarcinogens

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

(Continued Next Page)

California Ocean Plan Table B Pollutants (Continued)

Carcinogens

- acrylonitril
- 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
- Acenaphthene
- 1,2,4,-Trichlorobenzene
- 2-Chloronaphthalene
- 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)
 $TUa = 100/96\text{-hr LC } 50\%$

- 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.

*DEFINITION OF TERMS (Continued)

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.

<u>Isomer Group</u>	<u>Toxicity Equivalence Factor</u>
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	4-nitrophenol
2,4-dinitrophenol	phenol
2-nitrophenol	4,6-dinitro-o-cresol (4,6-dinitro-2-methylphenol)

CHLORINATED PHENOLICS

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

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.

<u>Agency Name</u>	<u>Permit Number</u>	<u>Expiration Date</u>

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 Santa Cruz County Sanitation District (District).
- B. To accept and abide by all provisions of District Title 7 Sewers, Chapter 7.04, Sewer Construction and Use, and Chapter 7.79 Runoff and Pollution Control of Santa Cruz County.
- 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 County personnel in the inspection, sampling, and monitoring of industrial waste discharges.
- E. To notify the District immediately, at (831) 477-3907, 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 District personnel, the City of Santa Cruz Wastewater Treatment Facility, or the environment.
- F. To submit, as required by the District, accurate data on industrial wastewater flows and constituents.
- G. To apply for a revised wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.