



INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION
Class I-V

Part A

SECTION A-I GENERAL BUSINESS INFORMATION

- A. Company Name: _____
SIC Code: _____ NAICS Code: _____
- B. Organization of Business (sole proprietorship, partnership, or corporation)
1. If sole proprietorship, give name of owner and assumed name, if different from answer to A above. _____
 2. If partnership, give names of general partners and assumed name, if different from answer A above. _____

 3. If corporation, give state in which incorporated and the name and address of registered agent.

- C. Business Address: _____
City: _____ Zip Code: _____
- D. Location of premise discharge wastewater (if different from above)
Street Address: _____
City: _____ Zip Code: _____
- E. Brief description of manufacturing or service activity on premises:

- F. Person completing this application
Name: _____ Title: _____
 Email: _____ Phone: _____
(Check preferred form of communication)



G. Primary contact (if different from above)

Name: _____ Title: _____

Email: _____ Phone: _____

(Check preferred form of communication)

H. Billing contact (if different from above)

Name: _____

Email: _____ Phone: _____

Mailing Address: _____

(Check preferred form of communication)

I. Annual average number of employees: _____

J. Variation of Operations

Annual average days per week of plant operation: _____

Shifts normally worked each day (please note average number of employees for each applicable shift/day):

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

Indicate any additional variations in plant operations: _____

K. Time & Duration of Discharge to the Sanitary Sewer

Discharge occurs from _____AM/PM to _____AM/PM

Check the days of the week that discharge occurs:

Sun Mon Tue Wed Thur Fri Sat



SECTION A-II INDUSTRIAL WASTE FLOW RATES

A. The following industrial waste flow rates to the sanitary sewer are to be provided by the industrial user and must be physically measured unless other verifiable techniques are approved by the City of Corona Utilities Department due to cost or unfeasibility.

Maximum Daily Flow, Gallons Per Day (GPD)	Annual Daily Average Flow, Gallons Per Day (GPD)

B. Show the estimated average quantity of water received and industrial waste discharge daily:

Water used for:	Supply		Discharge	
	GPD	Source ¹	GPD	Destination ²
Sanitary*				
Process				
Irrigation**				
Other ³				
Totals				

Water usage (Supply GPD) should equal to discharge (Discharge GPD) once totaled. Each process can have more than one Discharge Destination. Process water usage should be subdivided whenever possible.

**Usage may be estimated by the following calculation: 5 GPD x total employees. Any industry that requires the use of showers should estimate domestic water usage based on 14 GPD.*

***Usage may be estimated by multiplying 1) amount of sprinkler heads, 2) rated flow of each head, and 3) daily duration of operation together.*

It is recommended that water usage be calculated by working backwards: begin by identifying total water usage from water bills, then subtracting known water usage (using water meters, professionals, or calculations), and then estimate any remaining water usage.

¹Supply source codes:

- a) City of Corona
- b) Recycled or reclaimed water
- c) Private well
- d) Stormwater

²Discharge destination codes:

- a) Surface waters
- b) Storm drain
- c) Product
- d) Evaporation
- e) Hauled offsite
- f) Domestic sewer

³Describe: _____



SECTION A-III RAW MATERIALS AND CHEMICALS

Give technical, common names, and amount in gallons of raw materials and chemicals on site that are used in manufacturing or other processes which may or may not be discharged to the sanitary sewer. In the case of proprietary compounds, provide the manufacturer's name. Please add additional sheets if necessary.

Technical Name	Common Name	Manufacturer's Name	Quantity on Site (gal.)



SECTION A-IV NATURE OF POLLUTANTS IN INDUSTRIAL WASTE DISCHARGE

Are any of the following pollutants present or suspected of being present in the wastewater discharged to the sanitary sewer? If yes, check the appropriate box(es):

- | | |
|--|---|
| <input type="checkbox"/> 001 Acenaphthene | <input type="checkbox"/> 079 Benzo(g,h,i)perylene |
| <input type="checkbox"/> 002 Acrolein | <input type="checkbox"/> 080 Fluorene |
| <input type="checkbox"/> 003 Acrylonitrile | <input type="checkbox"/> 081 Phenanthrene |
| <input type="checkbox"/> 004 Benzene | <input type="checkbox"/> 082 Dibenzo(a,h)anthracene |
| <input type="checkbox"/> 005 Benzidine | <input type="checkbox"/> 083 Indeno(1,2,3-cd)pyrene |
| <input type="checkbox"/> 006 Carbon Tetrachloride | <input type="checkbox"/> 084 Pyrene |
| <input type="checkbox"/> 007 Chlorobenzene | <input type="checkbox"/> 085 Tetrachloroethylene |
| <input type="checkbox"/> 008 1,2,4-Trichlorobenzene | <input type="checkbox"/> 086 Toluene |
| <input type="checkbox"/> 009 Hexachlorobenzene | <input type="checkbox"/> 087 Trichloroethylene |
| <input type="checkbox"/> 010 1,2-Dichloroethane | <input type="checkbox"/> 088 Vinyl chloride |
| <input type="checkbox"/> 011 1,1,1-Trichloroethane | <input type="checkbox"/> 089 Aldrin |
| <input type="checkbox"/> 012 Hexachloroethane | <input type="checkbox"/> 090 Dieldrin |
| <input type="checkbox"/> 013 1,1-Dichloroethane | <input type="checkbox"/> 091 Chlordane (technical mixture and metabolites) |
| <input type="checkbox"/> 014 1,1,2-Trichloroethane | <input type="checkbox"/> 092 4,4-DDT |
| <input type="checkbox"/> 015 1,1,2,2-Tetrachloroethane | <input type="checkbox"/> 093 4,4-DDE (p,p-DDX) |
| <input type="checkbox"/> 016 Chloroethane | <input type="checkbox"/> 094 4,4-DDD (p,p-TDE) |
| <input type="checkbox"/> 018 Bis(2-chloroethyl) ether | <input type="checkbox"/> 095 Alpha-Endosulfan |
| <input type="checkbox"/> 019 2-Chloroethyl vinyl ethers | <input type="checkbox"/> 096 Beta-Endosulfan |
| <input type="checkbox"/> 020 2-Chloronaphthalene | <input type="checkbox"/> 097 Endosulfan Sulfate |
| <input type="checkbox"/> 021 2,4,6-Trichlorophenol | <input type="checkbox"/> 098 Endrin |
| <input type="checkbox"/> 022 Parachlorometa Cresol | <input type="checkbox"/> 099 Endrin Aldehyde |
| <input type="checkbox"/> 023 Chloroform | <input type="checkbox"/> 100 Heptachlor |
| <input type="checkbox"/> 024 2-Chlorophenol | <input type="checkbox"/> 101 Heptachlor epoxide |
| <input type="checkbox"/> 025 1,2-Dichlorobenzene | <input type="checkbox"/> 102 Alpha-BHC |
| <input type="checkbox"/> 026 1,3-Dichlorobenzene | <input type="checkbox"/> 103 Beta-BHC |
| <input type="checkbox"/> 027 1,4-Dichlorobenzene | <input type="checkbox"/> 104 Gamma-BHC |
| <input type="checkbox"/> 028 3,3-Dichlorobenzidine | <input type="checkbox"/> 105 Delta-BHC |
| <input type="checkbox"/> 029 1,1-Dichloroethylene | <input type="checkbox"/> 106 PCB-1242 (Arochlor 1242) |
| <input type="checkbox"/> 030 1,2-Trans-dichloroethylene | <input type="checkbox"/> 107 PCB-1254 (Arochlor 1254) |
| <input type="checkbox"/> 031 2,4-Dichlorophenol | <input type="checkbox"/> 108 PCB-1221 (Arochlor 1221) |
| <input type="checkbox"/> 032 1,2-Dichloropropane | <input type="checkbox"/> 109 PCB-1232 (Arochlor 1232) |
| <input type="checkbox"/> 033 1,3-Dichloropropylene | <input type="checkbox"/> 110 PCB-1248 (Arochlor 1248) |
| <input type="checkbox"/> 034 2,4-Dimethylphenol | <input type="checkbox"/> 111 PCB-1260 (Arochlor 1260) |
| <input type="checkbox"/> 035 2,4-Dinitrotoluene | <input type="checkbox"/> 112 PCB-1016 (Arochlor 1016) |
| <input type="checkbox"/> 036 2,6-Dinitrotoluene | <input type="checkbox"/> 113 Toxaphene |
| <input type="checkbox"/> 037 1,2-Diphenylhydrazine | <input type="checkbox"/> 114 Antimony |
| <input type="checkbox"/> 038 Ethylbenzene | |



- 039** Fluoranthene
- 040** 4-Chlorophenyl phenyl ether
- 041** 4-Bromophenyl phenyl ether
- 042** Bis(2-Chloroisopropyl) ether
- 043** Bis(2-Chloroethoxy) methane
- 044** Methylene chloride
- 045** Methyl chloride
- 046** Methyl bromide
- 047** Bromoform
- 048** Dichlorobromomethane
- 051** Chlorodibromomethane
- 052** Hexachlorobutadiene
- 053** Hexachlorocyclopentadiene
- 054** Isophorone
- 055** Naphthalene
- 056** Nitrobenzene
- 057** 2-Nitrophenol
- 058** 4-Nitrophenol
- 059** 2,4-Dinitrophenol
- 060** 4,6-Dinitro-o-cresol
- 061** N-Nitrosodimethylamine
- 062** N-Nitrosodiphenylamine
- 063** N-Nitrosodi-n-propylamine
- 064** Pentachlorophenol
- 065** Phenol
- 066** Bis(2-Ethylhexyl) Phthalate
- 067** Butyl Benzyl Phthalate
- 068** Di-n-butyl Phthalate
- 069** Di-n-octyl Phthalate
- 070** Diethyl Phthalate
- 071** Dimethyl Phthalate
- 072** Benzo(a)anthracene
- 073** Benzo(a)pyrene
- 074** Benzo(b)fluoranthene
- 075** Benzo(k)fluoranthene
- 076** Chrysene
- 077** Acenaphthylene
- 078** Anthracene
- 115** Arsenic
- 116** Asbestos
- 117** Beryllium
- 118** Cadmium
- 119** Chromium (Total)
- 120** Copper
- 127** Thallium
- 128** Zinc
- 129** 2,3,7,8-TCDD
- Barium
- Biological Oxygen Demand (BOD)
- Boron
- Chemical Oxygen Demand (COD)
- Chloride
- Cobalt
- Cyanide
- Fluoride
- Iron
- Lead
- Manganese
- Mercury
- Nickel
- Oil & Grease (Total)
- PCBs
- Pesticides
- Phenols
- PFAS
- Selenium
- Silver
- Sodium
- Sulfate
- Sulfide
- Surfactants, LAS
- Total Dissolved Solids (TDS)
- Total Hardness
- Total Suspended Solids (TSS)
- Total Toxic Organics (TTO)



SECTION A-V INDUSTRIAL WASTE DISCHARGE ANALYSIS

For all pollutants indicated as being present in the industrial waste discharge in Section A-IV, list below the annual daily concentration average for each. The annual daily concentration average is defined as the average of the 12 months data prior to the date of the application. For those pollutants never analyzed, check the appropriate column.

Pollutant	Annual Daily Average (mg/L)	Never Analyzed
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

List all laboratories where analysis of the pollutants listed was conducted.

A. Laboratory Name: _____
 Street Address: _____
 Contact: _____ Phone: _____

B. Laboratory Name: _____
 Street Address: _____
 Contact: _____ Phone: _____

I certify that the sampling and analysis stated within this application is representative of normal work cycles and the expected pollutant discharges to the sanitary sewer.

(This section must be signed by an authorized representative of the industry completing this application)

Name: _____ Title: _____

Signature: _____ Date: _____



SECTION A-VI INDUSTRIAL WASTE TREATMENT OPERATOR & INDUSTRIAL WASTE TREATMENT SYSTEM

****DO NOT COMPLETE THIS SECTION IF PRETREATMENT IS NOT APPLICABLE****

A. Industrial Waste Treatment Operations

OPERATOR(S) NAME(S): _____

B. Time & Duration of Pretreatment System Operation

The pretreatment system operates daily from _____AM/PM to _____AM/PM

Check the days of the week in which operation occurs:

Sun Mon Tue Wed Thu Fri Sat

SECTION A-VII PROCESS ACTIVITIES

Indicate those processes which occur at the facility for which this permit application is submitted. Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Leather, Tanning & Finishing | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Soaps & Detergents | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Coal Mining |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Ore Mining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Pesticides Materials |
| <input type="checkbox"/> Nonferrous Metals | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Photographic Supplies | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Plastic Processing | <input type="checkbox"/> Auto & Other Laundries |
| <input type="checkbox"/> Porcelain Enamel | <input type="checkbox"/> Mechanical Products |
| <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Electric & Electronic Components |
| <input type="checkbox"/> Paint & Ink | <input type="checkbox"/> Explosives Manufacturing |
| <input type="checkbox"/> Printing & Publishing | <input type="checkbox"/> Inorganic Chemicals |
| <input type="checkbox"/> Other (explain): _____ | |



SECTION A-VIII FACILITY LAYOUT DIAGRAM

Provide a facility layout diagram below or attach it to the end of this permit application (please indicate this section on attachment). The diagram should indicate all process, restroom, breakroom, and office areas.



SECTION A-IX DESCRIPTION OF OPERATIONS

Provide a schematic process diagram below or attach it to the end of this permit application (please indicate this section on attachment). The diagram should include water flow to and from all processes, not including domestic use, stopping at the point(s) of discharge to the sanitary sewer.



Part B

COMPLIANCE AND CERTIFICATION

SECTION B-I BASELINE MONITORING REPORT

Any industrial user that is subject to categorical pretreatment standards found in 40 CFR 400-499 and proposes to discharge industrial wastewater to the City sewer system is required to prepare and submit a Baseline Monitoring Report (BMR) to the City. The specific requirements for the report are listed in 40 CFR 403.12 and a BMR form will be provided by the City when requested or required. The BMR and any required attachments must be returned to the City at least 90 days prior to commencement of discharge. Within 90 days after discharge commences, a report must be submitted to the City with analytical data verifying compliance with all applicable federal and local pretreatment standards. Should assistance be required, please contact the City's Source Control Program at (951) 279-3668.

IMPORTANT: Failure to submit these reports by the respective due dates may result in enforcement action which may include fines, fees, or penalties and the industrial user being placed in Significant Non-Compliance.

SECTION B-II COMPLIANCE SCHEDULE

If additional pretreatment and/or Operation and Maintenance (O&M) will be required to meet all applicable pretreatment standards, provide a compliance schedule which gives the shortest possible timeframe to implement any additional pretreatment or O&M required. The completion date in this schedule shall not be later than the compliance date established for all applicable pretreatment standards.

The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and implementation of additional pretreatment and/or O&M required for the Industrial User to meet all pretreatment standards (for example, hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).

No later than fourteen (14) days following each date in the schedule and the final date for compliance, the Industrial User shall submit progress reports to the Utilities Department. This includes, as a minimum, whether or not it complied with the increment of progress, reasons for delay, and steps being taken by the Industrial User to return the original schedule established.

If a compliance schedule is needed, it is to be typed or printed below or on separate sheets and attached to this page.



SECTION B-III CERTIFICATION

I have personally examined and am familiar with the information submitted in this application and I hereby certify, under penalty of law, that this information was obtained in accordance with all applicable requirements. Moreover, based on our inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that 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 imprisonment.

Therefore, I certify that all applicable Pretreatment Standards, as identified in this permit application, are / are not being met on a consistent basis.

Executive or Authorized Representative

Qualified Professional (As Required)

Name

Name

Signature

Signature

Title

Title

Date

Date

Please return the completed application to:

City of Corona, Utilities Department
Attention: Source Control Program
755 Public Safety Way, Corona, CA 92878

