



BASELINE REPORT FOR NON-RESIDENTIAL ESTABLISHMENTS: Survey for Wastewater Discharge Permit

THIS SPACE FOR OFFICE USE ONLY

SECTION A - GENERAL INFORMATION

A.1 Company name, mailing address and telephone number:

A.2 Location of business facility (if same as above check box []):

A.3

Authorized Representative	Name	Title	Telephone Number and e-mail Address
First Contact			
Alternate			

A.4 Identify the Type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, laundry, food processing, etc.)

A.5 Describe the activities your business conducts. Attach additional sheets as needed.

A.6 This facility generates the following types of wastes:

Type	Avg Gal/Day	Estimate	Measured
1. Domestic Waste (restrooms, employee showers)			
2. Cooling water, non-contact			
3. Boiler/Tower blowdown			
4. Cooling Water, Contact			
5. Process			
6. Equipment/Facility Washdown			
7. Air Pollution Control Unit			
8. Storm water runoff to sewer			
9. Water softener/regeneration			
10. Other (describe)			

A.7 Concentrations of wastes discharged:

Type	Avg mg/L per day	Estimate	Measured
1. Total Dissolved Solids (TDS)			
2. Total Suspended Solids (TSS)			
3. Biochemical Oxygen Demand (BOD ₅)			
4. Grease & Oil			
5. Ammonia			
6. pH			
7. Sodium			
8. Chloride			
9. Other (describe)			

A.8 Wastes are discharged to:

TYPE	Avg Gal/Day	Estimated	Measured
Sanitary Sewer			
Storm Sewer			
Surface Water			
Ground Water			
Waste Haulers			
Evaporation			
Grease Trap/Interceptor			
Other (describe)			

A.9 Number of floor drains _____ Characteristics of waste discharged to floor drain (attach pages as needed):

A.10 Provide name and address of waste hauler(s), if used:

A.11 Is an Accidental Spill Prevention Plan prepared for the facility? YES NO If yes, please attach a copy.

SECTION B – FACILITY/BUSINESS OPERATION CHARACTERISTICS

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

Average number of employees per shift:

B.2 Starting times of each shift: First Second Third
 ___am/pm ___am/pm ___am/pm

B.3 Hours of Discharge: ___am to ___pm [] Continuous [] Intermittent

B.4 Production process is: [] Batch [] Continuous [] Both

If Both: [] % Batch [] % Continuous

B.5 Raw materials and process additives used (enclose Material Safety Data Sheets - MSDS's):

B.6 Principal product/service produced or provided:

B.7 Is production subject to seasonal variation? [] YES [] NO

If yes, briefly describe seasonal production cycle.

B.8 Are any process changes or expansions planned during the next three years? [] YES [] NO

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

B.9 Please attach site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by size, location, and elevation. Include locations of all floor drains.

B.10 List all environment control permits held by the facility in which discharge occurs:

Name of Permitting Agency Branch	Permit Type	Identifying Number

SECTION C – GENERAL CATEGORIES OF WASTEWATER DISCHARGE

Please fill out the appropriate sections.

C.1 Food Establishments:

A. What type of foods are prepared at this restaurant? (Circle all that apply)

FRIED STEAMED BOILED BAKED BROILED OTHER

(Please specify all other types)

B. What type of dish washing/dishwasher is used? (Circle all that apply)

STEAM HAND MACHINE OTHER

(Please specify all other types)

C. Meals served (Circle all that applies): BREAKFAST LUNCH DINNER

(Please specify all other types): _____

D. Is there a grease trap/interceptor(s) on site? [] YES [] NO

If yes, answer questions E. through J. (if applicable).

If no, skip to question J.

E. Location of the trap/interceptor(s) (Attach diagram of facility)?

F. How often is the trap maintained? _____ Date of last maintenance:

Maintenance is done by: SELF or OTHER (please specify name, address and phone)

G. How often is the trap cleaned? _____, Date of last cleaning _____?

Cleaning is done by: SELF or OTHER (please specify name, address and phone)

H. Please list in the following table any chemicals, additives, etc. used in the grease trap/interceptor:

Name	Quantity Added	Frequency

I. How is excess grease collected and disposed?

J. What types of housekeeping rules are used to decrease or eliminate grease in the sewer system from the restaurant (attach page if needed)?

C.2 Automotive Industries:

A. Approximate number of vehicles serviced weekly:

- B. What types of products are disposed of in the drains of the business (i.e. detergents, cleaning supplies, etc.)?
Estimated volume disposed of weekly.
- C. Are there any floor drains in the facility? YES NO
If yes, where are they located (attach page if needed)?
- D. Do you have a grease trap/interceptor or oil-water separator installed? YES NO
If yes, answers questions C.1 (D.) through (I.), above (if applicable).
- E. How many radiators do you service each week?
- F. Do you have spray booths? YES NO
If yes, what type?
- G. Is there any process, production, or activity performed at this address other than those associated with the automotive industry? YES NO
If yes, what are the processes, productions or activities (attach page if needed)?

C.3 Photography and X-ray Processing

- A. Number of rolls of film processed Monthly: Color: Black & White:
- B. Do you recycle any of your products? YES NO

If yes, please indicate name of recycler and procedure followed (attach page if needed):

C.4 Medical/Dental/Hospital Facilities

- A. Do you recycle any of your chemicals, metals, etc.? YES NO
If yes, what do you recycle and how?
- B. Do you handle any infectious waste? YES NO
- C. Do you have procedures for the handling of infectious waste? YES NO _
If yes, please describe or attach a copy.
- D. Do you have kitchen facilities? YES NO
If yes, please fill out Section C.1 (restaurants).

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

DATE: _____ SIGNATURE OF OFFICIAL (SEAL, IF APPLICABLE): _____

Note to Signing Official for the Industry: *In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 14, 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. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue a permit.*

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICIAL OF YOUR FIRM AFTER ADEQUATE COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SAME OFFICIAL.

PLEASE SEND COMPLETED AND SIGNED FORM TO:

City of Lompoc - Wastewater Division
Attn: Water Resources Protection
P O Box 8001
Lompoc, CA
93438-8001

IF YOU HAVE QUESTIONS, PLEASE CONTACT:

City of Lompoc – Wastewater Division
Daniel Delgado or Pauline Schneckloth
Water Resources Protection
(805) 736-5083
p_schneckloth@ci.lomopoc.ca.us

THIS SPACE FOR OFFICE USE ONLY

REVIEWED BY:

DATE:

DETERMINATION:

PERMIT REQUIREMENTS:

RESPONSE:

Instructions for - Baseline Report for Nonresidential Establishments

Please type or print clearly. Attach extra pages as necessary.

Section A – General Information:

- A.1 The address required is the company who owns the business. Give complete company name; mailing address including City, State and Zip Code; and the telephone number including the Area Code.
- A.2 The address required here is that which is within the City limits, if different from A.1
- A.3 The owner or local representative of the company, and an alternate person to contact for information.
- A.4 This would identify the general business that is undertaken at A.2 above
- A.5 Describe what your business accomplishes in a work day. Add additional pages as necessary. Include a general layout of the business (with sinks; drains; trap; or any other possible outlets to the City sewer).
- A.7 This section is necessary to define the types of wastes that are discharged to the City Sewer. Domestic wastes are that which would normally be found in a residence. State the approximate gallons per day discharged for each type. If you check other, describe. If needed, a separate piece of paper may be attached.
- A.8 This section will describe the path that the wastes produced on your property will follow in order to enter the City Sewer. Include any Pretreatment Processes used (ex. Grease trap/interceptor; sand trap; silver recovery; neutralization; filtration; sedimentation; etc.). If you have floor drains, include a number and the location of the floor drains (if a general layout has not been made for A.6 above). Also, please include the waste that could be discharged to these drains. If you have any waste haulers, state the name and the address, and include the type of waste hauled. Fill out the Attachment.
- A.9 If there is an Accidental Spill Prevention Plan used at the facility, indicate here. If one has been prepared, attach a copy.

Section B – Facility/Business Operation Characteristics:

- B.1 Give the number of employees on site during a twenty-four hour period. Give the average number of employees for each shift worked at your facility.
- B.2 List the time of day each shift begins work.
As stated on the form the following information is required for each product line at your facility.
- B.3 What hours during the day do you discharge from this production line? Is there a continuous discharge to the sewer; or does it vary (intermittent)?
- B.4 Production process batch (production is various times during the day) or is it continuous (throughout the whole period of the day) If both estimate the percent of the day it is batch and the percent of the day it is continuous.
- B.5 List any raw materials, or additives used in the production of your process line. Enclose copies of the Material Safety Data Sheets for each material or additive.

- B.6 List the principal product or service produces or provided at this site.
- B.7 Is the production line seasonal. If yes list the approximate dates you will discharge from your production line.
- B.8 Any significant changes anticipated should be discussed here.
- B.9 The purpose of this request is to evaluate possible sources of discharge to the wastewater system.
- B.10 All environmental control permits issued by the Federal, State, County or Local Governments or their representatives should be listed here. If there are any that are in the process of issuance – please indicate name, type and the anticipated date of issuance, if known.

Section C – General Categories of Wastewater Discharge

C.1 Food Establishments

Anyone who has a kitchen in their facility must fill out this section.

C.1.C The hours of the day and the days of the week the food preparation will be accomplished.

C.1.J. If you do not use a grease trap/interceptor how do you collected and dispose of excess grease?

C.2 Automotive Industries

Anyone who has any type of automotive repair or maintenance must fill out this section.

C.2.D. If you have a grease trap/interceptor then you will need to fill out Section C.1.C and Section C.1.E through I.

C.3 Photography and X-ray processing

Any business who processes X-ray and photographic film on site must fill out this section.

C.4 Medical/Dental/Hospital Facilities

Any business who provides medical, dental or hospital services must fill out this section.

Sign the survey on the last page and return it to the Wastewater Division.

FOR YOUR INFORMATION

NOTIFICATION

RESOURCE CONSERVATION AND RECOVERY ACT [RCRA]

The United States Environmental Protection Agency [EPA] requires the City to inform businesses of the above law. This law has made everyone who handles hazardous waste responsible for that waste. The law now stipulates what has to be done to protect you, your company, and everyone around you from accidents.

RCRA tells what hazardous wastes are and how to keep track of them; it sets up rules for handling hazardous wastes; and it provides for a documentation system to track them.

If you have any questions regarding RCRA, The Hotline for RCRA/Superfund is (800)-424-9346. You can contact US EPA Region IX at (415) 744-2074.

HAZARDOUS WASTE NOTIFICATION

EPA also requires us to notify you of the following:

The Code of Federal Regulations (CFR) section 403.12(p) requires industries to notify the City, EPA and the State if that industry discharges wastes in the sewer which would be considered hazardous, if disposed somewhere other than in the sewer system.

If you have any questions concerning this notification, please contact the State of California Regional Water Quality Control Board at (805) 549-3147 or Water Resources Protection at the City of Lompoc Wastewater Division at (805) 736-5083.