

Instructions for Short Form Baseline Report for Nonresidential Establishments

Please type or print clearly.

- 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
- A.4 If the person mentioned in A.3 is absent from the premises, who would the City contact for information.
- A.5 This would identify the general business that is undertaken at A.2 above
- A.6 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 Include your Standard Industrial Classification Code Number here
- A.8 This section is necessary to define the types of wastes that are discharged to the City Sewer. Domestic wastes are those 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.9 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 the number and the location of the floor drains (if a general layout has not been made for A.6 above). Also 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.10 If there is an Accidental Spill Prevention Plan used at the facility, indicate here. If one has been prepared, attach a copy.

Don't forget to sign the survey before you return it to the Wastewater Division!

Baseline Report for Nonresidential Establishments Application for Wastewater Discharge Permit – Short Form

SECTION A - GENERAL INFORMATION

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

A.2 Address of production or manufacturing facility (if same as above, check box

A.3

Authorized Representative	Name	Title	Telephone Number
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 Attach a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A.6 Standard Industrial Classification Number(s) (SIC Code) for your facilities, if known:

A.7 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)			
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A.8 Wastes are discharged to:

Type	Avg Gal/Day	Estimated	Measured
1. Sanitary Sewer			
2. Storm Sewer			
3. Surface Water			
4. Ground Water			
5. Waste Haulers			
6. Evaporation			
7. Grease Trap/Interceptor			
8. Other (describe)			

Number of floor drains _____ Characteristics of waste discharged to floor drain:

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

A.9 Is an Accidental Spill Prevention Plan prepared for the facility Yes No If yes, please attach a copy.

SECTION B - FACILITY OPERATION CHARACTERISTICS

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

Average number of employees per shift is: _____

B.2 Starting times of each shift:

First Second Third
 _____ am/pm _____ am/pm _____ am/pm

NOTE: The following information in this section must be completed for each product line. Additional copies of this page can be made for each additional product line at this facility.

B.3 Principal product produced:

B.4 Raw materials and process additives used (enclose Material Safety Data Sheets - MSDS's):

B.5 Production process is: Batch Continuous Both

If both: ____ % Batch ____ % Continuous

B.6 Hours of Discharge: ____ am to ____ pm Continuous Intermittent

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 types of foods are prepared at this restaurant? (Check all that apply)

Fried Steamed Boiled Baked Broiled Other

Please specify all other types:

B. What type of dish washing/dishwasher is used? (Check all that apply)
 Steam Hand Machine Other
Please specify all other types:

C. Hours/days of operation?

D. Meals served (Check all that applies): Breakfast Lunch Dinner
Please specify all other types:

E. Is there a grease trap/interceptor(s) on site? Yes No

*If yes - go to question F.
If no - go to question J.*

F. Location of the trap/interceptor(s)? (Attach diagram of facility if available.)

G. How often is the trap maintained? _____ Date of last maintenance: _____
Maintenance is done by: Self Other Please specify name, address and phone:

H. How often is the trap cleaned? _____ Date of last cleaning: _____
Cleaning is done by: Self Other Please specify name, address and phone:

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

Name	Quantity Added	Frequency

J. How is excess grease collected and disposed

K. What types of housekeeping rules are used to decrease or eliminate grease in the sewer system from the restaurant?

C.2 Automotive Industries:

- A. Number of customers monthly: _____
- B. What types of products are disposed of in the drains of the business (i.e. detergents, cleaning supplies, etc.)? Approximate volume disposed of monthly:

- C. Are there any floor drains in the facility? Yes No
If yes, where are they located?

- D. Do you have a grease trap/interceptor? Yes No
If yes, fill out numbers C and F-K in Section C.1 (restaurants).
- E. How many radiators do you service each month?

- F. Do you have spray booths? No Yes. If yes, what type?:

- G. Is there any process, production or activity performed at this address other than those associated with the automotive industry? If so, what are the processes, productions or activities:

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? If so, please indicate name of recycler and procedure followed:

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, what are they?

D. Do you have kitchen facilities? Yes No

If yes, please complete Section C.1 (restaurants).

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 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/OR IMPRISONMENT.

DATE: _____ SIGNATURE OF OWNER: _____

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:

**WASTEWATER DIVISION
P.O. Box 8001
LOMPOC, CA
93438-8001**

IF YOU HAVE ANY QUESTIONS YOU MAY CONTACT ONE OF THE FOLLOWING PERSONS:

Catherine Prater
Water Resources Protection Technician
(805)875-8403

Dale Ducharme
Wastewater Superintendent
(805)875-8405