



## **Instructions for completing the Survey for Wastewater Discharge Permit**

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 name and address of the owner of the facility location/physical plant (e.g., buildings), if different from A.1.
- A.4 The owner/president or local representative of the company who is responsible for signing facility reports and meets the federal definition of *authorized representative* as specified at 40 CFR 403.12(l); and an alternate person to contact for information.
- A.5 This would identify the general business that is undertaken at A.2 above. For all processes found on the premises, indicate the NAICS (North America Industry Classification System) code which replaces the Standard Industrial Classification (SIC) system industry code (or provide both).

### **Section B – Business Activities and Facility Characteristics:**

- B.1 Describe what your business accomplishes in a representative work day. Add additional pages as necessary.
- B.2 List the principal product or service provided at this site and state a metric of representative productivity (e.g., 1,000 widgets made per day, 50 customers served each week, etc.).
- B.3 Give the number of employees on site during a 24-hour period. Give the average number of employees for each shift worked at your facility.
- B.4 List the time of day each shift begins work.
- B.5 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.6 Are production processes batch (production is at 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.7 List any raw materials, or additives used in the production of your process line. Enclose copies of the Safety Data Sheets for each material or additive.
- B.8 Is the production line seasonal? If yes list the approximate dates you will discharge from your production line, or describe the seasonal variation of productivity.

B.9 Any significant changes anticipated should be discussed here.

B.10 Indicate the number and the location of the floor drains. The purpose of this request is to evaluate possible sources of discharge to the wastewater system.

B.11 Provide a schematic that shows the general layout of the business, specifying process areas, drains, sewer connections, sampling points, and any wastewater-related devices (e.g., meters, treatment).

### **Section C – Water/Sewer Usage**

C.1 Identify your facility's water source(s) (e.g., well water, utility company) and provide account information.

C.2 Provide sewer account number (if applicable). If you have applied for an account, state "account pending."

C.3 For each sewer connection identified in B.11, describe the types of wastes that are discharged to the City sewer. Domestic wastes are that which would normally be found in a residence.

C.4 State the approximate gallons per day discharge of wastewater discharged to the City sewer.

C.5 Describe water use at your site (see table). Use additional pages as necessary.

C.6 Provide a simple flow diagram of your wastewater-generating processes. List activities not previously discussed and specify their water usages. Use additional pages as necessary.

C.7 This section is necessary to define the characteristics of the wastewater that is discharged to the City sewer and identify potential pollutant of concern subject to regulation.

C.8 Describe wastewater treatment processes; provide a schematic or flow diagram if necessary.

### **Section D – Non-Discharged Wastes and Spills**

D.1-2 This information is necessary to define your facility's spill and slug potential.

D.3 If there is an Accidental Spill Prevention Plan used at the facility, indicate here. If one has been prepared, attach a copy.

D.4-5 Describe disposal of wastes not discharged to the City sewer, including waste hauler information, as applicable.

D.6 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.

**Have the Authorized Representative sign and date the survey on the last page and return the package to the Wastewater Division.**



**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 Is the company in A.1 the owner of the facility? If no, provide name and address of the facility owner:

A.4

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

A.5 Identify the type(s) of business conducted (e.g., auto repair, machine shop, electroplating, warehousing, painting, printing, laundry, food processing, etc.), including applicable North American Industry Classification System (NAICS) code(s):

## SECTION B – BUSINESS ACTIVITIES AND FACILITY CHARACTERISTICS

- B.1 Describe the business activities conducted on-site, attaching additional sheets as needed:
- B.2 Identify principal products(s)/service(s) produced or provided, including an average rate of production (as applicable):
- B.3 Number of employee shifts worked per 24-hour day:\_\_\_\_\_ Average number of employees per shift:\_\_\_\_\_
- B.4 Starting times of each shift:                      First                      Second                      Third  
  \_\_am/pm                      \_\_am/pm                      \_\_am/pm
- B.5 Hours of discharge: \_\_am to \_\_pm     Batch             Continuous             Both
- B.6 Production process is:     Batch             Continuous     Both  
  If Both:  % Batch     % Continuous
- B.7 Identify raw materials and process additives used (attach Safety Data Sheets for all chemicals):
- B.8 Is production or discharge subject to seasonal variation?     YES     NO  
If yes, briefly describe seasonal production cycle:
- B.9 Are any process changes or expansions/ planned during the next three years?     YES     NO  
If yes, describe the nature of planned changes or expansions:
- B.10 Number of floor drains:\_\_\_\_\_
- List each floor drain by facility location and describe where it discharges (e.g., to a sump, wastewater treatment, sanitary sewer, etc.):
- B.11 Attach site layout schematic or site plans, floor plans, mechanical, and/or plumbing plans and details to show the location of all sewers, sewer connections, storm drains, water meters, and wastewater-generating process areas, including all floor drains.

**SECTION C – WATER/SEWER USAGE**

C.1 Indicate water source(s), including water service account number(s), as applicable:

C.2 Provide sanitary sewer account number: \_\_\_\_\_

C.3 Describe the site location of each sewer connection/discharge point to the City’s sewer system and indicate the type(s) of wastewater flowing through each connection (e.g., domestic or industrial; if industrial, describe generating process):

C.4 Wastewater average daily flow rate (gallons per day[gpd]): \_\_\_\_\_  
 Wastewater maximum daily flow rate (gpd): \_\_\_\_\_

C.5 The facility uses water in the following ways (indicate whether data is **estimated (E)** or **measured (M)** in units of gallons per day [gpd]):

Type	Avg. Usage (gpd)	E or M?	Avg. Discharge to Sewer (gpd)	E or M?	Max. Discharge to Sewer (gpd)	E or M?
1. Domestic waste* (restrooms, employee showers)						
2. Process						
3. Air pollution control unit						
4. Boiler/cooling tower use and blowdown						
5. Contained in product						
6. Cooling water, contact						
7. Cooling water, non-contact						
8. Equipment/facility washdown						
9. Irrigation/landscape watering						
10. Stormwater runoff to <b>sanitary sewer</b>						
11. Water softener/regeneration						
12. Other (specify):						
<b>TOTAL of 1-12:</b>						

\* Sanitary flow may be estimated by allowing 15 gallons per employee per day.

C.6 Attach a schematic or flow diagram of each major process or activity that generates wastewater, showing the flow of materials, products, water, and wastewater from the start of the activity to its completion.

List here each activity addressed in the schematic not covered in Question C.5 (i.e., specific process activities), indicating the **average daily usage**, and **daily average and daily maximum** wastewater flow volumes for each wastestream:

C.7 Provide estimated (E) or measured (M) numeric concentrations of the following parameters **if they are expected to be present/of concern in the waste discharged to the sanitary sewer**. For parameters that are not expected to be present/or concern, indicate **not present** by placing an “N” under Daily Avg. **Facilities subject to categorical pretreatment standards MUST attach monitoring results of at least one representative sample for all regulated parameters**. There must be at least one entry per row; use additional pages as necessary.

Parameter	Daily Max (mg/L)	E or M?	Daily Avg. (mg/L)	E or M?
Ammonia				
Arsenic				
Beryllium				
Cadmium				
Chloride				
Chromium (Total)				
Copper				
Cyanide (Total)				
Lead				
Mercury				
Nickel				
Oil and Grease (Total)				
pH (in pH standard units)				
Phenol				
Selenium				
Silver				
Sodium				
Total Dissolved Solids				
Zinc				
Other parameter(s) of concern (specify):				

C.8 Is wastewater treated before discharge to the sanitary sewer?  YES  NO  
 If yes, describe treatment (e.g., filtration, grease or oil separation, sedimentation; attach a schematic if necessary):

**SECTION D – NON-DISCHARGED WASTES AND SPILLS**

D.1 Does the facility store chemicals onsite? [ ] YES [ ] NO

D.2 Describe how liquid materials, chemicals, wastes, and sludges are stored and contained:

D.3 Does the facility have an Accidental Spill Prevention Plan? [ ] YES [ ] NO  
If yes, attach a copy of the plan.

D.4 Describe any waste liquids or sludges generated onsite and *not* disposed to the sanitary sewer, including the type of waste, quantity per year, and disposal method:

D.5 Provide name and address of waste hauler(s), if used:

D.6 List all environmental control permits held by the facility:

Permitting Agency	Permit Type	Identifying Number

*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.*

Signature: \_\_\_\_\_

Date:

**Note to Signing Official for the Industry:** In accordance with Title 40 of the Code of Federal Regulations 403.14, 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 INCLUDE:**

- Completed and signed form
- Safety Data Sheets for all chemicals stored onsite
- Site layout schematic(s)
- Process flow schematic(s)
- Monitoring results (as applicable)
- Accidental Spill Prevention Plan (as applicable)
- Wastewater treatment schematic (as applicable)

**PLEASE SEND COMPLETED AND SIGNED FORMS AND SUPPORTING DOCUMENTATION TO:**

**City of Lompoc - Wastewater Division**  
Attn: Water Resources Protection Tech.  
1801 W. Central Avenue  
Lompoc, CA 93436

**IF YOU HAVE QUESTIONS, PLEASE CONTACT:**

City of Lompoc – Wastewater Division  
Katrina Dorsey  
(805) 875-8403  
[k\\_dorsey@ci.lompoc.ca.us](mailto:k_dorsey@ci.lompoc.ca.us)

THIS SPACE FOR OFFICE USE ONLY
REVIEWED BY:
DATE:
DETERMINATION:
PERMIT REQUIREMENTS:
RESPONSE:



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.