☐ FREEDOM ☐ SANTA CRUZ COUNTY SANITATION DISTRICT

WASTEWATER SURVEY FOR MACHINE SHOPS:
APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

A.1. Company name, address of production or manufacturing facility, and telephone number:

	APN:
Telephone No.	

A.2. Mailing address and telephone number: (If same as above, check [☐].)

	Telephone No.

A.3. Person authorized to represent this firm in official dealings with the Sewer Authority and /or City:

Name:	Title:	Tel. No.

A.4. Alternate person to contact concerning information provided herein

Name:	Title:	Tel. No.

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater 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 the permit.

This is to be signed by an authorized official of your firm <u>after</u> adequate completion of this form and review of the information by the signing official.

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 Official (Seal if applicable)

A.5. Provide a brief narrative of the manufacturing, production, or service activities your firm conducts.

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

A.8. This facility generates the following types of wastewater (check all that apply):

			Average gallons per day				
1.	☐	Domestic wastewater (Restrooms, employee showers, etc.)		☐	estimated	☐	measured
2.	☐	Cooling water, non-contact		☐	estimated	☐	measured
3.	☐	Boiler/Tower blowdown		☐	estimated	☐	measured
4.	☐	Cooling water, contact		☐	estimated	☐	measured
5.	☐	Process		☐	estimated	☐	measured
6.	☐	Equipment/Facility Washdown		☐	estimated	☐	measured
7.	☐	Air Pollution Control Unit		☐	estimated	☐	measured
8.	☐	Storm water runoff to sewer		☐	estimated	☐	measured
9.	☐	Electroplating		☐	estimated	☐	measured
10.	☐	Electroless Plating		☐	estimated	☐	measured
11.	☐	Anodizing		☐	estimated	☐	measured
12.	☐	Coating (Chromating, Phosphating or Coloring)		☐	estimated	☐	measured
13.	☐	Chemical Etching and Milling		☐	estimated	☐	measured
14.	☐	Printed Circuit Board Manufacturing		☐	estimated	☐	measured
15.	☐	Other (describe)		☐	estimated	☐	measured
		Total A.8.1 - A.8.9	0				

A.9. Wastewaters are discharged to (check all that apply)

		Average gallons per day				
☐	Sanitary sewer	_____	☐	estimated	☐	measured
☐	Storm sewer	_____	☐	estimated	☐	measured
☐	Surface water	_____	☐	estimated	☐	measured
☐	Ground water	_____	☐	estimated	☐	measured
☐	Waste haulers	_____	☐	estimated	☐	measured
☐	Evaporation	_____	☐	estimated	☐	measured
☐	Other (describe)	_____	☐	estimated	☐	measured

If waste haulers are used, provide name, address, description of waste hauled, volume and frequency

_____

_____

_____

_____

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

☐ yes ☐ no

Note: If your facility did not check any of the items listed in A.8.4 through A.8.15 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.15 were checked, complete the remainder of this survey/application.

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: 1st_____ PM 2nd _____ AM 3rd _____ PM

Note: The following information in this section must be completed for each product line.

Principal product produced: _____

B.4 Raw materials and process additives used:

_____

_____

B.5 Production process is:

☐ Batch ☐ Continuous ☐ Both _____ % batch _____ % continuous

Average number of batches per 24-hour day _____.

B.6 Hours of operation: _____ PM to _____ PM ☐ continuous

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.

SECTION C - WASTEWATER INFORMATION

C.1 Does your facility perform any of the following subprocess operations in addition to the six regulated processes mentioned in A8.9 - A8.14? If so, estimate the amount of wastewater from each of the subprocesses which are discharged to the municipal sewer in gallons per day (gpd). (Check all that apply)

		Average gallons per day				
☐	Machining	_____	☐	estimated	☐	measured
☐	Cleaning	_____	☐	estimated	☐	measured
☐	Grinding	_____	☐	estimated	☐	measured
☐	Polishing	_____	☐	estimated	☐	measured
☐	Tumbling	_____	☐	estimated	☐	measured
☐	Burnishing	_____	☐	estimated	☐	measured
☐	Impact Deformation	_____	☐	estimated	☐	measured
☐	Pressure Deformation	_____	☐	estimated	☐	measured
☐	Heat Treating	_____	☐	estimated	☐	measured
☐	Thermal Cutting	_____	☐	estimated	☐	measured
☐	Welding	_____	☐	estimated	☐	measured
☐	Brazing	_____	☐	estimated	☐	measured
☐	Soldering	_____	☐	estimated	☐	measured

		Average Gallons per day				
☐	Frame Spraying		☐	estimated	☐	measured
☐	Electric Discharge Machining		☐	estimated	☐	measured
☐	Electrochemical Machining		☐	estimated	☐	measured
☐	Electron Beam Machining		☐	estimated	☐	measured
☐	Laser Beam Machining		☐	estimated	☐	measured
☐	Shearing		☐	estimated	☐	measured
☐	Plasma Arc Machining		☐	estimated	☐	measured
☐	Ultrasonic Machining		☐	estimated	☐	measured
☐	Sintering		☐	estimated	☐	measured
☐	Laminating		☐	estimated	☐	measured
☐	Hot Dip Coating		☐	estimated	☐	measured
☐	Sputtering		☐	estimated	☐	measured
☐	Vapor Plating		☐	estimated	☐	measured
☐	Thermal Infusion		☐	estimated	☐	measured
☐	Salt Bath Descaling		☐	estimated	☐	measured
☐	Solvent Degreasing		☐	estimated	☐	measured
☐	Paint Stripping		☐	estimated	☐	measured
☐	Painting		☐	estimated	☐	measured
☐	Electrostatic Painting		☐	estimated	☐	measured
☐	Electropainting		☐	estimated	☐	measured
☐	Vacuum Metalizing		☐	estimated	☐	measured
☐	Assembly		☐	estimated	☐	measured
☐	Calibration		☐	estimated	☐	measured
☐	Testing		☐	estimated	☐	measured
☐	Mechanical Plating		☐	estimated	☐	measured
☐	Sand Blasting		☐	estimated	☐	measured
☐	Other Abrassive Jet Machining		☐	estimated	☐	measured

C.2 If any chemical analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis and location(s) from which sample(s) were taken (attach sketches, plans, etc. as necessary).

Note: Where any regulated waste stream is sent to the sanitary sewer, a baseline sample of the influent and effluent are necessary in order to be issued the required wastewater discharge permit.

C.3 Priority Pollutant Information: Please indicate by filling in the appropriate box by each listed chemical whether it is (1) "Known to be Present",(2) "Suspected to be Present",(3) "Known to be Absent",(4) "Suspected to be Absent", (5) "Known or Suspected Concentration/day".

CHEMICAL COMPOUND	1	2	3	4	5
I. METALS & INORGANICS					
1. Antimony	☐	☐	☐	☐	
2. Arsenic	☐	☐	☐	☐	
3. Asbestos	☐	☐	☐	☐	
4. Berylium	☐	☐	☐	☐	
5. Cadmium	☐	☐	☐	☐	
6. Chromium	☐	☐	☐	☐	
7. Copper	☐	☐	☐	☐	
8. Cyanide	☐	☐	☐	☐	
9. Lead	☐	☐	☐	☐	
10. Mercury	☐	☐	☐	☐	
11. Nickel	☐	☐	☐	☐	
12. Selenium	☐	☐	☐	☐	
13. Silver	☐	☐	☐	☐	
14. Thallium	☐	☐	☐	☐	
15. Zinc	☐	☐	☐	☐	
II. PHENOLS AND CRESOLS					
16. Phenol(s)	☐	☐	☐	☐	
17. Phenol, 2-chloro	☐	☐	☐	☐	
107. Pyrene	☐	☐	☐	☐	

SECTION D - OTHER WASTES

D.1 Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

☐ yes ☐ no

If “no” skip remainder of Section D.
If “yes” complete items 2 and 3.

D.2 These wastes may best be described as:

	Estimated Gallons or Pounds/Year
☐ Acids and Alkalies	
☐ Heavy Metal Sludges	
☐ Inks/Dyes	
☐ Oil and/or Grease	
☐ Organic Compounds	
☐ Paints	
☐ Shop Rags	
☐ Plating Wastes	
☐ Pretreatment Sludges	
☐ Solvents/Thinners	
☐ Other Hazardous Wastes	
☐ Other wastes (specify)	

D.3 For the above checked wastes, does your company practice:

☐ on-site storage
☐ off-site storage
☐ on-site disposal
☐ off-site disposal

Briefly describe the method(s) of storage or disposal checked above.