

# WATER QUALITY CONTROL PLANT

195 Belle Air Road

South San Francisco, California 94080

650-877-8555

*Serving the communities of South San Francisco, San Bruno and Colma*

## INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

### SECTION I. GENERAL INFORMATION

#### A. BUSINESS IDENTIFICATION:

1. Business Name: \_\_\_\_\_

2. Street Address {of facility discharging wastewater}:

\_\_\_\_\_

3. Business Mailing Address:

\_\_\_\_\_

4. Please select from the choices below and provide the requested information.

a. If sole proprietorship, please list names of all general partners and assumed name(s), if different from name listed in A.1. above:

\_\_\_\_\_

b. If a partnership, please list the names of all general partners and assumed name(s), if different from name listed in A.1. above:

\_\_\_\_\_

c. If a corporation, please list the state in which incorporated and the name and address of the registered agent:

\_\_\_\_\_

**B. CONTACTS:**

1. Please list the person directly responsible for industrial waste discharge (person to whom correspondence will be directed):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. Please list the executive responsible for the facility (must be at least Vice-President, General Partner, Proprietor or employee with signatory power):

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**C. GENERAL FACILITY DESCRIPTION**

SIC Code: \_\_\_\_\_

1. Please identify the principal activity(ies)/product(s)/service(s) at this facility, be specific:

\_\_\_\_\_

\_\_\_\_\_

**SECTION II. BUSINESS ACTIVITY**

**A. DISCHARGE ACTIVITIES**

SOURCE	WEEKLY		WEEKEND	
	START TIME	END TIME	START TIME	END TIME
Process				
Cooling				
Sanitary				
Other _____				

1. Please select the day(s) that discharge occurs:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**B. FACILITIES ACTIVITY.** If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Aluminum Forming                                 | <input type="checkbox"/> Asbestos Manufacturing                   | <input type="checkbox"/> Battery Manufacturing                        |
| <input type="checkbox"/> Bio-Medical Research                             | <input type="checkbox"/> Cage Washing                             | <input type="checkbox"/> Coil Coating                                 |
| <input type="checkbox"/> Cooling Tower                                    | <input type="checkbox"/> Copper Forming                           | <input type="checkbox"/> Dairy Products                               |
| <input type="checkbox"/> Di Water   | <input type="checkbox"/> Dyeing                                   | <input type="checkbox"/> Educational Institution                      |
| <input type="checkbox"/> Electrical & Electronic Components Manufacturing | <input type="checkbox"/> Electroplating                           | <input type="checkbox"/> Fertilizer Manufacturing                     |
| <input type="checkbox"/> Glass Manufacturing                              | <input type="checkbox"/> Food & Edible Products Processing        | <input type="checkbox"/> Foundries (Metal Molding and Casting)        |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Incinerator                              | <input type="checkbox"/> Inorganic Chemicals                          |
| <input type="checkbox"/> Laundry  | <input type="checkbox"/> Iron & Steel Manufacturing               | <input type="checkbox"/> Machine Shop                                 |
| <input type="checkbox"/> Metal Finishing                                  | <input type="checkbox"/> Leather Tanning & Finishing              | <input type="checkbox"/> Nonferrous Metals Forming                    |
| <input type="checkbox"/> Organic Chemicals Manufacturing                  | <input type="checkbox"/> Paint & Ink Formulating                  | <input type="checkbox"/> Paint & Ink Formulating                      |
| <input type="checkbox"/> Pool/Fountain                                    | <input type="checkbox"/> Nonferrous Metals Manufacturing          | <input type="checkbox"/> Paving & Roof Manufacturing                  |
| <input type="checkbox"/> Polishing  | <input type="checkbox"/> Printing & Publishing                    | <input type="checkbox"/> Restaurant/Cafeteria                         |
| <input type="checkbox"/> Silk Screening                                   | <input type="checkbox"/> Pesticides Manufacturing                 | <input type="checkbox"/> Plastics & Synthetic Materials Manufacturing |
| <input type="checkbox"/> Solvent Degreasing                               | <input type="checkbox"/> Pharmaceutical Manufacturing             | <input type="checkbox"/> Rubber Manufacturing                         |
| <input type="checkbox"/> Plastics Processing Manufacturing                | <input type="checkbox"/> Porcelain Enamel Manufacturing           | <input type="checkbox"/> Steam Electric                               |
| <input type="checkbox"/> Soap & Detergent Manufacturing                   | <input type="checkbox"/> Pulp, Paper and Fiberboard Manufacturing | <input type="checkbox"/> Textile Mills                                |
| <input type="checkbox"/> Fiber Products                                   | <input type="checkbox"/> Sugar Processing                         | <input type="checkbox"/> Water Contact Air Scrubbers                  |
|   | <input type="checkbox"/> Vehicle Maintenance                      |   |

**C. FLOW**

1. Average daily water usage based on previous six months (new facilities may estimate):

\_\_\_\_\_

Source-City water, Groundwater or Reclaimed water: \_\_\_\_\_

Average daily process flow to sewer: \_\_\_\_\_

Total facility discharge including sanitary waste: \_\_\_\_\_

Please indicate Building and Irrigation meters below

List California Water Service account numbers: \_\_\_\_\_

List California Water Service meter numbers: \_\_\_\_\_

The notes below, will assist you in filling out the table below.

1. If water is supplied from a source other than California Water Service, identify municipal water supplier and list billing(s) and corresponding number(s).
2. Enter the quantity and appropriate code letter indicating the source:  
 a. Well   b. Creek   c. Estuary   d. Bay   e. Stormwater   f. Reclaimed water
3. Enter the quantity and appropriate code letter indicating the discharge point or water loss:  
 a. Well   b. Creek   c. Estuary   d. Bay   e. Storm drain   f. Truck/rail/barge   g. Evaporation  
 h. Contained in product
4. Describe: \_\_\_\_\_

**NOTE:** Show on separate sheet the method and calculations used to determine quantities on table  
**\*\* DOCUMENTATION REQUIRED FOR NON-SEWERED WATER \*\***

	SUPPLIER			DISCHARGED TO		
	CA WATER SERVICE (1)	OTHER SOURCE (2)		SANITARY SEWER	OTHER (3)**	
WATER USE	gal/day	gal/day	source	gal/day	gal/day	discharged to
Sanitary						
Processes						
Boiler						
Cooling						
Washing						
Irrigation (if meter is the same)						
Product						
Other (4)						

Discharge of wastewater is:

Batch    Continuous    Both   \_\_\_\_\_ %Batch   \_\_\_\_\_ %Continuous

Is the discharge of wastewater subject to seasonal variation:    Yes    No

If yes, please describe briefly: \_\_\_\_\_

### SECTION III. POLLUTANT MEASUREMENT

**A. WASTEWATER CHEMICAL CHARACTERISTICS.** Indicate whether any of the following pollutants may be present at this facility. Check **column A** if the pollutant comes in contact with water and/or may be present in the wastewater. Check **column B** if the pollutant is present on-site, but in a location or process where no entry into the wastewater should occur.

#### PRIORITY POLLUTANTS

<u>A</u>	<u>B</u>	<u>VOLATILES</u>	<u>A</u>	<u>B</u>	<u>SEMI-VOLATILES</u>	<u>A</u>	<u>B</u>	<u>PESTICIDES &amp; PCB's</u>				
<input type="checkbox"/>	<input type="checkbox"/>	Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	Butyl benzyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	Endrin aldehyde				
<input type="checkbox"/>	<input type="checkbox"/>	Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>	Chrysene	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor				
<input type="checkbox"/>	<input type="checkbox"/>	Benzene	<input type="checkbox"/>	<input type="checkbox"/>	2-chlorophenol ether	<input type="checkbox"/>	<input type="checkbox"/>	Heptachlor epoxide				
<input type="checkbox"/>	<input type="checkbox"/>	Bromodichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	4-chlorophenylphenyl ether	<input type="checkbox"/>	<input type="checkbox"/>	Alpha-BHC				
<input type="checkbox"/>	<input type="checkbox"/>	Bromoform	<input type="checkbox"/>	<input type="checkbox"/>	Dibenzo(a,h)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	Beta-BHC				
<input type="checkbox"/>	<input type="checkbox"/>	Bromomethane	<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	Delta-BHC				
<input type="checkbox"/>	<input type="checkbox"/>	Carbon tetrachloride	<input type="checkbox"/>	<input type="checkbox"/>	1,3-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	Gamma-BHC (lindane)				
<input type="checkbox"/>	<input type="checkbox"/>	Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	1,4-dichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1016 (Aroclor 1016)				
<input type="checkbox"/>	<input type="checkbox"/>	Chlorodibromomethane	<input type="checkbox"/>	<input type="checkbox"/>	3,3-dichlorobenzidine	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1221 (Aroclor 1221)				
<input type="checkbox"/>	<input type="checkbox"/>	Dichlorobromomethane	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1232 (Aroclor 1232)				
<input type="checkbox"/>	<input type="checkbox"/>	Dichlorodifluor	<input type="checkbox"/>	<input type="checkbox"/>	Di-n-octyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1242 (Aroclor 1242)				
<input type="checkbox"/>	<input type="checkbox"/>	1,1,1 trichloroethane-TCA	<input type="checkbox"/>	<input type="checkbox"/>	Di-n-butyl phthalate	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1248 (Aroclor 1248)				
<input type="checkbox"/>	<input type="checkbox"/>	1,1,2 trichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1254 (Aroclor 1254)				
<input type="checkbox"/>	<input type="checkbox"/>	trichlorofluoroethane	<input type="checkbox"/>	<input type="checkbox"/>	4,6-dinitro-o-cresol	<input type="checkbox"/>	<input type="checkbox"/>	PCB-1260 (Aroclor 1260)				
<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	1,2-diphenylhydrazine	<input type="checkbox"/>	<input type="checkbox"/>	Toxaphene				
<input type="checkbox"/>	<input type="checkbox"/>	1,1,1-trichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	2,4-dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	2,3,7,8-tetrachlorodibenzo-p-dioxin				
<input type="checkbox"/>	<input type="checkbox"/>	1,1-dichloroethane	<input type="checkbox"/>	<input type="checkbox"/>	Fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>A</u></b>	<b><u>B</u></b>	<b><u>METALS &amp; MISCELLANEOUS</u></b>		
<input type="checkbox"/>	<input type="checkbox"/>	1,1,2-trichloromethane	<input type="checkbox"/>	<input type="checkbox"/>	Fluorene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Antimony		
<input type="checkbox"/>	<input type="checkbox"/>	1,1,2,1-tetrachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arsenic		
<input type="checkbox"/>	<input type="checkbox"/>	Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	Hexachloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Beryllium		
<input type="checkbox"/>	<input type="checkbox"/>	2-chloroethylvinyl ether	<input type="checkbox"/>	<input type="checkbox"/>	Hexachlorobutadiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cadmium		
<input type="checkbox"/>	<input type="checkbox"/>	Chloroform	<input type="checkbox"/>	<input type="checkbox"/>	Indeno(1,2,3-cd)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chromium		
<input type="checkbox"/>	<input type="checkbox"/>	1,1-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copper		
<input type="checkbox"/>	<input type="checkbox"/>	1,2-trans-dichloroethylene	<input type="checkbox"/>	<input type="checkbox"/>	Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead		
<input type="checkbox"/>	<input type="checkbox"/>	1,2-dichloropropane	<input type="checkbox"/>	<input type="checkbox"/>	Nitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mercury		
<input type="checkbox"/>	<input type="checkbox"/>	1,3-dichloropropylene	<input type="checkbox"/>	<input type="checkbox"/>	2-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nickel		
<input type="checkbox"/>	<input type="checkbox"/>	Ethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	4-nitrophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Silver		
<input type="checkbox"/>	<input type="checkbox"/>	Methylene chloride	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodimethylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thallium		
<input type="checkbox"/>	<input type="checkbox"/>	Methyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodiphenylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zinc		
<input type="checkbox"/>	<input type="checkbox"/>	Methyl bromide	<input type="checkbox"/>	<input type="checkbox"/>	N-nitrosodi-n-propylamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos		
<input type="checkbox"/>	<input type="checkbox"/>	Tetrachloroethylene PCE	<input type="checkbox"/>	<input type="checkbox"/>	Parachlorometacresol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cyanide, total		
<input type="checkbox"/>	<input type="checkbox"/>	Toluene	<input type="checkbox"/>	<input type="checkbox"/>	Pentachlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>A</u></b>	<b><u>B</u></b>	<b><u>NON-PRIORITY POLLUTANTS</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Trichloroethylene- TCE	<input type="checkbox"/>	<input type="checkbox"/>	Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barium
<input type="checkbox"/>	<input type="checkbox"/>	Vinyl chloride	<input type="checkbox"/>	<input type="checkbox"/>	Phenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cobalt
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>A</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	Pyrene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Selenium
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>B</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	1,2,4-trichlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cresols
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>SEMI-VOLATILES</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	2,4,6-trichlorophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radioactivity
<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>A</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High pH (>12.0)
<input type="checkbox"/>	<input type="checkbox"/>	Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>B</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low pH (<5.0)
<input type="checkbox"/>	<input type="checkbox"/>	Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<b><u>PESTICIDES &amp; PCB's</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil/grease (animal/vegetable)
<input type="checkbox"/>	<input type="checkbox"/>	Benzidine	<input type="checkbox"/>	<input type="checkbox"/>	Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other pollutants (please list)
<input type="checkbox"/>	<input type="checkbox"/>	Benzo(a)anthracene	<input type="checkbox"/>	<input type="checkbox"/>	Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Benz(a)pyrene	<input type="checkbox"/>	<input type="checkbox"/>	Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Benzo(k)fluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Benzo(ghi)perylene	<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDE (p,p'DDX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	3,4-benzofluoranthene	<input type="checkbox"/>	<input type="checkbox"/>	4,4-DDD (p,p'TDE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**B WASTEWATER GENERATING ACTIVITIES.**

Please list below all wastewater generating activities in this facility with the exception of sanitary.

WASTEWATER GENERATING ACTIVITY DESCRIPTION	USUAL HOURS OF ACTIVITY	DAYS/FREQUENCY OF ACTIVITY

Are any process changes or expansions planned during the term of this permit?  YES  NO

a. If yes, please describe briefly: \_\_\_\_\_

b. Estimated effective date: \_\_\_\_\_

c. In general, list what types and quantities of materials are kept at your facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Please list any other types of permits held by this facility, permit number and expiration date:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV. POLLUTION ABATEMENT PRACTICES.**

**A. PROCESS WASTEWATER PRETREATMENT.** Place a check beside any of the following listed pretreatment devices or processes used in treating wastewater or sludge discharged from this facility.

- FILTRATION-MEMBRANE
- FLOCCULATION
- PH ADJUSTMENT
- FILTRATION-SAND/DIATOMACEOUS
- FILTRATION-OTHER
- OIL/GREASE SEPARATOR
- GREASE INTERCEPTOR-OUTSIDE (List size and maintenance frequency):

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GREASE TRAP INSIDE (List size and maintenance frequency):

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SILVER RECOVERY UNIT (List size and maintenance frequency):

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OTHER PRETREATMENT METHODS (Please list): \_\_\_\_\_

2. The pretreatment systems operates from \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM on the following days of the week (select all that apply):

- Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

3. Does this facility treat and/or discharge (or anticipate treating and/or discharging) any concentrated waste that is not listed as a wastewater generating activity in section II. A. (ie, plating baths, spent solvents, fluoride bearing wastes, high strength acids and/or bases, etc.)  YES    NO

a. If yes, please describe this waste below, listing the waste type, annual quantity discharged (include unit description), type of treatment, and the point of discharge into the City sanitary sewer:

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**B. STORED WASTES.**

1. Please indicate below the quantity of each of the following waste that are generated at your facility during a one year period. {Please choose gallons (gal.) or (lbs.)}

- |  |   |
|--|---|
| <input type="checkbox"/> SPENT CHEMICALS _____ gal./lbs. | <input type="checkbox"/> HEAVY METAL SLUDGES _____ gal./lbs.  |
| <input type="checkbox"/> PLATING WASTES _____ gal./lbs.  | <input type="checkbox"/> PRETREATMENT SLUDGES _____ gal./lbs. |
| <input type="checkbox"/> MEDICAL WASTE _____ gal./lbs.   | <input type="checkbox"/> RADIOACTIVE WASTE _____ gal./lbs.    |
| <input type="checkbox"/> PAINTS _____ gal./lbs.          | <input type="checkbox"/> OIL and/or GREASE _____ gal./lbs.    |
| <input type="checkbox"/> PHOTO WASTE _____ gal./lbs.     | <input type="checkbox"/> SOLVENT THINNERS _____ gal./lbs.     |
| <input type="checkbox"/> PESTICIDES _____ gal./lbs.      | <input type="checkbox"/> INKS/DYES _____ gal./lbs.            |

2. For the wastes checked in Section IV. B., select your facility's practice from the choices below.

- ON-SITE STORAGE    OFF-SITE STORAGE    ON-SITE DISPOSAL    OFF-SITE DISPOSAL

3. Please list waste haulers used and provide information on separate sheet of paper if necessary.

WASTE HAULER NAME & ADDRESS	WASTE DESCRIPTION	QUANTITY			DISPOSAL SITE
		VOLUME	UNITS	FREQUENCY	

4. Does your facility use, store, or handle any acutely hazardous wastes?  Yes  No  
 If yes list acutely hazardous waste(s):

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**SECTION V. FACILITY LAYOUT**

- A. Please provide a schematic drawing of your facility layout. Please indicate the location(s) of the sampling port(s), water meters, storm drains and hazardous material storage. Please highlight process flow including cooling towers and boiler discharges.

**SECTION VI. CERTIFICATION**

**IMPORTANT NOTE:** In accordance with 40 CFR 403.14, the information and data provided in this application shall be available to the public without restriction. Requests for confidential treatment of this information shall be governed by procedures specified in 40 CFR 2 and the City of South San Francisco Municipal Code, Chapter 14.08, Section 310.

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 applicable requirements. Moreover, based on my inquiry of those individuals 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.

[ **RESPONSIBLE PERSON** ]

[ **QUALIFIED PROFESSIONAL (if required)** ]

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date