



**INDUSTRIAL WASTEWATER
DISCHARGE PERMIT APPLICATION**

The completed and signed application
is to be mailed or delivered to:

Date Due: _____

Santa Barbara County
Laguna County Sanitation District
620 West Foster Road
Santa Maria, CA 93455
(805) 739-8750

<u>FOR LCSD USE ONLY</u>
IWDP NO. _____
REVIEWER _____
DATE: _____

1. Business Name: _____

2. Mailing Address: _____

3. Facility Address: _____

4. Contact Person: _____

Address: _____

Telephone: _____

5. Property Owner: _____

Address: _____

Telephone: _____

6. Principal Business Activity Conducted at the Facility _____

7. (a) Days & Hours of Operations: _____

(b) Average Number of Employees: _____

8. Mark Any of the Following Process(es) Which Are Applicable to Your Operation:

Y Sanitary

Y Food Preparation

Y Laboratory

Y Dry Cleaning

Y Laundry (coin op/commercial)

Y Equipment Washdown

Y Food Processing/Packaging

Y Photographic Processing

Y Printing

Y Other (explain) _____

Y Other (explain) _____

Y Other (explain) _____

Y None (no water usage in building)

9. Describe the Wastewater Generating processes Previously Marked on Question Number 8 (attached additional sheets is necessary): _____

10. Describe Any Pretreatment Devices You Have for the Wastewater Generating Processes Described in Question 9 (attach additional sheets if necessary): _____

11. Size and Location of These Pretreatment Devices: _____

12. List All Environmental Permits Held By the Facility:

<u>TITLE</u>	<u>ISSUING AGENCY</u>	<u>PERMIT #</u>	<u>EXPIRATION DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Source(s) of Your Water (mark all applicable sources):

Y Municipal Water Supply

Y Private Well

Y Other _____

(a) Your Water Service Account Number(s): _____

(b) Average Monthly Use: _____

14. Water Treatment/Conditioning: does your facility utilize water softening system(s) or device(s) that discharges brine (salts) to the District's sewer system, ground or storm drain:

Yes No (Circle)

15. If Water/Sewer Charges are Paid by Someone Other Than Your Business, Please List the Name, Address, and Telephone Number of the Responsible Party:

16. What Percentage of Your Total Water Consumption is Used for Each of the Following (total numbers should add up to 100 %):

_____ Kitchens & Restrooms	_____ Irrigation, Landscape
_____ Main Process of the Business	_____ Washdown/Cleanup
_____ Contained in Product	_____ Other (explain) _____

17. List Chemicals/Fuels Stored at This Facility (attach additional sheets if necessary): _____

(a) Container Types: Y Drums Y Tanks Y Bottles Y Other
(b) Quantity: Y Drums Y Tanks Y Bottles Y Other
(c) Material: Y Waste Y Process Additive Y Product
 Y Other (explain) _____

(d) Waste Disposal Method (if a waste hauler is used, give name, address, and telephone number): _____

List Any Chemicals Which May Be Carried Into the Sewer System from Processes, Floor Drains, Rinse Water, Clean Up, Etc. (attach additional sheets if necessary): _____

18. Hold and Haul – If holding and hauling waste for offsite disposal; identify the name, address, and phone number of the person or entity accepting and disposing of this waste. Provide evidence (signed letter) that this site is licensed and/or permitted to accept and dispose of hauled waste. (attach additional sheets if necessary):

19. Provide a general plumbing and process flow diagram for each pretreatment system (attach sheets). Include the location of flow meters, accessible sampling points and sewer connection(s) which receive treated wastewater. See Attachment "A".

"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 ensure 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."

Completed By (please print): _____

Title: _____

Signature: _____

Telephone Number: _____ Date: _____

**Laguna County Sanitation District
Attachment "A" - Sanitary Sewer Connection Diagrams**

1. Layout

In the space below or on separate sheet(s), draw to scale an approximate layout of the site. Layout should include the location of major processes, chemical and waste storage areas, floor drains or process area drains that are connected to sewerage facilities, streets surrounding the site, and other pertinent physical structures. Bathrooms and work area wash sinks should be labeled. Office areas need not be shown in detail. Professionally prepared drawings of the site may be required by the city.

2. Process Flow Diagrams

In the space below or on an attached sheet draw a flow diagram showing the production and/or fabrication process that generates the wastewater that is discharged to sewerage facilities from this site. Show the flow of materials into the process and points where wastewater would leave to be discharged to sewerage facilities.

EXAMPLE

Figure 1. Schematic Flow Diagram

