



# EI DORADO IRRIGATION DISTRICT

## APPLICATION FOR WASTEWATER DISCHARGE PERMIT (COMMERCIAL AND INDUSTRIAL FACILITY)

### SECTION A – GENERAL INFORMATION

1. Business Name, Location Address, and Telephone Number:

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Zip Code \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

2. EID Account Number (From water/sewer bill –may be obtained from property owner/manager if they pay the water/sewer bill): \_\_\_\_\_

3. Mailing Address. (If same as #1, check [ ]) \_\_\_\_\_

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Zip Code \_\_\_\_\_

4. Is this facility leased?  Yes  No

If “yes”, Name, Address and Telephone Number of Lessor:

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Zip Code \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

5. Name Title and Telephone Number of person authorized to represent this firm in official dealings with Regulatory Agencies (this should be an owner, executive officer, general manager, or equivalent):

Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

6. Alternate person to contact concerning information provided herein:

Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone No. \_\_\_\_\_

7. Standard Industrial Classification Number(s) (SIC Code) for your facility

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8. Identify the type of business(es) conducted and/or activities performed at the facility (auto repair, machine shop, electroplating, food preparation, manufacturing, analytical/chemistry lab, research and development (R&D), warehousing, painting, printing, x-ray/photo processing, food processing, medical, etc.).

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9. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

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10. This facility generates the following types of wastes (check all that apply):

	Disposal Method			Average gallons/ pounds/day
<input type="checkbox"/> Acids and Alkalies	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Air Pollution Control Unit	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Boiler/Tower Blowdown	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Cooling Water, Non-Contact	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Cooling Water, Contact	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Domestic Waste (restrooms, employee showers, etc.)	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Equipment/Facility Washdown	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Fat, Oil, Grease (food)	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Heavy Metal Sludge	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Imaging/Photo Processing	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Medical Waste (describe): _____	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Motor/Machine Oil	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Paint/Ink/Dye	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Pesticide	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Plating Waste	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Pretreatment Sludge	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Process	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Product or Parts Cleaning	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Storm Water Runoff to Sewer	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Solvent/Thinner	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Other Hazardous Waste (describe): _____	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____
<input type="checkbox"/> Other (describe): _____	<input type="checkbox"/> sewer	<input type="checkbox"/> trash	<input type="checkbox"/> off-site*	<input type="checkbox"/> _____** _____

\* Provide name and address of waste hauler(s), if used.

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\*\* Other (describe): \_\_\_\_\_

11. Types of fixtures connected to the sanitary sewer (check all that apply):

<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Parts washer	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Break room/kitchen sink	<input type="checkbox"/>	Sinks (process area)	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Dishwasher	<input type="checkbox"/>	Storm water drains	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Floor drains	<input type="checkbox"/>	Laundry machine	<input type="checkbox"/>	Other:

12. Is a "Spill Prevention Control and Countermeasure Plan" prepared for the facility?  
 Yes  No

13. Does this facility have a hazardous material business plan on file with El Dorado County?  
 If yes, please attach.  
 Yes  No

14. Does this facility have an EPA ID number?  
 Yes  No

**SECTION B – FACILITY OPERATION CHARACTERISTICS**

1. Number of shifts worked per 24-hour day is \_\_\_\_\_.  
 Average number of employees per shift is \_\_\_\_\_.

2. Starting times of each shift: 1<sup>st</sup> \_\_\_\_\_ a.m. 2<sup>nd</sup> \_\_\_\_\_ a.m. 3<sup>rd</sup> \_\_\_\_\_ a.m.  
 p.m. p.m. p.m.

3. List all product/manufacturing lines:

_____	_____
_____	_____
_____	_____
_____	_____

**Note: The following information in this section must be completed for each product line (attach separate sheet as necessary).**

4. Product produced: \_\_\_\_\_

5. Raw materials and process additives used:

_____	_____
_____	_____
_____	_____

6. Production process is:

[ ] Batch [ ] Continuous [ ] Both \_\_\_\_\_ % batch \_\_\_\_\_ % continuous  
 Average number of batches per 24-hour day \_\_\_\_\_

7. Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. [ ] continuous

8. Is production subject to seasonal variation?  Yes  No

If yes, briefly describe seasonal production cycle.

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9. 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

1. If your facility employs processes in any of the 34 industrial categories or business activities listed and any of these processes generates wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

#### A. Industrial Categories

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Adhesives                    | 18. <input type="checkbox"/> Ore Mining                    |
| 2. <input type="checkbox"/> Aluminum Forming             | 19. <input type="checkbox"/> Organic Chemicals             |
| 3. <input type="checkbox"/> Auto & Other Laundries       | 20. <input type="checkbox"/> Paint & Ink                   |
| 4. <input type="checkbox"/> Battery Manufacturing        | 21. <input type="checkbox"/> Pesticides                    |
| 5. <input type="checkbox"/> Coal Mining                  | 22. <input type="checkbox"/> Petroleum Refining            |
| 6. <input type="checkbox"/> Coil Coating                 | 23. <input type="checkbox"/> Pharmaceuticals               |
| 7. <input type="checkbox"/> Copper Forming               | 24. <input type="checkbox"/> Photographic Supplies         |
| 8. <input type="checkbox"/> Electric & Elect. Components | 25. <input type="checkbox"/> Plastic & Synthetic Materials |
| 9. <input type="checkbox"/> Electroplating               | 26. <input type="checkbox"/> Plastics Processing           |
| 10. <input type="checkbox"/> Explosives Manufacturing    | 27. <input type="checkbox"/> Porcelain Enamel              |
| 11. <input type="checkbox"/> Foundries                   | 28. <input type="checkbox"/> Printing & Publishing         |
| 12. <input type="checkbox"/> Gum & Wood Chemicals        | 29. <input type="checkbox"/> Pulp & Paper                  |
| 13. <input type="checkbox"/> Inorganic Material          | 30. <input type="checkbox"/> Rubber                        |
| 14. <input type="checkbox"/> Iron & Steel                | 31. <input type="checkbox"/> Soaps & Detergents            |
| 15. <input type="checkbox"/> Leather Tanning & Finishing | 32. <input type="checkbox"/> Steam Electric                |
| 16. <input type="checkbox"/> Mechanical Products         | 33. <input type="checkbox"/> Textile Mills                 |
| 17. <input type="checkbox"/> Nonferrous Metals           | 34. <input type="checkbox"/> Timber                        |

2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- Air flotation
- Centrifuge
- Chemical Precipitation
- Chlorination

- Cyclone
- Filtration
- Flow Equalization
- Oil/water separator, type \_\_\_\_\_ size \_\_\_\_\_
- Grease interceptor, type \_\_\_\_\_ size \_\_\_\_\_
- Grease trap(s), number(s) \_\_\_\_\_ type \_\_\_\_\_ size(s) \_\_\_\_\_
- Grit Removal
- Ion Exchange
- Neutralization, pH correction
- Ozonation
- Reverse Osmosis
- Screen
- Sedimentation
- Septic tank
- Solvent separation
- Spill protection
- Sump or clarifier
- Biological treatment, type \_\_\_\_\_
- Rainwater diversion or storage \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provided

3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facility, 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).
4. Priority Pollutant Information: On pages 7-9 of this application, indicate by placing an “x” in the appropriate box by each listed chemical whether it is “Suspected to be Absent”, “Known to be Absent”, “Suspected to be Present”, or “Known to be Present” in your manufacturing or service activity or generated as a by-product. If you are unable to identify the chemical constituents of products you use that discharge in your wastewater, attach copies of the materials safety data sheets for such products.

**SECTION D – PLOT/PLUMBING PLAN**

Provide a copy of a plot/plumbing plan in the format described in Attachment A. If no professional drawing exists, a hand drawn copy is acceptable. A blueprint of the facility showing the required information may also be attached. This is NOT required for renewal applications unless specifically requested by the District.

**SECTION E – SIGNATORY**

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 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 from on-site inspection(s) and in this questionnaire will be used to issue the 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 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.

I acknowledge upon issuance of a Wastewater Discharge Permit the District will assess a bimonthly fee on the customer of record's water/sewer bill in accordance with the District's Fee Schedule (AR 11010-Attachment A). Fees are subject to change.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Owner or Official

**PRIORITY POLLUTANT INFORMATION**

Mark all the chemicals that are "known or suspected to be present" or "known or suspected to be absent" in your manufacturing or service activity or generated as a by-product

<b>Chemical Compound</b>	<b>Known Present</b>	<b>Suspect Present</b>	<b>Known Absent</b>	<b>Suspect Absent</b>	<b>Known/Suspected Concentration/Day</b>
<b>METALS AND INORGANICS</b>					
1. Antimony					
2. Arsenic					
3. Asbestos					
4. Beryllium					
5. Cadmium					
6. Chromium					
7. Copper					
8. Cyanide					
9. Lead					
10. Mercury					
11. Nickel					
12. Selenium					
13. Silver					
14. Thallium					
15. Zinc					

**PHENOLS AND CRESOLS**

16. Phenol (s)					
17. Phenol, 2-chloro					
18. Phenol, 2,4-dichloro					
19. Phenol, 2,4,6-trichloro					
20. Phenol, pentachloro					
21. Phenol, 2-nitro					
22. Phenol, 4-nitro					
23. Phenol, 2,4-dinitro					
24. Phenol, 2,4-dimethyl					
25. m-Cresol, p-chloro					
26. o-cresol, 4,6-dinitro					

**MONOCYCLIC AROMATICS (EXCLUDING PHENOLS, CRESOLS, PHTHALATES)**

27. Benzene					
28. Benzene, chloro					
29. Benzene, 1,2-dichloro					
30. Benzene, 1,3-dichloro					
31. Benzene, 1,4-dichloro					
32. Benzene, 1,2,4-trichloro					
33. Benzene, hexachloro					
34. Benzene, ethyl					
35. Benzene, nitro					
36. Toluene					
37. Toluene, 2,4-dinitro					
38. Toluene, 2,6-dinitro					

Chemical Compound	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspected Concentration/Day
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**PCBs & RELATED COMPOUNDS**

39. PCB - 1016					
40. PCB-1221					
41. PCB-1232					
42. PCB-1242					
43. PCB-1248					
44. PCB-1254					
45. PCB-1260					
46. 2-chloronaphthalene					
47. Ether, bis(chloromethyl)					
48. Ether, bis(2-chloroethyl)					
49. Ether, bis(2-chlorisopropyl)					
50. Ether, 2-chloroethyl vinyl					
51. Ether, 4-bromophenyl phenyl					
52. Ether, 4-chlorophenyl phenyl					
53. Bis(2-chloroethoxy)methane					

**NITROSAMINES & OTHER NITROGEN-CONTAINING COMPOUNDS**

54. Nitrosamine, dimethyl					
55. Nitrosamine, diphenyl					
56. Nitrosamine, di-n-phenyl					
57. Benzidine					
58. Benzidine, 3,3'-dichloro					
59. Hydrazine, 1,2-diphenyl					
60. Acrylonitrile					

**HALOGENATED ALIPHATICS**

61. Methane, bromo					
62. Methane, chloro					
63. Methane, dichloro					
64. Methane, chlorodibromo					
65. Methane, dichlorobromo					
66. Methane, tribromo					
67. Methane, trichloro					
68. Methane, tetrachloro					
69. Methane, trichlorofluoro					
70. Methane, dichlorodifluoro					
71. Ethane, 1,1-dichloro					
72. Ethane, 1,2-dichloro					
73. Ethane, 1,1,1-trichloro					
74. Ethane, 1,1,2-trichloro					
75. Ethane, 1,1,2,2-tetrachloro					
76. Ethane, hexachloro					
77. Ethene, chloro					
78. Ethene, 1,1-dichloro					
79. Ethene, trans-dichloro					
80. Ethene, trichloro					
81. Ethene, tetrachloro					
82. Propane, 1,2-dichloro					
83. Ethene, 2,4-dichloro					
84. Butadiene, hexachloro					
85. Cyclopentadiene, hexachloro					



Chemical Compound	Known Present	Suspect Present	Known Absent	Suspect Absent	Known/Suspected Concentration/Day
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**PHTHALATES**

86. Phthalate, di-n-methyl					
87. Phthalate, di-n-ethyl					
88. Phthalate, di-n-butyl					
89. Phthalate, di-n-octyl					
90. Phthalate, bis(2-ethylhexyl)					
91. Phthalate, butyl benzyl					

**POLYCYCLIC AROMATIC HYDROCARBONS**

92. Acenaphthene					
93. Acenaphthylene					
94. Anthracene					
95. Benzo (a) anthracene					
96. Benzo (b) fluoranthene					
97. Benzo (k) fluoranthene					
98. Chrysene					
99. Dibenzo (a,h) anthracene					
100. Fluoranthene					
101. Fluorene					
102. Indeno (1,2,3-cd) pyrene					
103. Naphthalene					
104. Phenanthrene					
105. Pyrene					

**PESTICIDES**

106. Acrolein					
107. Aldrin					
108. BHC (alpha)					
109. BHC (beta)					
110. BHC (gamma) or Lindane					
111. BHC (delta)					
112. Chlordane					
113. DDD					
114. DDE					
115. DDT					
116. Dieldrin					
117. Endosulfan (alpha)					
118. Endosulfan (beta)					
119. Endosulfan sulfate					
120. Endrin					
121. Endrin aldehyde					
122. Heptachlor					
123. Heptachlor epoxide					
124. Isophrone					
125. TCDD or Dioxin					
126. Toxaphene					