



March 29, 2016

Dear Customer;

This is an audit conducted by the Adelanto Public Utility Authority in accordance with Ordinance No. 1.

Therefore, you are required to fill out and return to the Adelanto Public Utility Authority the following information.

Number of people employed and / or residing at this location.

Company Name:	Students:
Account Number:	Employees:
Service Address:	Inmates:

Your Cooperation will be greatly appreciated, please mail to the Adelanto Public Utility Authority 11600 Air Expressway, Adelanto CA 92301 or Fax to (760) 246-8421

If you have any questions in regards to this matter, please feel free to contact us at (760) 246-2300 ext 3025.

Sincerely,

Wilson So, PE
Director of Public Services/City Engineer

Rich Kerr
Mayor

Ed Camargo
Council Member

Charley B. Glasper
Council Member

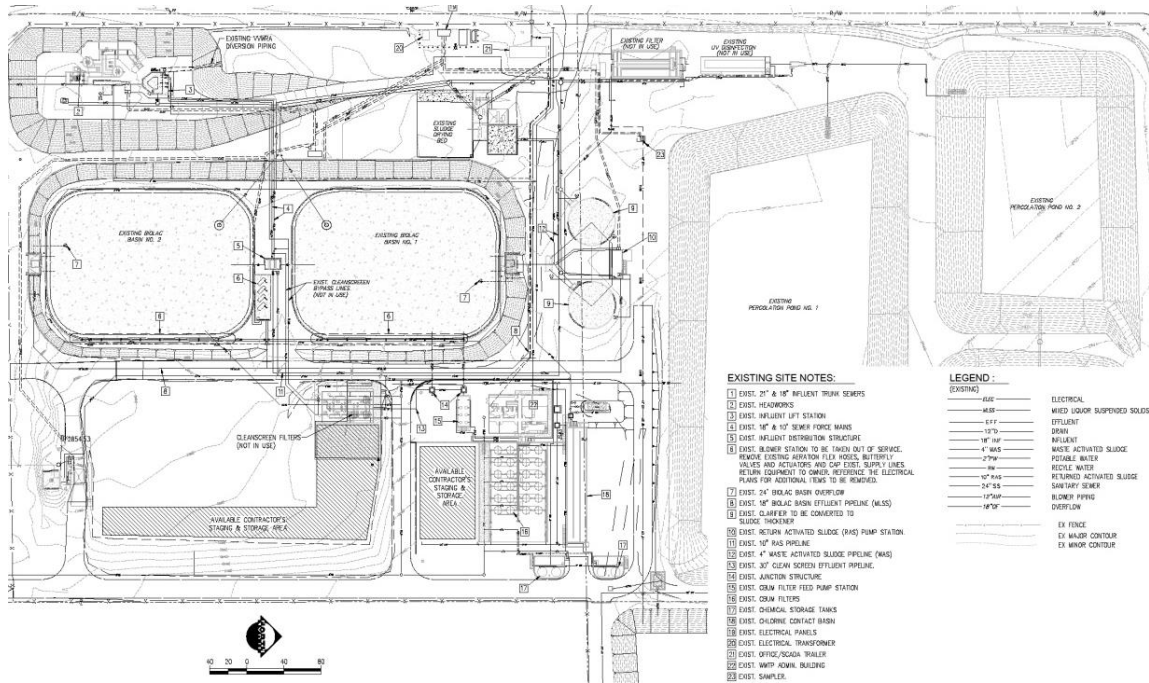
John "Bug" Woodard Jr.
Council Member

Jermaine Wright Sr.
Council Member

D. James Hart, Ph.D.
City Manager



Public Utility **Authority**
Wastewater Reclamation Facility & Septage Receiving Station



Industrial Pretreatment
&
Industrial Wastewater Discharge Permit Application

Inspection/ Analyses/ Permitting/ Monitoring/ Reporting/ Enforcement

**Industrial Wastewater Discharge
Permit Application**

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Water Quality

Introduction

This application needs to be filled in as completely and accurately as possible. Not all of the requested information will be available from all industries. Some will not have certain types of processes that would generate some of the information asked for. In such cases "N/A" may be used in the blanks. This one application is used for small, medium, and large industrial complexes. Water usage and discharge information requested is very important and should be actual metered figures if at all possible. Where information is not available, estimated usages may be submitted.

The information in this application is used for each new and existing industry to process new or renewed industrial permits issued from the City. The application needs to be returned to the City of Adelanto Engineering Department within (30) days of receipt of application.

If you have any questions on any of the requested information, please contact:

Wilson So, PE
Director of Public Services/City Engineer
City of Adelanto
(760) 246-2300 ext 3025

SECTION I

APPLICANT AND FACILITY DESCRIPTION

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

Section I

Applicant And Facility Description

Unless stated otherwise, all items are to be filled out completely. If an item is not applicable, indicate by noting "N/A".

1. Name of Facility: _____

2. Mailing Address: _____

3. Address of Premises: _____

4. Chief Executive Officer: _____

Name

Title

5. Authorized individual to contact in case of Emergency (I.E., spill, fire, process upset, ect.) or for information in this application.

Name

Title

Facility Phone Number

Home or Cell Phone Number

6. "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 violation."

7. _____
Printed Name of Signing Official Title

Signature of Signing Official

Date

Section II

PLANT OPERATIONS

Section II
Plant Operations

1. Provide a detailed description of the manufacturing process, facilities or service activities provided on the premises, specifically those processes which involve process wastewater or hazardous materials. Use additional sheets if necessary.

2. Principal raw Materials used.

3. Chemicals and compounds used (Refer to Table I).

4. Solvents Used.



5. Describe storage practices for chemicals and solvents listed above:

6. List all products manufactured or services provided by your facility along with the corresponding SIC (Standard Industrial Code) number.

PRODUCT OR SERVICE	SIC CODE
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

7. If this facility is subject to Federal Categorical Pretreatment standards, as per 40 CFR 403, what is the categorical classification(s).

What is the Federal Categorical Compliance Date:

8. Has a baseline report been submitted?



9. Shift Information

a. Shifts normally worked:

	Sun	Mon	Tue	Wed	Thur	Fir	Sat
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

b. Average # of employees/shift

1st _____
2nd _____
3rd _____

c. Shift start and end times

1st _____ untill _____
2nd _____ untill _____
3rd _____ untill _____

Table 1

PRIORITY POLLUTANTS

If you use, or dispose of, any of the items on the following two pages, mark them by the following methods:

1. (U) = Item used at this location
2. (DT) = Disposed of, after treatment to the municipal sanitary sewer system.
3. (DW) = Disposed of, without treatment to the municipal sanitary sewer system.
4. (DO) = Disposal of, off site, after being used and or generated, such as sludge, liquid, ect.
5. (TU) = Item is totally used in the production, therefore no waste product is left.
6. (VU) = Item is vaporized in use, and therefore no waste product is left.

An Item may have several different markings after it, depending on the use, treatment and disposal of each, by your company.

TABLE 1

Priority Pollutants Derived From The Toxic Pollutants Which Are Cited In 40 CFR

401.15 & additional Priority Pollutants

<input type="checkbox"/> 001. Acenaphthene	<input type="checkbox"/> 002. Acrolein	<input type="checkbox"/> 003. Acrylonitrile
<input type="checkbox"/> 004. Benzene	<input type="checkbox"/> 005. Benzidine	<input type="checkbox"/> 006. Carbon tetrachloride
<input type="checkbox"/> 007. Chlorobenzene	<input type="checkbox"/> 008. 1,2,4-trichlorobenzene	<input type="checkbox"/> 009. Hexachlorobenzene
<input type="checkbox"/> 010. 1,2-dichloroethane	<input type="checkbox"/> 011. 1,1,1-trichloroethane	<input type="checkbox"/> 012. Hexachloroethane
<input type="checkbox"/> 013. 1,1-dichloroethane	<input type="checkbox"/> 014. 1,1,2-trichloroethane	<input type="checkbox"/> 015. 1,1,2,2-tetrachloroethane
<input type="checkbox"/> 016. Chloroethane	<input type="checkbox"/> 018. Bis(2-chloroethyl) ether	<input type="checkbox"/> 019. 2-chloroethyl vinyl ethers
<input type="checkbox"/> 020. 2-chloronaphthalene	<input type="checkbox"/> 021. 2,4,6-trichlorophenol	<input type="checkbox"/> 022. Parachlorometa cresol
<input type="checkbox"/> 023. Chloroform	<input type="checkbox"/> 024. 2-chlorophenol	<input type="checkbox"/> 025. 1,2-dichlorobenzene
<input type="checkbox"/> 026. 1,3-dichlorobenzene	<input type="checkbox"/> 027. 1,4-dichlorobenzene	<input type="checkbox"/> 028. 3,3-dichlorobenzidine
<input type="checkbox"/> 029. 1,1 -dichloroethylene	<input type="checkbox"/> 030. 1,2-trans-dichloroethylene	<input type="checkbox"/> 031. 2,4-dichlorophenol
<input type="checkbox"/> 032. 1,2-dichloropropane	<input type="checkbox"/> 033. 1,2-dichloropropylene	<input type="checkbox"/> 034. 2,4-dimethylphenol
<input type="checkbox"/> 035. 2,4-dinitrotoluene	<input type="checkbox"/> 036. 2,6-dinitrotoluene	<input type="checkbox"/> 037. 1,2-diphenylhydrazine
<input type="checkbox"/> 038. Ethylbenzene	<input type="checkbox"/> 039. Fluoranthene	<input type="checkbox"/> 040. 4-chlorophenyl phenyl ether
<input type="checkbox"/> 041. 4-bromophenyl phenyl ether	<input type="checkbox"/> 042. Bis(2-chloroisopropyl) ether	<input type="checkbox"/> 043. Bis(2-chloroethoxy) methane
<input type="checkbox"/> 044. Methylene chloride	<input type="checkbox"/> 045. Methyl chloride	<input type="checkbox"/> 046. Methyl bromide
<input type="checkbox"/> 047. Bromoform	<input type="checkbox"/> 048. Dichlorobromomethane	<input type="checkbox"/> 051. Chlorodibromomethane
<input type="checkbox"/> 052. Hexachlorobutadiene	<input type="checkbox"/> 053. Hexachlorocyclopentadiene	<input type="checkbox"/> 054. Isophorone
<input type="checkbox"/> 055. Naphthalene	<input type="checkbox"/> 056. Nitrobenzene	<input type="checkbox"/> 057. 2-nitrophenol
<input type="checkbox"/> 058. 4-nitrophenol	<input type="checkbox"/> 059. 2,4-dinitrophenol	<input type="checkbox"/> 060. 4,6-dinitro-o-cresol
<input type="checkbox"/> 061. N-nitrosodimethylamine	<input type="checkbox"/> 062. N-nitrosodiphenylamine	<input type="checkbox"/> 063. N-nitrosodi-n-propylamine
<input type="checkbox"/> 064. Pentachlorophenol	<input type="checkbox"/> 065. Phenol	<input type="checkbox"/> 066. Bis(2-ethylhexyl) phthalate
<input type="checkbox"/> 067. Butyl benzyl phthalate	<input type="checkbox"/> 068. Di-N-Butyl Phthalate	<input type="checkbox"/> 069. Di-n-octyl phthalate
<input type="checkbox"/> 070. Diethyl Phthalate	<input type="checkbox"/> 071. Dimethyl phthalate	<input type="checkbox"/> 072. benzo(a) anthracene

<input type="checkbox"/> 073. Benzo(a)pyrene	<input type="checkbox"/> 074. Benzo(b) fluoranthene	<input type="checkbox"/> 075. Benzo(b) fluoranthene
<input type="checkbox"/> 076. Chrysene	<input type="checkbox"/> 077. Acenaphthylene	<input type="checkbox"/> 078. Anthracene
<input type="checkbox"/> 079. Benzo(ghi) perylene	<input type="checkbox"/> 080. Fluorene	<input type="checkbox"/> 081. Phenanthrene
<input type="checkbox"/> 082. Dibenzo(,h) anthracene	<input type="checkbox"/> 083. Indeno (1,2,3-cd) pyrene	<input type="checkbox"/> 084. Pyrene
<input type="checkbox"/> 085. Tetrachloroethylene	<input type="checkbox"/> 086. Toluene	<input type="checkbox"/> 087. Trichloroethylene
<input type="checkbox"/> 088. Vinyl chloride	<input type="checkbox"/> 089. Aldrin	<input type="checkbox"/> 090. Dieldrin
<input type="checkbox"/> 091. Chlordane	<input type="checkbox"/> 092. 4,4-DDT	<input type="checkbox"/> 093. 4,4-DDE
<input type="checkbox"/> 094. 4,4-DDD	<input type="checkbox"/> 095. Alpha-endosulfan	<input type="checkbox"/> 096. Beta-endosulfan
<input type="checkbox"/> 097. Endosulfan sulfate	<input type="checkbox"/> 098. Endrin	<input type="checkbox"/> 099. Endrin aldehyde
<input type="checkbox"/> 100. Heptachlor	<input type="checkbox"/> 101. Heptachlor epoxide	<input type="checkbox"/> 102. Alpha-BHC
<input type="checkbox"/> 103. Beta-BHC	<input type="checkbox"/> 104. Gamma-BHC	<input type="checkbox"/> 105. Delta-BHC
<input type="checkbox"/> 106. PCB-1242	<input type="checkbox"/> 107. PCB-1254	<input type="checkbox"/> 108. PCB-1221
<input type="checkbox"/> 109. PCB-1232	<input type="checkbox"/> 110. PCB-1248	<input type="checkbox"/> 111. PCB-1260
<input type="checkbox"/> 112. PCB-1016	<input type="checkbox"/> 113. Toxaphene	<input type="checkbox"/> 114. Antimony
<input type="checkbox"/> 115. Arsenic	<input type="checkbox"/> 116. Asbestos	<input type="checkbox"/> 117. Beryllium
<input type="checkbox"/> 118. Cadmium	<input type="checkbox"/> 119. Chromium	<input type="checkbox"/> 120. Copper
<input type="checkbox"/> 121. Cyanide, Total	<input type="checkbox"/> 122. Lead	<input type="checkbox"/> 123. Mercury
<input type="checkbox"/> 124. Nickel	<input type="checkbox"/> 125. Selenium	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Alkyl Epoxides	<input type="checkbox"/> Molybdenum	<input type="checkbox"/> Manganese
<input type="checkbox"/> Iron	<input type="checkbox"/> Chromium (Hexavalent)	<input type="checkbox"/> Barium
<input type="checkbox"/> Sulfuric Acid	<input type="checkbox"/> Hydrochloric Acid	<input type="checkbox"/> Nitric Acid
<input type="checkbox"/> Hydrofluoric Acid	<input type="checkbox"/> Radioactive Nuclides	<input type="checkbox"/> BOD(Biochemical Oxygen Demand)
<input type="checkbox"/> COD(Chemical Oxygen Demand)	<input type="checkbox"/> Chromic Acid	<input type="checkbox"/> Phosphoric Acid
<input type="checkbox"/> TSS(Total Suspended Solids)	<input type="checkbox"/> Total Inorganic Nitrogen	<input type="checkbox"/> Sodium
<input type="checkbox"/> Chloride	<input type="checkbox"/> Sulfate	<input type="checkbox"/> TDS(Total Dissolved Solids)
<input type="checkbox"/> Formaldehyde	<input type="checkbox"/> Boron	<input type="checkbox"/> Surfactants,LAS
<input type="checkbox"/> Total Hardness	<input type="checkbox"/> Fluoride	<input type="checkbox"/> Oil & Grease (mineral or petroleum)
<input type="checkbox"/> Oil & Grease (Total)	<input type="checkbox"/>	<input type="checkbox"/>

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Table 1 (Additional Items)

OTHER POLLUTANTS

Any Acids, Oils, Caustics, Fats, Grease or any other Chemicals not listed on the previous two pages that you Use, Generate, or dispose of, at this location. List these below and mark them according to the instruction page, title Table 1.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Section III

WATER USAGE AND DISCHARGE INFORMATION

Section III

Water Usage and Discharge Information

1. List intake water sources and volumes:

(Check One)

<u>Source</u>	<u>Volume</u>	<u>Estimated/ Measured</u>
Municipal Water System	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Private Well	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Surface Water	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Other	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>

2. List average volume of discharge or water:

(Check One)

<u>Source</u>	<u>Volume</u>	<u>Estimated/ Measured</u>
Municipal Sewer System	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Natural Outlet (NPDES)	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Water Hauler	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Evaporation	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Contained in Product	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Other(Specify)	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>

3. Breakdown the water discharged to the sewer system into the following categories:

(Check One)

<u>Source</u>	<u>Volume</u>	<u>Estimated/ Measured</u>
Process Wastestream #1	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Process Wastestream #2	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Process Wastestream #3	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Process Wastestream #4	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>

(Check One)

<u>Source</u>	<u>Volume</u>	<u>Estimated/ Measured</u>
Contact Cooling	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Non-Contact Cooling Water	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Sanitary Water	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>
Other (Describe) _____	_____ Gallons/Day	<input type="checkbox"/> / <input type="checkbox"/>

4. Describe how each process and contact cooling wastestream is generated (use additional sheets if necessary).

5. Is the discharge to the sewer:

Continuous

Periodic/ in Batch

If Periodic/ in Batch discharge, give frequency of occurrence:

What is the average volume in gallons of each batch?

What is the maximum volume in gallons of each batch?

6. **IMPORTANT:** Provide a schematic of the plant flow showing process, sanitary, cooling stream, ect., and their point of entry into the sewer system. Indicate on the schematic where you collect effluent samples, and location of pretreatment facility. (attach diagram to application).

7. Do you have automatic sampling equipment or continuous wastewater flow metering equipment currently in use or included in future plans?

Current: Flow Metering Yes No

Sampling Equipment Yes No

Planned: Flow Metering Yes No

Sampling Equipment Yes No

SECTION IV

PRETREATMENT

Section IV

Pretreatment and Pollution Prevention (P2)

1. Describe any wastewater treatment equipment or process in use:

2. Describe any additional pretreatment facilities and/or processes under consideration. Include a specific time schedule for completion:

3. Pollution Prevention (P2)

Describe any pollution prevention activities that have taken place during the past five (5) to ten (10) years such as:

a. Closed loop system

b. Chemical Substitutions

c. Water Conservation

d. Process Changes



e. Recycling

f. Better Industrial Housekeeping

g. Secure Chemical Storage Areas

h. Floor Drains Closed Off

i. Retaining Walls Built to catch spills, ect.

j. Other Pollution Prevention P2 Activities

4. Do you dispose of any chemicals, solvents, sludges, or hazardous materials as a result of you processes?

Yes No

If so, provide a description of each material, giving the composition, annual quantity, and meas of disposal.

5. If a private hauler is used to haul sludge/residuals, provide name and EPA Identification Number.

6. Where is the ultimate disposal site for sludges/residuals?

7. Do you have copies of manifests for waste hauled off site?

Yes No

8. Do you have a spill prevention, containment and control (SPCC) for your facility?

Yes No

9. Do you have a solvent management plan for you facility?

Yes No

10. Do you have a certified operator for your pretreatment facility?

Yes No

If Yes: Name _____

Address _____

Certification Number _____



SECTION V

WASTEWATER CHARACTERISTICS

Section V

Wastewater Characteristics –New Permittees Only

1. Attach any sampling data pertaining to the facility discharge to the sewer system. Explain where and when the sampling was accomplished, what type of sample was taken (I.E., grab, composite), and how many were analyzed.
2. A full scan of pollutants believed to be present and contained in Table I will be required for new discharge permits unless exempted by the Bureau of Water Quality. The sample must be a 24- Hour composite taken during normal production and/or representing typical wastewater flows.
3. Describe the exact procedure used to collect the sample:

MAILING ADDRESS

Please send completed application with all supporting attachment and enclosures to:

Wilson So
City of Adelanto
Engineering Department
11600 Air Expressway
Adelanto, CA 92301