



Public Utilities

879 Morro Street, San Luis Obispo, CA 93401-2710
805.781.7215
slocity.org

Class II Industrial Wastewater Discharge Permit Survey

Your business may discharge wastewater that falls under the City's Pretreatment Program §13.08. This survey will be used to identify whether a permit is needed. Make sure to fill out every field and sign the last page. If needed, Environmental Programs Staff will issue a permit within 30 days of receiving this completed survey. If you have any questions about this form or the permitting process, please call (805) 781-7426.

SECTION 1 – COMPANY INFORMATION

A. Legal Business Name _____

B. Doing Business As (dba) _____

C. Facility Location:

Address: _____
(Street) (City) (State) (Zip Code)

D. Mailing Address (SAME AS FACILITY LOCATION YES)

Attention: _____

Address: _____
(Street) (City) (State) (Zip Code)

E. Billing Address (SAME AS: FACILITY LOCATION YES -OR- MAILING ADDRESS YES)

Attention: _____

Address: _____
(Street) (City) (State) (Zip Code)

F. Authorized Representatives – Owner(s):

1. Name: _____ Title: _____

Phone: _____ Email: _____

2. Name: _____ Title: _____

Phone: _____ Email: _____

3. Name: _____ Title: _____

Phone: _____ Email: _____

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G. Facility Contact Person _____ Title _____

Phone: _____ Email: _____

H. Landlord/ Property Owner/ Management Company

Property Manager/Owner Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____ Email: _____

I. Number of employees: Full time _____ Part time _____

J. Hours of operation _____ am/pm to _____ am/pm Days per week: S M T W Th F S (circle)

K. Date operation began/or will begin? (mm/dd/yyyy) _____

SECTION 2 – VEHICLE WASHING

A. Describe the type of vehicles washed at your facility (i.e. passenger vehicles, heavy duty equipment, fleet):

B. Wastewater information

1. Average flow (GPD): _____ Maximum flow (GPD): _____

2. Average number of vehicles washed per month: _____

3. Maximum number of vehicles washed per month: _____

C. List types and quantities of chemicals used or planned use per month (attach SDS for each chemical).

Chemical	Quantity (Per month)
_____	_____
_____	_____
_____	_____
_____	_____

(attach additional sheets if necessary)

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D. Source of water supply: City of San Luis Obispo Well Private Water System

E. Water conditioning unit(s) (softener or demineralizer) used on site? Yes No

If yes, # of units: _____

Conditioning unit regenerated on site: Yes No _____ gals/month

If yes:

Name chemical(s):

Amount used for regeneration: _____ lbs/month

F. Description of car washing equipment and water recycling unit operation:

SECTION 3 – CLARIFIER INFORMATION

A clarifier is an underground system that has manhole covers and is comprised of baffle walls intended on slowing down the flow to allow for separation of solids and oils prior to discharging to the City sewer system.

A. **Clarifier** information: Size _____ gallons

Clarifier pumping and cleaning frequency:

Daily Monthly Quarterly Semi-annually Annually other: _____

Clarifier Service Provider Information:

Safety Kleen World Oil other: _____

ATTACHMENTS:

SDS for each chemical used

DO NOT SUBMIT APPLICATION WITHOUT INCLUDING THIS ATTACHEMENT

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*****STOP*****

ALL FIELDS ABOVE ARE REQUIRED TO BE COMPLETELY FILLED IN. FAILURE TO DO SO WILL RESULT IN A SURVEY BEING RETURNED AND A PERMIT BEING WITHHELD UNTIL A COMPLETE SURVEY IS SUBMITTED.

AUTHORIZED REPRESENTATIVE STATEMENT

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 upon 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/or imprisonment for knowing violations.

NAME – AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE

Submit completed surveys via mail or hand delivery to the following address:

**City of San Luis Obispo
Attn: Environmental Programs
879 Morro Street
San Luis Obispo, CA 93401**

If you have any questions about this survey, please contact the Environmental Compliance Inspector:

Keith Schwanemann
805-781-7426
kschwane@slocity.org