



**Public Utilities**

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

## Class I 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):

a. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

b. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

c. 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) \_\_\_\_\_

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**\*\*\*STOP\*\*\***

**DO THE OPERATIONS OR PROCESSES AT YOUR PLACE OF BUSINESS PRODUCE WASTEWATER, HAVE FLOOR DRAINS, OR WASH VEHICLES ONSITE?**

YES ---- CONTINUE TO SECTION 2

YES, WASTEWATER IS PRODUCED, BUT HAULED OUT OF THE CITY ---- CONTINUE TO SECTION 2. A PERMIT MAY BE REQUIRED.

NO, WASTEWATER IS NOT PRODUCED NOR DISCHARGED TO THE SEWER AND THERE ARE NO FLOOR DRAINS. ---- ENSURE SECTION ONE IS COMPLETE, SIGN THE LAST PAGE, AND RETURN THIS SURVEY.

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## SECTION 2 – FACILITY

- A. Attach site plan of facility showing details of process areas , process plumbing, sewer lines, connections, appurtenances, water treatment or waste treatment processes, floor drains, chemical and waste storage areas.
- B. Indicate source of water supply and amount consumed per year. ( Note: 1 unit of water on bill = 750 gallons)

		<i>Estimated</i>	<i>Measured</i>
City of San Luis Obispo	_____gallons/month	<input type="checkbox"/>	<input type="checkbox"/>
Well	_____gallons/month	<input type="checkbox"/>	<input type="checkbox"/>
Private Water System	_____gallons/month	<input type="checkbox"/>	<input type="checkbox"/>

- C. Does the facility discharge STORM WATER to the City of San Luis Obispo SEWER system?  NO  YES
  - D. Average Operational /Production Days Per Year: \_\_\_\_\_ Average discharge Days Per Year: \_\_\_\_\_
- 

## SECTION 3 – OPERATIONS

- A. Standard Industrial Classification Code(s) (SIC) for your facility: \_\_\_\_\_
- B. North American Industry Classification System (NAICS) code: \_\_\_\_\_
- C. Provide a brief detailed description of the type of manufacturing, business processes, production, or service activities your firm conducts at this site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. List primary products produced at this site: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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E. Raw materials, chemicals, process additives used:

RAW MATERIAL, CHEMICAL, ADDITIVE <i>(Include SDS for each one listed below)</i>	QUANTITY (PER MONTH)

*(attach additional sheets if necessary)*

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### SECTION 4 – WASTEWATER INFORMATION

A. If your facility employs processes in any of the industrial categories or business activities listed below, place a check beside the category or activity.

- |  |  |
|--|--|
| <input type="checkbox"/> Adhesives<br><input type="checkbox"/> Aluminum Forming<br><input type="checkbox"/> Anodizing<br><input type="checkbox"/> Automobile Maintenance and Repair<br><input type="checkbox"/> Battery Manufacturing OR Reclaiming<br><input type="checkbox"/> Brewery<br><input type="checkbox"/> Copper Forming<br><input type="checkbox"/> Dairy Products Processing<br><input type="checkbox"/> Electric/Electronic Components<br><input type="checkbox"/> Electroplating<br><input type="checkbox"/> Fruit or Vegetable Processing<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Inorganic Chemicals<br><input type="checkbox"/> Iron & Steel<br><input type="checkbox"/> Laundries<br><input type="checkbox"/> Leather Tanning & Finishing<br><input type="checkbox"/> Mechanical Products | <input type="checkbox"/> Metal Etching/Chemical Milling<br><input type="checkbox"/> Metal Coating (Phosphating, Coloring,)<br><input type="checkbox"/> Nonferrous Materials<br><input type="checkbox"/> Organic Chemicals<br><input type="checkbox"/> Paint & Ink<br><input type="checkbox"/> Petroleum Refining<br><input type="checkbox"/> Pharmaceuticals<br><input type="checkbox"/> Photographic Supplies<br><input type="checkbox"/> Plastic & Synthetic Materials<br><input type="checkbox"/> Plastics Processing<br><input type="checkbox"/> Porcelain Enamel<br><input type="checkbox"/> Printed Circuit Board Manufacturing<br><input type="checkbox"/> Printing & Publishing<br><input type="checkbox"/> Pulp & Paper<br><input type="checkbox"/> Rubber<br><input type="checkbox"/> Soaps & Detergent<br><input type="checkbox"/> Winery |
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**B.** Types of wastes generated per operational day in Gallons Per Day (GPD). This section is aimed at how much overall waste is PRODUCED, not necessarily discharged into the sewer. Indicate Estimated (E) or Measured (M):

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Average Days Per Month
1. Process waste					
2. Boiler/tower blowdown					
3. Cooling water, non-contact					
4. Cooling water, contact					
5. Food Processing waste (Cleaning food)					
6. Equipment/facility washdown					
7. Air pollution control unit					
8. Storm water runoff to sewer					
9. Water Treatment					
10. Other _____					
<b>TOTAL WASTES GENERATED</b>					

**C.** Water conditioning unit(s) (softener or demineralizer) used on site?

No

Yes: # of units: \_\_\_\_\_ Salt  Potassium  Amount used for regeneration: \_\_\_\_\_ lbs/month

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

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Air flotation</li> <li><input type="checkbox"/> Biological treatment, type _____</li> <li><input type="checkbox"/> Centrifuge</li> <li><input type="checkbox"/> Chemical precipitation</li> <li><input type="checkbox"/> Chlorination</li> <li><input type="checkbox"/> Clarifier, size _____ gallons</li> <li><input type="checkbox"/> Cyclone</li> <li><input type="checkbox"/> Filtration</li> <li><input type="checkbox"/> Flow equalization, capacity _____</li> <li><input type="checkbox"/> Grease or oil separation, size _____ gallons</li> <li><input type="checkbox"/> Grease interceptor, size _____ gallons</li> <li><input type="checkbox"/> Grit removal</li> <li><input type="checkbox"/> Ion exchange</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Neutralization, pH correction</li> <li><input type="checkbox"/> Ozonation</li> <li><input type="checkbox"/> Rainwater diversion or storage</li> <li><input type="checkbox"/> Reverse osmosis</li> <li><input type="checkbox"/> Screen</li> <li><input type="checkbox"/> Septic tank, size _____ gallons</li> <li><input type="checkbox"/> Solvent separation</li> <li><input type="checkbox"/> Spill protection</li> <li><input type="checkbox"/> Sump, size _____ gallons</li> <li><input type="checkbox"/> Other chemical treatment, type _____</li> <li><input type="checkbox"/> Other physical treatment, type _____</li> <li><input type="checkbox"/> Other, type _____</li> <li><input type="checkbox"/> NO PRETREATMENT PROVIDED</li> </ul> |
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### SECTION 5 – SPILL PREVENTION

- A. Do you have chemical storage containers, bins, or ponds at your facility?  Yes  No
- B. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (check all that **apply**):
- An onsite disposal system
  - Public sanitary sewer system (e.g. through a floor drain)
  - Storm drain
  - To ground
  - Other, specify: \_\_\_\_\_
  - Not applicable, no possible discharge to any of the above routes
- C. Do you have floor drains in your manufacturing or chemical storage area(s)?  Yes  No
- If yes, where do they discharge to? \_\_\_\_\_
- D. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection systems?
- Yes (Please enclose a copy with the application)
  - No
  - N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes.
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### REQUIRED ATTACHMENTS:

- SITE PLAN of facility showing details of process areas, process plumbing, sewer lines, floor drains, connections, appurtenances, water treatment, wastewater treatment processes, chemical storage area, waste storage area, and grease interceptor(s).**
- SDS for raw materials, chemicals, additives listed in Section 3, and additional sheets if needed.**
- Accidental Spill Prevention Plan (ASPP) if you have one or have been required to write one.**

*DO NOT SUBMIT APPLICATION WITHOUT THESE ATTACHMENTS*

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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.**

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## **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

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**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