



# VALLEY SANITARY DISTRICT

## INDUSTRIAL

Wastewater Discharge Permit Application / Record

[www.valley-sanitary.org](http://www.valley-sanitary.org)

Return completed form to Pretreatment Services Section via Email or Mail:

Email: [ec@valley-sanitary.org](mailto:ec@valley-sanitary.org)

Mail: 45500 Van Buren St; Indio, CA 92201

### FOR VSD USE

Received Date: \_\_\_\_\_

Fee Collected: Yes      No

Receipt Number: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Approved By: \_\_\_\_\_

### SECTION A – GENERAL INFORMATION

Application Date \_\_\_\_\_

A.1 Company name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

A.2 Address of production or manufacturing facility. If same as above, check ☐.

\_\_\_\_\_

A.3 Name, title and telephone number of person authorized to represent this firm in official dealings with the Sewer Authority and/or city:

_____	_____	_____
Name	Title	Telephone

A.4 Alternate person to contact concerning information provided herein:

_____	_____	_____
Name	Title	Telephone

A.5 Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meatpacking, food processing, etc.)

\_\_\_\_\_

**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 that identifies the nature of frequency of discharge shall be available to the public without restriction. Request 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 in this questionnaire will be used to issue the permit.

*This statement is to be signed by an authorized official of your company after adequate completion of this form and review of information by the signing official.*

"I have personally examined and am familiar with the information submitted in this document and attachment. 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."

\_\_\_\_\_  
Signature of Official (Company Seal if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Type)

A.6 Provide a brief narrative description of the manufacturing, production, or service activities of your company:

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A.7 Standard Industrial Classification Number(s) (SIC Code) for your facilities:

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A.8 This facility generates the following types of wastewater (check all that apply):

	Average GPD	Max GPD	Estimated	Measured
Domestic Wastewater			<input type="checkbox"/>	<input type="checkbox"/>
Noncontact Cooling Water				<input type="checkbox"/>
Boiling / cooling Tower Water				<input type="checkbox"/>
Contact Cooling Water				<input type="checkbox"/>
Process Wastewater				<input type="checkbox"/>
Equipment Facility Wash Down				<input type="checkbox"/>
Air Pollution Control Unit				<input type="checkbox"/>
Storm Water Runoff to Sewer				<input type="checkbox"/>
Other :				<input type="checkbox"/>
Total			<input type="checkbox"/>	<input type="checkbox"/>

A.9 Wastewater is discharged to (check all that apply):

	Average GPD	Max GPD	Estimated	Measured
Sanitary Sewer			<input type="checkbox"/>	<input type="checkbox"/>
Storm Sewer			<input type="checkbox"/>	<input type="checkbox"/>
Surface Water			<input type="checkbox"/>	<input type="checkbox"/>
Ground Water			<input type="checkbox"/>	<input type="checkbox"/>
Waste Haulers			<input type="checkbox"/>	<input type="checkbox"/>
Evaporation			<input type="checkbox"/>	<input type="checkbox"/>
Other :			<input type="checkbox"/>	<input type="checkbox"/>

Provide name and address of waste hauler(s), if used: \_\_\_\_\_

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A.10 Has Spill Prevention Control and Countermeasure Plan or a Hazardous Materials/Waste Contingency Plan been prepared for the facility? ☐ Yes ☐ No

**Note:** If your facility **did not** check one or more of the items listed in A.8.4 through A.8.9 above, then you need not to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 **were checked**, complete the remainder of this survey/application.

A. 11 Size of Facility

Assessor's Parcel Number (APN): \_\_\_\_\_ Total Parcel Area: \_\_\_\_\_

Manufacturing / Assembly Area: \_\_\_\_\_

## SECTION B – FACILITY OPERATION CHARACTERISTICS

### B.1 Personnel Schedule

	Office		First Shift		Second Shift		Third Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
Weekdays								
Saturdays								
Sundays								

**Note: The following information in this section must be completed for each product line.**

B.3 Principal Product produced: \_\_\_\_\_

B.4 Raw materials and process additives used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.5 Production process is:

☐ Batch    ☐ Continuous    ☐ Both    \_\_\_\_\_% batch    \_\_\_\_\_% continuous

B.6 Days of Operation: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of operation: \_\_\_\_\_am to \_\_\_\_\_pm    ☐ continuous

B.7 Is production subject to seasonal variation:    ☐ Yes    ☐ No

If yes, briefly describe seasonal production cycle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.8 Are any process changes or expansions planned during the next three years?

☐ Yes    ☐ No

If yes, describe the nature of planned changes or expansions. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION C – WASTEWATER INFORMATION

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

### A. Industrial Categories

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adhesives                      | <input type="checkbox"/> Inorganic Chemicals         | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Aluminum Foaming               | <input type="checkbox"/> Iron & Steel                | <input type="checkbox"/> Plastics Processing           |
| <input type="checkbox"/> Auto & Other Laundries         | <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Porcelain Enamel              |
| <input type="checkbox"/> Battery Manufacturing          | <input type="checkbox"/> Mechanical Products         | <input type="checkbox"/> Printing & Publishing         |
| <input type="checkbox"/> Coal Mining                    | <input type="checkbox"/> Nonferrous Metals           | <input type="checkbox"/> Pulp & Paper                  |
| <input type="checkbox"/> Coil Coating                   | <input type="checkbox"/> Ore Mining                  | <input type="checkbox"/> Rubber                        |
| <input type="checkbox"/> Copper Forming                 | <input type="checkbox"/> Organic Chemicals           | <input type="checkbox"/> Soaps & Detergents            |
| <input type="checkbox"/> Electric & Electric Components | <input type="checkbox"/> Paint & Ink                 | <input type="checkbox"/> Steam Electric                |
| <input type="checkbox"/> Electroplating                 | <input type="checkbox"/> Pesticides                  | <input type="checkbox"/> Textiles Mills                |
| <input type="checkbox"/> Explosive Manufacturing        | <input type="checkbox"/> Petroleum Refining          | <input type="checkbox"/> Timber                        |
| <input type="checkbox"/> Foundries                      | <input type="checkbox"/> Pharmaceuticals             | <input type="checkbox"/> Other:                        |
| <input type="checkbox"/> Gum & Wood Chemicals           | <input type="checkbox"/> Photographic Supplies       |  |

### B. Other Business Activity

- |   |  |
|---|--|
| <input type="checkbox"/> Air Flotation                        | <input type="checkbox"/> Reverse Osmosis                   |
| <input type="checkbox"/> Centrifuge                           | <input type="checkbox"/> Screen                            |
| <input type="checkbox"/> Chemical Precipitation               | <input type="checkbox"/> Sedimentation                     |
| <input type="checkbox"/> Chlorination                         | <input type="checkbox"/> Septic Tank                       |
| <input type="checkbox"/> Cyclone                              | <input type="checkbox"/> Solvent Separation                |
| <input type="checkbox"/> Filtration                           | <input type="checkbox"/> Spill Protection                  |
| <input type="checkbox"/> Flow Equalization                    | <input type="checkbox"/> Sump                              |
| <input type="checkbox"/> Grease / Oil Separation, Type: _____ | <input type="checkbox"/> Biological Treatment, Type: _____ |
| <input type="checkbox"/> Grease Trap                          | <input type="checkbox"/> Rainwater Diversion / Storage     |
| <input type="checkbox"/> Grit Removal                         | <input type="checkbox"/> Other, Chemical Treatment: _____  |
| <input type="checkbox"/> Iron Exchange                        | <input type="checkbox"/> Other, Type: _____                |
| <input type="checkbox"/> Neutralization, pH correction        | <input type="checkbox"/> No Pretreatment: _____            |
| <input type="checkbox"/> Ozonation                            |  |

C.3 If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the data of the analysis, name of laboratory performing the analysis, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4 Priority Pollutant Information: Please indicate by checking the appropriate box by listed chemical if it is "Suspected to be Present", or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

## EPA Priority Pollutants

### Volatiles

- ☐ Acrolein
- ☐ Acrylonitrile
- ☐ Benzene
- ☐ Bromodichloromethane
- ☐ Bromoform
- ☐ Bromomethane
- ☐ Carbon tetrachloride
- ☐ Chlorobenzene
- ☐ Chlorodibromomethane
- ☐ Dichlorodifluoromethane
- ☐ 1,1,1-trichloromethane-TCA
- ☐ 1,1,2 trichloroethane
- ☐ Trichlorofluoroethane
- ☐ 1,2-dichloroethane
- ☐ 1,1,1-trichloromethane
- ☐ 1,1-dichloroethylene
- ☐ 1,1,2-trichloromethane
- ☐ 1,1,2,2-tetrachloroethane
- ☐ Chloroethane
- ☐ 2-chloroethylvinyl ether
- ☐ Chloroform
- ☐ 1,1-dichloroethylene
- ☐ 1,2-trans-dichloroethylene
- ☐ 1,2-dichloropropane
- ☐ 1,3-dichloropropylene
- ☐ Ethylbenzene
- ☐ Methylene chloride
- ☐ Methyl chloride
- ☐ Methyl bromide
- ☐ Tetrachloroethylene PCE
- ☐ Toluene
- ☐ Trichloroethylene TCE
- ☐ Vinyl Chloride

### Semi-Volatiles

- ☐ Acenaphthene
- ☐ Acenaphthylene
- ☐ Anthracene
- ☐ Benzidine
- ☐ Benzo(a)anthracene
- ☐ Benz(a)pyrene
- ☐ Benzo(k)fluoranthene
- ☐ Benzo(ghi)perylene
- ☐ 3,4-Benzofluoranthene
- ☐ Bis(2-chloroethyl)ether
- ☐ Bis(2-chloroethoxy)methane
- ☐ Bis(2-ethylhexyl)phthalate
- ☐ 4-bromophenyl phenyl ether
- ☐ Butyl benzyl phthalate
- ☐ Chrysene

### Semi-Volatiles

- ☐ 2-chlorophenol ether
- ☐ 4-chlorophenyl-phenylether
- ☐ Dibenzo(a,h) anthracene
- ☐ 1,2-dichlorobenze
- ☐ 1,3-dichlorobenze
- ☐ 1,4-dichlorobenze
- ☐ 3,3-dichlorobenzidine
- ☐ 2,4-dichlorophenol
- ☐ Di-n-octyl phthalate
- ☐ Di-n-butyl phthalate
- ☐ 2,4-dinitrophenol
- ☐ 4,6-dinitro-o-cresol
- ☐ 1,2-diphenylhydrazine
- ☐ 2,4-dinitrotoluene
- ☐ Fluoranthene
- ☐ Fluorene
- ☐ Hexachlorobenzene
- ☐ Hexachloroethane
- ☐ Hexachlorobutadiene
- ☐ Hexachlorocyclopentadiene
- ☐ Ideno(1,2,3-cd)pyrene
- ☐ Isophorone
- ☐ Naphthalene
- ☐ Nitrobenzene
- ☐ 2-nitrophenol
- ☐ 4-nitrophenol
- ☐ N-nitroso dimethylamine
- ☐ N-nitroso diphenylamine
- ☐ N-nitrosodi-n-propylamine
- ☐ Parachlorometacresol
- ☐ Pentachlorophenol
- ☐ Phenanthrene
- ☐ Phenol
- ☐ Pyrene
- ☐ 1,2,4-trichlorobenzene
- ☐ 2,4,6-trichlorophenol

### Pesticides & PCBs

- ☐ Aldrin
- ☐ Chlordane
- ☐ Dieldrin
- ☐ 4,4-DDT
- ☐ 4,4-DDE (p,p'DDX)
- ☐ 4,4-DDD (pm,pTDE)
- ☐ Alpha-endosulfan
- ☐ Beta-endosulfan
- ☐ Endosulfan sulfate
- ☐ Endrin
- ☐ Endrin aldehyde
- ☐ Heptachlor

### Pesticides & PCBs

- ☐ Heptachlor epoxide
- ☐ Alpha-BHC
- ☐ Beta-BHC
- ☐ Delta-BHC
- ☐ Gamma-BHC (Lindane)
- ☐ PCB-1016 (Aroclor 1016)
- ☐ PCB-1221 (Aroclor 1221)
- ☐ PCB-1232 (Aroclor 1232)
- ☐ PCB-1242 (Aroclor 1242)
- ☐ PCB-1248 (Aroclor 1248)
- ☐ PCB-1254 (Aroclor 1254)
- ☐ PCB-1260 (Aroclor 1260)
- ☐ Toxaphene
- ☐ 2,3,7,8-TCDD dioxin

### Metals & Miscellaneous

- ☐ Antimony
- ☐ Arsenic
- ☐ Beryllium
- ☐ Cadmium
- ☐ Chromium
- ☐ Copper
- ☐ Lead
- ☐ Mercury
- ☐ Nickel
- ☐ Silver
- ☐ Thallium
- ☐ Zinc
- ☐ Asbestos
- ☐ Cyanide, Total
- ☐ Cyanide, amenable

### Non-Priority Pollutants

- ☐ Barium
- ☐ Cobalt
- ☐ Hex Chromium
- ☐ Selenium
- ☐ Cresols
- ☐ Radioactivity
- ☐ High pH (>11.0)
- ☐ Low pH (<6.0)
- ☐ Oil / Grease
- ☐ Suspended solids
- ☐ Total Dissolved Solids
- ☐ BOD
- ☐ Other Pollutants: (please list)

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## SECTION D – OTHER WASTES

D.1 Are any liquid wastes or sludge from this firm disposed of by other than discharge to the sewer system?  
☐ Yes (complete items D.2 and D.3.) ☐ No (skip remainder of Section D.)

D.2 These Wastes may best be described as:

- |   |   |
|---|---|
| <input type="checkbox"/> Acid and Alkalies  | <input type="checkbox"/> Planting Waste                         |
| <input type="checkbox"/> Heavy Metal Sludge | <input type="checkbox"/> Pretreatment Sludge                    |
| <input type="checkbox"/> Inks / Dyes        | <input type="checkbox"/> Solvents / Thinners                    |
| <input type="checkbox"/> Oil & Grease       | <input type="checkbox"/> Other Hazardous waste (specify): _____ |
| <input type="checkbox"/> Paints             | <input type="checkbox"/> Other Waste (specify): _____           |
| <input type="checkbox"/> Pesticides         |   |

D.3 For the above checked waste does your company practice:

Storage:      On-site      Off-site

Disposal:      On-site      Off-site

Briefly describe the method(s) of storage or disposal checked above.

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