

# COMMERCIAL USER WASTE DISCHARGE APPLICATION

CV Ref # \_\_\_\_\_

Application # \_\_\_\_\_

## **Section A: (All applicants complete Sections A and B, and any applicable attachments)**

1. Company Name: \_\_\_\_\_

Site Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site Tract No or APN:(if known) \_\_\_\_\_ Lot: \_\_\_\_\_

Site Telephone: (     )    Fax: (     )

E-Mail Address: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Work days per week: (circle days)    M    T    W    Th    F    Sa    S

No. hours of operation/day \_\_\_\_\_ No. of employees \_\_\_\_\_

5. List agency that provides water: \_\_\_\_\_

6. Provide appropriate SIC/NAICS codes: \_\_\_\_\_

EMWD USE ONLY

[ ] Tenant Improvement    [ ] New Construction    [ ] Change of Ownership    [ ] Other \_\_\_\_\_

**N.B. Initials** \_\_\_\_\_

**If you have any questions, call the Source Control Division at (951) 928-3777, ext. 6203.**

**Section A: (continued)**

6.           **YES   NO** (Answer all questions below, check appropriate answer)
- a.   [ ]   [ ]   Does this facility perform any Federally Regulated Processes identified in 40 CFR 405-471?  
*If yes to "a" contact Source Control Plan Check staff @ (951) 928-3777 ext. 6203 or at SourceControlPlancheck@emwd.org*
- b.   [ ]   [ ]   Are any sinks other than hand sinks or floor sinks installed?
- c.   [ ]   [ ]   Are floor drains installed in any area other than restrooms?
- d.   [ ]   [ ]   Is any water discharged to the sewer other than from restrooms?
- e.   [ ]   [ ]   Is a water softener installed at your facility or do you plan to install one?
- f.   [ ]   [ ]   Is this facility a food service establishment?  
*If yes to "f" complete attachment 1.*
- g.   [ ]   [ ]   Are any solvents or hazardous materials used or stored at your facility?  
*If yes to "g" complete attachment 2.*
- h.   [ ]   [ ]   Is this a dental facility with an amalgam separator installed?

7.   Provide a brief description of the commercial processes, manufacturing, or activities to be performed at the site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Section B (All applicants complete this Section)**

### Certification 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 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 violations."***

\_\_\_\_\_  
Name of Authorized Representative<sup>1</sup>  
(Please Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Representative<sup>1</sup>

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address of Authorized Representative

\_\_\_\_\_  
Phone No. for Authorized Rep.

\_\_\_\_\_  
<sup>1</sup>As per Ordinance 59, Authorized Representative shall mean:

- a. Responsible officer, if the User is a corporation or limited liability company, where that officer is the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including have the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for Control Mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. By a general partner or proprietor if the User is a partnership or sole proprietorship respectively.
- c. If the User is a Federal, State, or local governmental entity or their agents, the principal executive officer or director having responsibility for the overall operation of the discharging facility.
- d. By a duly authorized representative of the individual designated in paragraph (a), (b), or (c) of this definition if:
  - 1.) The authorization is made in writing by the individual described in paragraph (a), (b), or (c);
- E. The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility or having overall responsibility for environmental matters for the company.

**Attachment 1 (All applicants preparing or serving food complete this attachment)**

1. Number of Restaurant seats: \_\_\_\_\_ Maximum Meals Served @ Peak Hour: \_\_\_\_\_  
Number of Bar Seats: \_\_\_\_\_ Number of Outdoor/Patio Seats: \_\_\_\_\_  
Total Maximum Seating Capacity: \_\_\_\_\_
2. % Carry Out: \_\_\_\_\_ % Single Service (i.e. disposable) Utensils: \_\_\_\_\_
3. a. No. Garbage Grinders: \_\_\_\_\_ b. Hot Grills: [ ] No [ ] Yes  
c. Dishwasher: [ ] No [ ] Yes d. Deep Fryers: [ ] No [ ] Yes  
e. No./Type of sinks, other than restroom (e.g. floor, mop): \_\_\_\_\_  
\_\_\_\_\_
4. Oil/Grease Separator-Interceptor: [ ] No [ ] Yes  
a. Size: \_\_\_\_\_ b. Location: \_\_\_\_\_
5. Diagram: Provide a drawing that includes the location of all equipment that uses water (i.e. sinks, dishwashers, garbage disposal, etc.) and the location of the water meter, grease interceptor, water softener, and sewer connections. If available, attach detailed interior plumbing plans.

**Attachment 2**

**Users discharging wastewater, not from food service or restaurant, with on-site hazardous materials, please complete this attachment**

1. List all sources of wastewater, amount of discharge, and whether discharge is continuous or intermittent:

	<u>Source</u>	<u>Amount/Day</u>	<u>Continuous-Intermittent</u>
a.	_____	_____	C [ ] I [ ]
b.	_____	_____	C [ ] I [ ]
c.	_____	_____	C [ ] I [ ]
d.	_____	_____	C [ ] I [ ]

2. Chemicals used Amount/Day/Wk/Yr Spill Contained<sup>2</sup>

a.	_____	_____	[ ] No [ ] Yes
b.	_____	_____	[ ] No [ ] Yes
c.	_____	_____	[ ] No [ ] Yes

3. Pretreatment for sewerage wastewater, list types (i.e. interceptor, clarifier, pH adjustment, silver Recovery, amalgam separator) and location

	<u>Type</u>	<u>Location</u>
a.	_____	_____
b.	_____	_____
c.	_____	_____

4 List all hauled wastes

	<u>Type</u>	<u>Transportation Co.</u>	<u>How often</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

5 EPA Generator Number: \_\_\_\_\_

<sup>2</sup>Spill Contained: If the chemical spilled accidentally, would the chemical flow into a drain out of the building or would the chemical be "contained" so that cleanup could be handled in a safe and legal manner.

## **Attachment 2 (continued)**

6. Diagram: Provide a drawing (may be handwritten) including, but not limited to: a Basic floor plan (include notation of areas which generate wastewater), the location of all water meters, pretreatment equipment, hazardous chemical storage, hazardous waste storage, and sewer connection (if known). If available, attach detailed interior plumbing plans.