



City of
Santa Monica®

Water Resources Protection Programs
Industrial Wastewater Application Survey

Return to: Water Resources Protection Programs
1212 5th Street, 3rd Floor
Santa Monica, CA 90401

Company Information

1. Company Legal Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone () _____
2. Facility Name _____
Location _____
Santa Monica, CA Zip _____ Phone: () _____
3. Name of Owner (s) _____
Address _____
Phone: () _____
4. Number of employees _____
5. Number of Shifts ____ Starting times: 1. _____ am/pm 2. ____ am/pm 3. _____ am/pm
6. Number of months in operation _____
7. Describe manufacturing or service activities conducted and final products:
(Nature of business and products)

8. List raw materials used and quantities (attach a list if necessary).
If this information has been previously submitted to the City and there have been no changes,
check here : _____

9. List chemicals used and quantities (attach a list if necessary). If this information has been previously submitted to the City and there have been no changes, check here: _____

10. What is your daily average water usage? _____ gallons
 11. What is your maximum daily water usage? _____ gallons
 12. What is the Standard Industrial Classification (SIC) Code for your business? _____

13. Is your business subject to Federal Categorical Pretreatment Standards?
 Yes _____ No* _____
 List all applicable standards _____

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- Note: If you checked "No", you are not required to complete the rest of the questionnaire. However, you must read and sign the certification in question #23.

Pretreatment Information

14. Summarize each regulated process as follows:

Proc. Description / Prod. Rate / Pretreat. Cat. / Subpart / SIC Code

15. Summarize your business wastewater flow as follows:

A. Regulated Processes

Proc. Description	Avg. Flow(gpd)
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Max. Daily Flow(gpd)	Discharge(batch/continuous)
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B. Unregulated Processes (es)

Proc. Description

Avg. Daily flow(gpd)

Max. Daily Flow (gpd)

Discharge (batch/continuous)

C. Cooling Water

Avg. Daily flow(gpd)

Max. Daily Flow (gpd)

Discharge (batch, continuous)

D. Sanitary Water

Avg. Daily flow(gpd)

Max. Daily Flow (gpd)

Discharge (batch, continuous)

E. What is the total wastewater flow from your business (gpd)?

Average_____ Maximum_____

16. Provide on a separate sheet:

- A. A schematic drawing or flow chart of each regulated process that generates wastewater;
- B. A schematic drawing showing all wastewater flows(regulated & unregulated), the location of any treatment system, and all sampling locations;

17. Briefly describe any and all wastewater treatment utilized.

18. Does your business generate any hazardous waste (e.g., sludges, spent process solutions, baths)? Yes _____ No _____

If this information has been previously submitted to the City and there have been no changes, check here: _____

19. List all environmental permits held by or for your business:

Description of Permit or Title	Permit Number
<hr/>	<hr/>
<hr/>	<hr/>
Issuing Agency	Expiration Date
<hr/>	<hr/>
<hr/>	<hr/>

20. Has your business developed a Plan to Control Slug Discharge and a Spill Control Prevention Plan?

Yes _____ No _____

21. A. Is your business consistently meeting applicable pretreatment standards (both Federal and Santa Monica Limits)?

Yes _____ No _____

B. If no, will you require:

1. New or additional pretreatment facilities to achieve compliance?

Yes _____ No _____

2. Additional operation and maintenance to achieve compliance?

Yes _____ No _____

C. If you checked yes for either B.1 or B.2, attach schedule on a separate sheet showing increments of progress and indicating dates for the commencement and completion of major events leading to compliance with the applicable standards.

22. Attach laboratory analyses for all wastewater samples taken at your facility.

SIGNATORY REQUIREMENT

23. I certify under penalty of law that I have personally examined and am familiar with the information in this document and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Printed Name-Authorized Representative

Signature

Official Title

Date