



**CITY OF SANTA MARIA DEPARTMENT OF UTILITIES
INDUSTRIAL WASTEWATER DISCHARGE
PERMIT APPLICATION**

All businesses within the City of Santa Maria are required to complete an industrial wastewater discharge permit application. Use current operating data, if available, or your best estimate based on similar types of businesses. Please answer all questions as thoroughly as possible. If a question is inapplicable to your industry, please indicate. Incomplete applications shall be returned.

For City Use Only

New Applicant Renewal

-0-Discharge Class III

Class I Class IV

Class II (SIU or CIU)

Permit No: _____

NAIC Code: _____

COMPANY INFORMATION

1. Company Name: _____
2. Facility Address: _____

3. Mailing Address: _____

4. Email Address _____
5. Facility Contact (name, title, telephone number): _____
6. Property Owner: _____
7. Principal Business Activity Conducted at this Facility: _____
8. What is the most convenient time of the workday for Regulatory Compliance staff to visit your facility? _____
9. Average Number of Employees: _____ Days & Hours of Operation: _____

10. Wastewater Generating Processes (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> None (no water to building) | <input type="checkbox"/> Photographic processing | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Electroplating or anodizing | <input type="checkbox"/> Dry cleaning |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Equipment washing or rinsing | <input type="checkbox"/> Laundry facilities |
| <input type="checkbox"/> Dental Office | <input type="checkbox"/> Sanitary restrooms | <input type="checkbox"/> Print shop |
| <input type="checkbox"/> Medical Office | <input type="checkbox"/> Cafeteria or kitchen | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Mortuary | <input type="checkbox"/> Food processing, freezing, packaging | |

Describe wastewater generating processes checked above (attach additional sheets if necessary): _____

11. Do you have a sand and oil trap or clarifier? _____ If yes, what size? _____ Location: _____
12. Do you have a grease trap or interceptor? _____ If yes, what size? _____ Location: _____
13. Do you have any other type of trap? _____ If yes, what kind? _____ Location: _____
14. If the response for #10, #11, or #12 is YES, how often is the trap/clarifier/interceptor cleaned? _____
15. If the response for #10, #11, or #12 is YES, who performs the cleaning? _____
16. Please describe chemicals or other substances used in your processes which may enter your wastewater and the City's sewer system. Describe any alternate disposal methods (i.e., recycling, hauling) employed or contracted by you for substance disposal: _____
17. Do you have floor drains, floor sinks, or any other disposal connection to the City's sewer system other than restroom facilities? _____ If yes, please describe: _____
18. Average volume of water used each month: _____ Account Number: _____
From? City of Santa Maria or Cal-Cities If water or sewer charges are paid by someone other than your business; please provide name, address, and phone number: _____
19. Please estimate what percentage of total water consumed at your facility is used for each of the following (total =100%):
Employee Kitchen/Break Room _____ Restrooms _____ Landscape Irrigation _____
Business Production or Process _____ Industrial _____ Other (explain) _____



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20. List chemicals or fuels stored at this facility (attach separate sheets if necessary) that, in the event of unforeseen occurrence or accident, could create a spill event: _____

21. Container types: Drums Tanks Bottles Other Material types: Waste Pure Product
22. Please describe any alternate disposal methods (i.e., recycle, haulers) employed or contracted by you for disposal of stored substances: _____
23. Does this facility currently hold a National Pollutant Discharge Elimination System (NPDES) Permit? _____
If yes, Permit number is: _____ List substances regulated by NPDES Permit: _____

24. Does this facility discharge any substances associated with industrial activities (i.e. boiler, cooling tower condensate, process wastewater, etc.) to the City's stormwater system? _____ If yes, please describe: _____

25. Are any processes performed out of doors that may cause accidental or incidental contact of industrial substances with stormwater? _____ If yes, list the processes, equipment, materials, including raw materials, intermediates or products, that may become exposed to stormwater: _____

26. Does this facility store any materials or substances outdoors, which may come into contact with storm water? _____
If yes, list the materials stored outdoors: _____
27. Are any control measures, (i.e. berms, secondary containment) used to prevent substances from entering storm drains from any outdoor activities or storage? _____ If yes, please describe: _____
28. Do you have an emergency spill clean-up plan? _____ If yes, please attach.

The above information is accurate to the best of my knowledge and is based on (check one):

Current operating data Best estimate based on _____

Other (explain): _____

This application was completed by (please print):

Name/Title: _____ Phone No: _____

Signature: _____ Date: _____

Please Return to:

**City of Santa Maria Utilities Department
Regulatory Compliance Division
2065 East Main Street
Santa Maria, CA 93454
FAX: 805-928-7240**

Email: regulatorycompliance@cityofsantamaria.org