



# TEMPLETON COMMUNITY SERVICES DISTRICT

P.O. Box 780  
420 Crocker Street  
Templeton, CA 93465  
(805) 434-4900 FAX (805) 434-4820

## Industrial Wastewater Survey and Permit Application

### Section 1. REASON FOR APPLYING

- A.  New or proposed Point of Discharge
- B.  Existing, but Unpermitted Point of Discharge
- C.  New Ownership - Previous Company dba: \_\_\_\_\_ Previous Permit No. \_\_\_\_\_

### Section 2. COMPANY INFORMATION

- A. San Luis Obispo County License No. \_\_\_\_\_
- B. Legal Business Name: \_\_\_\_\_
- C. Type of Ownership:  Corporation  Partnership  LLC  Sole Proprietor \_\_\_\_\_  
(Owner Name)
- D. Facility Doing Business As (dba): \_\_\_\_\_
- E. Names and Titles of authorized representatives:

Corporate Officers/ Partners/other

Title

_____	_____
_____	_____
_____	_____

- F. Facility Location Address:

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Facility Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Title: \_\_\_\_\_ Email \_\_\_\_\_

- G. Mailing Address:

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (ZipCode)

Attention Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

Company Name: \_\_\_\_\_

**H. Billing Address:**

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Attention Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

**I. Property Owner Mailing Address:**

Name: \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Attention Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_

**J. Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_**

Hours of Operation: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Days Per Week: S M T W Th F S (Circle)

Seasonal (circle the months of the year during which the business occurs):											
J	F	M	A	M	J	J	A	S	O	N	D

Number of Employees: \_\_\_\_\_ Number of Shifts: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm Days Per Week: S M T W Th F S (Circle)

Seasonal (circle the months of the year during which the business occurs):											
J	F	M	A	M	J	J	A	S	O	N	D

**K. Average Operational /Production Days Per Year: \_\_\_\_\_ Average discharge Days Per Year: \_\_\_\_\_**

**L. When did Operations Begin (Mo/Day/YYYY)? \_\_\_\_\_**

Has there been any construction since the beginning of operations that has modified or replaced the process or production equipment that caused the discharge of pollutants?  NO  YES If YES, Explain: \_\_\_\_\_

**Section 3. OPERATION(S)**

- |  |   |
|--|---|
| <input type="checkbox"/> Auto Detail/Wash          | <input type="checkbox"/> Medical Services       |
| <input type="checkbox"/> Auto Service/Repair       | <input type="checkbox"/> Personal Services      |
| <input type="checkbox"/> Bakery                    | <input type="checkbox"/> Pharmacy               |
| <input type="checkbox"/> Automobile Service/Repair | <input type="checkbox"/> Photo Services         |
| <input type="checkbox"/> Dry Cleaning/Laundry      | <input type="checkbox"/> Printing               |
| <input type="checkbox"/> Food Processing           | <input type="checkbox"/> Professional Services  |
| <input type="checkbox"/> Food Services/Restaurant  | <input type="checkbox"/> Public Service         |
| <input type="checkbox"/> Hotel/Motel               | <input type="checkbox"/> Retail Sales           |
| <input type="checkbox"/> Laboratory                | <input type="checkbox"/> Wholesale Distribution |
| <input type="checkbox"/> Machine Shop              | <input type="checkbox"/> Winery                 |
| <input type="checkbox"/> Manufacturing/ All Types  | <input type="checkbox"/> Other _____            |

Company Name: \_\_\_\_\_

A. Provide a brief detailed description of the type of manufacturing, business processes, production, or service activities your firm conducts at this site: \_\_\_\_\_

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

B. List primary products produced at this site: \_\_\_\_\_

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

C. Standard Industrial Classification Code(s) (SIC) for your facility: \_\_\_\_\_

D. Raw materials and process additives used: \_\_\_\_\_

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

E. Production Rate

Production Rate				
Product	Past Calendar Year Amounts per Day (Daily Units)		Estimate This Calendar Year Amounts Per Day (Daily Units)	
	Average	Maximum	Average	Maximum

Company Name: \_\_\_\_\_

F. Types of wastes generated per operational day in Gallons Per Day (GPD). Indicate Estimated (E) or Measured (M):

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

G. Wastewater discharged in gallons per operational day in Gallons Per Day (GPD). Indicate Estimated (E) or measured (M).

	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, Continuous, None)	Ave. Discharge Days Per Month
1. Sanitary sewer (all wastewater)					
2. Storm drain or channel					
3. Street					
4. Ground					
5. Surface Water					
6. Wastewater (process water) to storage tanks for haul off					
7. Waste hauler(s) (grease/oil)					
8. Evaporation					
9. Other					
<b>TOTAL WASTES DISCHARGED</b>					

**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                           | <input type="checkbox"/> Metal Coating (Phosphating, Coloring,) |
| <input type="checkbox"/> Aluminum Forming                    | <input type="checkbox"/> Nonferrous Materials                   |
| <input type="checkbox"/> Anodizing                           | <input type="checkbox"/> Organic Chemicals                      |
| <input type="checkbox"/> Automobile Maintenance and Repair   | <input type="checkbox"/> Paint & Ink                            |
| <input type="checkbox"/> Battery Manufacturing OR Reclaiming | <input type="checkbox"/> Petroleum Refining                     |
| <input type="checkbox"/> Copper Forming                      | <input type="checkbox"/> Pharmaceuticals                        |
| <input type="checkbox"/> Dairy Products Processing           | <input type="checkbox"/> Photographic Supplies                  |
| <input type="checkbox"/> Electric/Electronic Components      | <input type="checkbox"/> Plastic & Synthetic Materials          |
| <input type="checkbox"/> Electroplating                      | <input type="checkbox"/> Plastics Processing                    |
| <input type="checkbox"/> Fruit or Vegetable Processing       | <input type="checkbox"/> Porcelain Enamel                       |
| <input type="checkbox"/> Hospital                            | <input type="checkbox"/> Printed Circuit Board Manufacturing    |
| <input type="checkbox"/> Inorganic Chemicals                 | <input type="checkbox"/> Printing & Publishing                  |
| <input type="checkbox"/> Iron & Steel                        | <input type="checkbox"/> Pulp & Paper                           |
| <input type="checkbox"/> Laundries                           | <input type="checkbox"/> Rubber                                 |
| <input type="checkbox"/> Leather Tanning & Finishing         | <input type="checkbox"/> Soaps & Detergent                      |
| <input type="checkbox"/> Mechanical Products                 | <input type="checkbox"/> Winery / Brewery / Distillery (Circle) |
| <input type="checkbox"/> Metal Etching/Chemical Milling      | <input type="checkbox"/> Cannabis                               |

**B.** Individual wastewater flows generated in gallons per operational day in Gallons Per Day(GPD). Indicate Estimated (E) or Measured (M).

Process Description List all wastewater generating operations	Average Flow (GPD)	Maximum Flow (GPD)	E/M	Type of Discharge (Batch, continuous, none)	Ave. Discharge Days Per Month
<b>TOTAL FLOW</b>					

Company Name: \_\_\_\_\_

- C. Water conditioning unit(s) (softener or demineralizer) used on site?  Yes  No If yes, # of units: \_\_\_\_\_  
Conditioning unit regenerated on site:  Yes  No \_\_\_\_\_ gals/month  
If yes: name chemical(s) and amount used for regeneration: \_\_\_\_\_ lbs/month

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

- Air flotation
- Biological treatment, type \_\_\_\_\_
- Centrifuge
- Chemical precipitation
- Chlorination
- Clarifier, size \_\_\_\_\_, Number of compartments \_\_\_\_\_
- Cyclone
- Filtration
- Flow equalization, capacity \_\_\_\_\_
- Grease or oil separation, type \_\_\_\_\_
- Grease trap, size \_\_\_\_\_
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Rainwater diversion or storage
- Reverse osmosis
- Screen
- Septic tank, size \_\_\_\_\_
- Solvent separation
- Spill protection
- Sump, size \_\_\_\_\_
- Other chemical treatment, type \_\_\_\_\_
- Other physical treatment, type \_\_\_\_\_
- Other, type \_\_\_\_\_
- No pretreatment provided

E. List types and quantities of chemicals used or planned use per month (attach additional sheets if necessary).

Chemical	Quantity (Per month)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

---

**Section 5. SPILL PREVENTION**

- A. Do you have chemical storage containers, bins, or ponds at your facility?  Yes  No
- B. Do you have floor drains in your manufacturing or chemical storage area(s)?  Yes  No  
If yes, where do they discharge to? \_\_\_\_\_
- C. 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
- 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.

---

**Section 6. SITE PLAN**

A site plan of the premises MUST be included with this application. This application will be considered incomplete if no site plan is included. Failure to submit a site plan will result in this application being denied and no permit will be issued.

Site plan must show all pertinent buildings, property lines, streets and roads. Indicate all sewers, storm drains, drainage ditches, manholes, sampling and monitoring locations and show the sizes of these items. Show all points of connection to the public sewer and drain lines. Indicate direction with a North arrow. Use additional sheets if necessary.

**Section 7. CERTIFICATION**

*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 (Printed) Title

\_\_\_\_\_  
Signature Date

Company Name: \_\_\_\_\_

## SITE PLAN