PALO ALTO REGIONAL WATER QUALITY CONTROL PLANT (RWQCP)

2501 Embarcadero Way, Palo Alto, California 94303, phone 650-329-2598

Serving the Communities of the East Palo Alto Sanitary District, Los Altos, Los Altos Hills, Mountain View, Palo Alto and Stanford

INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION

"It is unlawful for any person or organization to discharge or cause to be discharged any industrial waste whatsoever directly or indirectly into the sanitary sewer system without first obtaining a permit for industrial waste discharge pursuant to this Section. Appropriate fees for such permits are specified in a utility rate schedule of the Palo Alto utilities rates and regulations. Furthermore, it shall be unlawful for any person or organization to discharge any industrial waste in excess of the quantity or quality limitations or to violate any other requirement set forth in this Chapter or in a permit for industrial waste discharge." (City of Palo Alto Municipal Code, Section 16.09.080(a))

SECTION I. GENERAL INFORMATION

PERMIT FEE: Refer to the City of Palo Alto Municipal Fee Schedule for current rates
https://www.cityofpaloalto.org/Departments/Administrative-Services/City-Budget

SUBMITTAL DIRECTIONS: Send original, hard-copy to: Pretreatment Program, 2501 Embarcadero Way, Palo Alto, CA 94303. For quicker turnaround, also email a scanned copy to: Pretreatment@CityofPaloAlto.org

A. ENTER THE APPLICATION SUBMITTAL DATE:

B. ENTER THE EXISTING RWQCP DISCHARGE PERMIT NUMBER (if applicable):

C. BUSINESS IDENTIFICATION

1. Business Name: 2. Street Address of Facility Discharging Wastewater: 3. Business Mailing Address:	4. If the business is a sole proprietorship, please list the name of owner and assumed name, if different from name listed in C.1 above: 5. If the business is a partnership, please list the names of all general partners and assumed name(s): 6. If the business is a corporation, please list the state in which incorporated and the name and address of the registered agent:

D. CONTACTS

1. Complete the subsection below for the person to whom correspondence will be directed.

Name: Title: Phone: Emergency Phone: Fax:	E-mail: Mailing Address:

2. Complete the subsection below for the Authorized Representative specified in Section VIII.C

Name: Title: Phone: Emergency Phone: Fax:	E-mail: Mailing Address:

E. GENERAL FACILITY DESCRIPTION

If the Facility has more than one building at which process operations occur, complete pages 2 through 7 of this application for each of the buildings. If the Facility does not have an existing discharge permit issued by the RWQCP, complete pages 2 through 7 using best estimates for questions for which historical information is unavailable.

1. Facility/Building name/number:

2. Enter the SIC Code for the Facility/Building:

3. List the principal business activity(ies)/product(s)/service(s) occurring at the Facility/Building:

4. Complete the table below for all wastewater generating activities occurring at the Facility/Building (attach additional sheets if necessary).

SOURCE	WEEKDAYS			WEEKEND			SIC CODE
	DAY(s) OF WEEK	START TIME	END TIME	DAY(s) OF WEEKEND	START TIME	END TIME	
Sanitary							N/A

5. Complete the table below with information that represents typical operations.

	OFFICE		PROCESS RELATED EMPLOYEES PER SHIFT					
			DAY SHIFT		SWING SHIFT		NIGHT SHIFT	
	NUMBER	HOURS	NUMBER	HOURS	NUMBER	HOURS	NUMBER	HOURS
WEEKDAY		–		–		–		–
SATURDAY		–		–		–		–
SUNDAY		–		–		–		–

SECTION II. ENVIRONMENTAL CONTROL PERMITS

1. List all regulatory permits held by the Facility/Building.

PERMITTING AGENCY	PERMIT TYPE	PERMIT/ID NUMBER
EPA	Hazardous Waste Generator ID	

SECTION III. DESCRIPTION OF FACILITY & ACTIVITIES

A. FACILITY/BUILDING OPERATION

Check each of the following that are either present or occurring at the Facility/Building:

- ☐ Bio-Medical Research
- ☐ Cage Washing
- ☐ Coolant Recycling
- ☐ Cooling Tower
- ☐ Dairy Products
- ☐ DI Water
- ☐ Dyeing
- ☐ Educational Institution
- ☐ Electrical & Electronic Components
- ☐ Electroplating
- ☐ Food & Edible Products Processing
- ☐ Grinding
- ☐ Hospital or Medical/Dental Facility
- ☐ Incinerator
- ☐ Inorganic Chemicals
- ☐ Laboratory
- ☐ Laundry
- ☐ Machine Shop/Machining
- ☐ Metal Fabrication
- ☐ Metal Finishing
- ☐ Organic Chemicals
- ☐ Plastic Molding
- ☐ Paint Striping
- ☐ Painting
- ☐ Pharmaceuticals
- ☐ Photo Processing
- ☐ Pool/Fountain
- ☐ Polishing
- ☐ Printing & Publishing
- ☐ Recirculating Hot Water System
- ☐ Restaurant/Cafeteria
- ☐ Silk Screening
- ☐ Soldering
- ☐ Solvent Degreasing
- ☐ Vehicle Maintenance
- ☐ Water Contact Air Scrubbers
- ☐ Water Seal Vacuum Systems

B. DISCHARGE DESCRIPTION

1. What percentage of process wastewater is discharged in batches?	%
2. What percentage of wastewater is discharged continuously?	%
3. Is the discharge of process wastewater subject to seasonal variations? **If yes, briefly describe below.**	☐YES ☐NO

SEASONAL VARIABIITY	TIME OF YEAR

C. OPERATIONAL OR FACILITY CHANGES

Are any operational or process changes or expansions/contractions currently planned during the next six years? **If yes, describe the planned changes below and indicate the estimated effective date(s) for each (attach additional sheets if necessary).**	☐YES ☐NO

PLANNED CHANGES	EFFECTIVE DATE

SECTION IV. REQUIRED ATTACHMENTS

The following attachments are required to be submitted with this application

A. FACILITY LAYOUT

A drawing of the entire facility with each sampling location indicated.

B. PRETREATMENT SYSTEMS (PROVIDE THE FOLLOWING FOR EACH PRE-TREAMENT SYSTEM)

1. An operations and maintenance manual and a pretreatment system block flow diagram.
2. Standard Operating Procedures (SOP) and Standard Maintenance Procedures (SMP) including procedures for handling accidental or slug discharges and pre-treatment system upsets, failures, or bypasses.

C. SPILL CONTROL PLAN

A Spill Control Plan (SCP) prepared according to the RWQCP guidelines. The guidelines can be found at: https://cleanbay.org/wp-content/uploads/2021/09/spill-control-plan-guidelines.pdf.

D. TOXIC ORGANIC MANAGEMENT PLAN (TOMP)

1. Facilities which use, store, or generate toxic organics must submit a TOMP prepared in accordance with RWQCP guidelines. The guidelines can be found at: https://cleanbay.org/wp-content/uploads/2021/09/4tomp-031808.pdf.

2. If **NO TOXIC ORGANICS ARE STORED, USED OR GENERATED AT THE FACILITY,** the Authorized Representative, as defined in Section VIII.C of this Application, must sign the following certification as a TOMP:

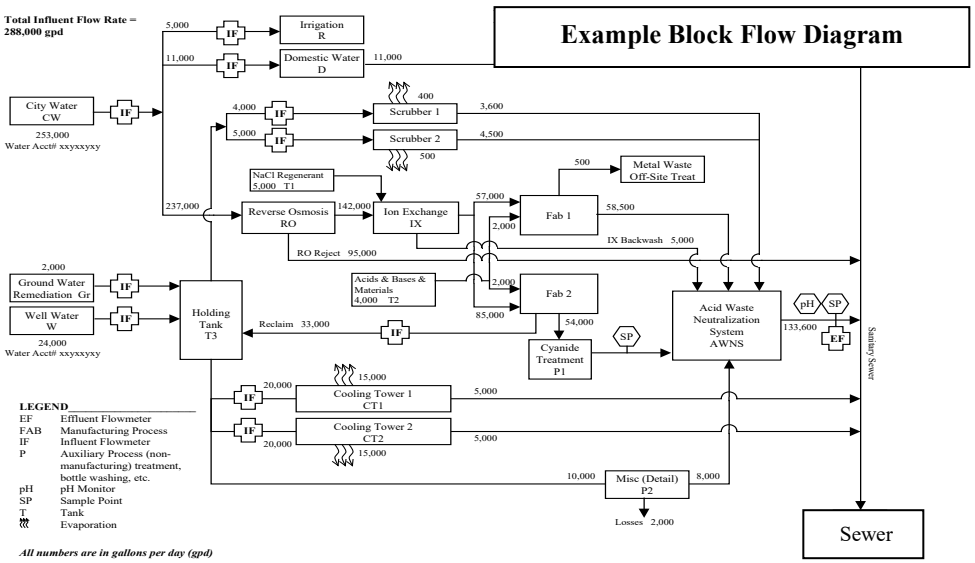
Based on my inquiry of the person or persons responsible for managing compliance with applicable federal, state and local TTO pretreatment standards, I certify, under penalty of law, that to the best of my knowledge and belief **NO TOXIC ORGANICS ARE USED IN ANY PROCESS OR CONTAINED ON THE FACILITY SITE.** I further certify that during the term of this discharge permit no toxic organics will be brought onsite or used in any processes without first providing 30-days advance notice to the RWQCP.

_____ _____ _____

(print name of Authorized Representative) (signature of Authorized Representative) (date)

E. PROCESS BLOCK FLOW DIAGRAM

A facility block flow diagram that includes the daily average and maximum daily discharge and evaporation from each process including cooling towers and boilers is required. Below is an example of a basic diagram. More detailed diagrams may be required for some facilities. Contact RWQCP staff for specific requirements for your facility.



SECTION V. FACILITY WATER USAGE AND WASTEWATER DISCHARGE

Complete subsections A, B, and C below using the past six month's data. If the Facility has an existing discharge permit issued by the RWQCP, the information contained in the Facility's most recent PRCC submittal may be used to complete subsection A and B below. If any values are estimated, provide a detailed description of the calculation methods used. Enter all flow values in gallons.

A. WATER USAGE INFORMATION

1. Enter the time period used to complete subsections A, B, and C below.	
2. Enter the average daily water usage for the Facility (this information can typically be obtained from City water utility bills). If the facility has separate City water meters for irrigation, **DO NOT** include the flow from those meters in this section.	
3. Enter the source of water (City Water, Groundwater, Recycled Water).	
4. Does the facility have separate water meter(s) which record the volume of water used for irrigation? **If NO:** Enter the average daily water used for irrigation.	☐YES ☐NO
5. Enter the average daily evaporation from all cooling towers or other sources (excluding irrigation):	
6. Enter the average daily total wastewater discharge volume from the facility, including sanitary wastewater. Note: In general, total wastewater discharge is equal to average daily water usage for facilities that do not operate cooling towers and that have separate irrigation water meters. For facilities that operate cooling towers, average daily cooling tower evaporation must be subtracted from the average daily water usage. Likewise, average daily irrigation usage must be subtracted for facilities that do not meter irrigation water separately.	

B. WASTEWATER DISCHARGE BREAKDOWN BY SAMPLING LOCATION

This subsection is only to be completed by Facilities which have an active discharge permit issued by the RWQCP

Process Description	Daily Flow (gpd)		Flow Monitoring		Discharge Point
	Average	Maximum	Measured	Estimated	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	
			☐	☐	

C. WASTEWATER DISCHARGE BREAKDOWN BY TYPE

Complete this subsection for each wastewater generating activity

Process Description	Discharged in Batches?	Avg. # batches per day	Average batch size	Daily Flow (gpd)		Flow Monitoring		Discharge Point
				Average	Maximum	Measured	Estimated	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	
	☐YES ☐NO					☐	☐	

SECTION VI. TOXIC ORGANIC COMPOUNDS & SUBSTANCES PRESENT AT FACILITY

Indicate whether any of the following pollutants may be present at the facility. Check column A if the pollutant comes in contact with water and/or may be present in the wastewater. Check column B if the pollutant is present at the facility but in a location or process where no entry into the wastewater should occur. Attach additional sheets if necessary.

A. TOXIC ORGANICS

A	B	VOLATILES
☐	☐	Acrolein
☐	☐	Acrylonitrile
☐	☐	Benzene
☐	☐	Bromodichloromethane
☐	☐	Bromoform
☐	☐	Bromomethane
☐	☐	Carbon tetrachloride
☐	☐	Chlorobenzene
☐	☐	Chlorodibromomethane
☐	☐	Dichlorobromomethane
☐	☐	Dichlorodifluoromethane
☐	☐	1,1,1 trichloroethane -TCA
☐	☐	1,1,2 trichloroethane
☐	☐	trichlorofluoroethane
☐	☐	1,2-dichlorethane
☐	☐	1,1,1-trichloromethane
☐	☐	1,1-dichloroethane
☐	☐	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

A	B	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)methene
☐	☐	Bis (2-ethylhexyl) phthalate
☐	☐	4-bromophenyl phenyl ether
☐	☐	Butyl benzyl phthalate
☐	☐	Chrysene
☐	☐	2-chlorphenol ether
☐	☐	4-chlorophenyl phenyl ether
☐	☐	Dibenzo(a,h)anthracene
☐	☐	1,2-dichlorobenzene
☐	☐	1,3-dichlorobenzene
☐	☐	1,4-dichlorobenzene
☐	☐	3,3-dichlorobenzidine
☐	☐	2,4-dichlorophenol
☐	☐	Di-n-octyl phthalate
☐	☐	Di-n-butyl phthalate
☐	☐	2,4-dinitrophenol
☐	☐	4,6-dinitro-o-cresol
☐	☐	1,2-diphenylthydrazine
☐	☐	2,4-dinitrotoluene
☐	☐	Fluoranthene
☐	☐	Fluorene
☐	☐	Hexachlorobenzene
☐	☐	Hexachloroethane
☐	☐	Hexachlorobutadiene
☐	☐	Hexachlorocyclopentadiene
☐	☐	Indeno(1,2,3-cd)pyrene
☐	☐	Isophorone
☐	☐	Naphthalene
☐	☐	Nitrobenzene
☐	☐	2-nitrophenol
☐	☐	4-nitrophenol

A	B	SEMI-VOLATILES (continued)
☐	☐	N-nitrosodimethylamine
☐	☐	N-nitrosodiphenylamine
☐	☐	N-nitrosodi-n-propylamine
☐	☐	Parachlorometacresol
☐	☐	Pentachlorophenol
☐	☐	Phenanthrene
☐	☐	Phenol
☐	☐	Pyrene
☐	☐	1,2,4-trichlorobenzene
☐	☐	2,4,6-trichlorophenol

A	B	PESTICIDES & PCBs
☐	☐	Aldrin
☐	☐	Chlordane
☐	☐	Dieldrin
☐	☐	4,4-DDT
☐	☐	4,4-DDE (p,p'DDX)
☐	☐	4,4-DDD (p,p'TDE)
☐	☐	Alpha-endosulfan
☐	☐	Beta-endosulfan

A	B	PESTICIDES & PCBs
☐	☐	Endosulfan sulfate
☐	☐	Endrin
☐	☐	Endrin aldehyde
☐	☐	Heptachlor
☐	☐	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-tetrachlorodibenzo-p-dioxin

B. METALS & MISC.

A	B	METALS
☐	☐	Antimony
☐	☐	Arsenic
☐	☐	Barium
☐	☐	Beryllium
☐	☐	Cadmium
☐	☐	Chromium
☐	☐	Cobalt
☐	☐	Copper
☐	☐	Lead
☐	☐	Mercury
☐	☐	Nickel
☐	☐	Silver
☐	☐	Thallium
☐	☐	Selenium
☐	☐	Zinc

A	B	MISC
☐	☐	Asbestos
☐	☐	Cresols
☐	☐	Cyanide
☐	☐	High pH (>11.0)
☐	☐	Hydrofluoric Acid
☐	☐	Low pH (<5.0)
☐	☐	Oil/grease (animal/vegetable)
☐	☐	Radioactivity
☐	☐	Suspended solids (>300 mg/L ave.)
☐	☐	Suspended solids (>1000 mg/L max.)
☐	☐	Total solids (>1500 mg/L ave.)
☐	☐	Total solids (>5000 mg/L max.)
☐	☐	Other pollutants *(please list)*

SECTION VII. POLLUTION ABATEMENT PRACTICES

A. WASTEWATER PRETREATMENT

1. Check any of the following that are used to treat wastewater at the Facility.

☐ AIR FLOTATION ☐ CHROME REDUCTION ☐ CYANIDE DESTRUCTION
☐ DISTILLATION ☐ DISINFECTION TANK ☐ ELECTROWINNING
☐ EVAPORATION ☐ GOLD RECOVERY ☐ FILTRATION-MEMBRANE
☐ EQUALIZATION TANK ☐ FLOCCULATION ☐ FILTER PRESS
☐ pH ADJUSTMENT ☐ OIL/GREASE SEPARATOR ☐ FILTRATION-SAND/DIATOMACEOUS
☐ ION EXCHANGE ☐ SETTLING/CLARIFICATION ☐ FILTRATION-OTHER (Please specify)
☐ PRECIPITATION

☐ GREASE INTERCEPTOR - OUTSIDE *(please list size and maintenance frequency)*:
☐ GREASE TRAP -INSIDE *(please list size and maintenance frequency)*:
☐ SILVER RECOVERY *(please list type of unit and maintenance frequency)*:
☐ OTHER PRETREATMENT METHODS *(please list):*

2. List the California Department of Toxic Substance Control permit number for each processes checked above:

3. Pretreatment system(s) operate weekdays from to on the following days:
☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

4. Pretreatment system(s) operate on weekends from to on the following days ☐Sat. ☐Sunday

5. Describe the maintenance protocol for each treatment system (attach additional sheets if necessary).

6. Does the facility treat and/or discharge (or anticipate treating and/or discharging) any concentrated waste that is not listed as a wastewater generating activity in Section I.F.4 above *(ie plating baths, spent solvents, fluoride bearing wastes, high strength acids and/or bases, etc.)*? ☐YES ☐NO. If yes, indicate the following for each waste: type, annual quantity discharged (include unit description), type of treatment, and the point of discharge into the sanitary sewer:

B. WASTE STORAGE & DISPOSAL

1. Indicate the quantity of each of the following wastes that were generated at the facility during the past 12 months or if a new facility the expected amount that will be generated in the next 12 months.

Item	Qty	Unit	Item	Qty	Unit
Spent Chemicals		☐Gallons ☐lbs	Plating Waste		☐Gallons ☐lbs
Heavy Metal Sludges		☐Gallons ☐lbs	Photo Waste		☐Gallons ☐lbs
Inks/Dyes		☐Gallons ☐lbs	Medical/Bio Waste		☐Gallons ☐lbs
Oil and/or Grease		☐Gallons ☐lbs	Scrap Metal		☐Gallons ☐lbs
Pretreatment Sludges		☐Gallons ☐lbs	Pesticides		☐Gallons ☐lbs
Solvents/Thinners		☐Gallons ☐lbs	Solids		☐Gallons ☐lbs
Radioactive Waste		☐Gallons ☐lbs			☐Gallons ☐lbs
Paint		☐Gallons ☐lbs			☐Gallons ☐lbs

2. For the above checked wastes, select all that apply below:
☐On-site storage ☐Off-site storage ☐On-site disposal ☐Off-site disposal ☐On-site treatment/recycling

3. List waste haulers used (provide information on a separate sheet of paper if necessary).

Waste Hauler Name	Waste Description	Quantity			Disposal Site
		Volume	Unit	Frequency	

SECTION VIII. CERTIFICATIONS AND SIGNATURE

IMPORTANT NOTE:	In accordance with 40 CFR 403.14, the information and data provided in this application shall be available to the public without restriction. Requests for confidential treatment of this information shall be governed by procedures specified in 40 CFR 2 and the City of Palo Alto Municipal Code, Chapter 16.09.

A. HAZARDOUS WASTE CERTIFICATION (CERTIFY BY CHECKING BOX BELOW)

☐ I certify, under penalty of law, that the wastes for which this discharge application is being filed do not constitute hazardous waste as defined in either Federal or State regulations. I am personally qualified to make this certification or I have consulted with a qualified professional who is qualified to make this certification.

B. OTHER CERTIFICATION (CERTIFY BY CHECKING BOX BELOW)

☐ 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.

C. SIGNATURE OF AUTHORIZED REPRESENTATIVE* (CHECK THE APPLICABLE BOX, SIGN & DATE)

☐ I am an Authorized Representative as defined in (a)(1) below.

☐ I am an Authorized Representative as defined in (a)(2) below.

☐ I am an Authorized Representative as defined in (b) below.

☐ I am an Authorized Representative as defined in (c) below.

☐ I am the Duly Authorized Representative on record as defined in (d) below or as documented in the attached Designation of Authorized Representative form.

Signature of Authorized or Duly Authorized Representative — Telephone Number

Name and title of Authorized or Duly Authorized Representative signing above — Date

**"Authorized Representative" means an authorized or duly authorized representative as defined below:*

(a) If the discharger is a corporation:

(1) The president, secretary, treasurer, or a vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation; or

(2) The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having 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 discharge permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) If the discharger is a partnership or sole proprietorship: a general partner or proprietor, respectively.

(c) If the discharger is a federal, state, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.

(d) The individuals described in paragraphs (a) through (c), above, may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the organization, and the written authorization is submitted to the Superintendent.

PLEASE ATTACH BUSINESS CARD HERE	PLEASE ATTACH BUSINESS CARD HERE