

PALO ALTO REGIONAL WATER QUALITY CONTROL PLANT

2501 Embarcadero Way, Palo Alto, California 94303, phone 650-329-2122, Pretreatment@CityofPaloAlto.org

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 FOR VEHICLE SERVICE FACILITIES

"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. 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 FACILITY INFORMATION

A. FACILITY SIC CODE

Enter the Facility SIC Code:

B. FACILITY IDENTIFICATION

- | | |
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| 1. Facility Name:

2. Street Address of Facility Discharging Wastewater:

3. Facility 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 B.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: |
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C. CONTACTS

1. Provide the following information for the person to whom correspondence will be directed.

Name: Title: Phone: Emergency Phone: Fax:	E-mail: Mailing Address:
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2. Provide the following information for the Authorized Representative specified in Section IV.C

Name: Title: Phone: Emergency Phone: Fax:	E-mail: Mailing Address:
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SECTION II. ENVIRONMENTAL CONTROL PERMITS

List all regulatory permits held by the Facility below.

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

SECTION III. FACILITY DETAILS

A. BUSINESS HOURS (Please list typical business days and hours of operation for each day below)

B. FACILITY OPERATION (check each of the following that occur or are present at the facility. If not present or occurring, check N/A)

1. Exterior Washing	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
2. Exterior Polishing	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
3. Interior Cleaning	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
4. Body Repair Work	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
5. Maintenance	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
6. Fluid Removal	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
7. Painting	<input type="checkbox"/> N/A <input type="checkbox"/> Vehicles <input type="checkbox"/> Motorcycles <input type="checkbox"/> Airplanes <input type="checkbox"/> Boats <input type="checkbox"/> Equipment <input type="checkbox"/> Mobile washing <input type="checkbox"/> Other
8. Paint Types	<input type="checkbox"/> N/A <input type="checkbox"/> Acrylic <input type="checkbox"/> Powder Coat <input type="checkbox"/> Lacquer <input type="checkbox"/> Marine <input type="checkbox"/> Rattle Can <input type="checkbox"/> Other
9. Storage	<input type="checkbox"/> N/A <input type="checkbox"/> Tires(new) <input type="checkbox"/> Tires(used) <input type="checkbox"/> Batteries (new) <input type="checkbox"/> Batteries (used) <input type="checkbox"/> Virgin oil/fluids <input type="checkbox"/> Waste oil/fluids <input type="checkbox"/> Other
10. Misc.	<input type="checkbox"/> N/A <input type="checkbox"/> Aqueous parts cleaner <input type="checkbox"/> Solvent parts cleaner <input type="checkbox"/> Steam cleaner <input type="checkbox"/> Laundry machines <input type="checkbox"/> Brake drum/rotor resurfacing <input type="checkbox"/> Grinding <input type="checkbox"/> Fueling <input type="checkbox"/> Other

C. FACILITY WASTEWATER TREATMENT SYSTEMS (WWTS) (check each of the following that are present at the facility)

1. <input type="checkbox"/>	Oil/Water separator Make/Model: Size:
2. <input type="checkbox"/>	Coagulation / flocculation Make/Model: Size:
3. <input type="checkbox"/>	Carwash recirculation Make/Model: Size:
4. <input type="checkbox"/>	Other Make/Model: Size:

D. FACILITY LAYOUT AND OPERATIONAL OR FACILITY CHANGES

1.	Attach/draw below a sketch of the entire facility with location(s) of WWTS' indicated.

2. Are any process changes or expansions currently planned during the next five years? <i>If yes, describe the planned changes below and indicate the estimated effective date(s) for each (attach additional sheets if necessary).</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION IV. 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)

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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)

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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 Signing Official (print or type)

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

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