



CITY of MODESTO
Public Works Department
Environmental Compliance Section

1221 Sutter Avenue, Modesto, CA 95351
(209) 577-6377 Fax: (209) 577-6290

**2008 WASTEWATER DISCHARGE PERMIT APPLICATION
Baseline Monitoring Report**

PERMIT NO.

Please Type or Print Neatly

I. GENERAL INFORMATION

Industry Name:

Business Address:

Mailing Address (if different):

Owner, Manager or Superintendent Name:

Title:

Phone:

After-Hours Number:

Individual(s) responsible for correspondence, wastewater discharge and maintenance of pretreatment:

Primary Contact:

Title:

Work Phone:

Ext.:

Secondary Contact:

Title:

Work Phone:

Ext.:

Business License Number:

Expiration Date:

Sewer Account Number:

Note: Please fully complete all sections of this Wastewater Discharge Permit Application. Type or print “n/a” in those sections that do not apply to your industry. Incomplete applications will not be considered for approval.

II. TYPE OF INDUSTRY

A. The Environmental Compliance Section shall assign the appropriate Wastewater Pretreatment Program classification to new industries.

Wastewater Discharge Permit Number:				
Permit Type:	New <input type="checkbox"/>	Renewal <input type="checkbox"/>	Modified <input type="checkbox"/>	
Permit Classification:	Categorical <input type="checkbox"/>	Major <input type="checkbox"/>	Minor <input type="checkbox"/>	
Federal categorical regulations that apply: (Categorical industries only) 40 CFR, part:				

B. Environmental Control Permits – 40 CFR 403.12(b)(2)

Please list all environmental control permits held by or for your facility.

Permitting Agency	Permit Type	ID Number	Wastewater Discharge Y /N
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Does your facility have air pollution control device(s) which produce a discharge to the sewer? Yes No

If yes, please describe the device and the nature of the discharge:

C. Describe the manufacturing process or operation:

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D. List the types of products manufactured: [**Categorical Industrial Users (CIUs) Only**]

Products			

E. State average rates of production: [**Categorical Industrial Users (CIUs) Only**]

	1	2	3
Name of Unit Operations			
Unit of Production			
Daily production Rate			
NAICS / SIC			

III TYPE OF DISCHARGE

A. Industrial Users Site Specific Sampling Location

Positive identification of the sampling location is mandatory for permit approval. Complete a sampling location narrative below. Please provide a clear, precise description:

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B. Flow Measurement 40 CFR 403.12(b)(4)

Description of Flow	Average Daily Flow	Maximum Daily Flow	Estimated or Measured Flow? (E) or (M)?	Does waste stream receive pretreatment?
Categorical Process Flow				Yes <input type="checkbox"/> No <input type="checkbox"/>
Process Flow				Yes <input type="checkbox"/> No <input type="checkbox"/>
Dilution Flows (boiler/non-contact cooling water)				Yes <input type="checkbox"/> No <input type="checkbox"/>
Totals				

C. Batch

Describe the nature of the manufacturing operation resulting in batch discharge to the sewer (e.g., tank or vat cleaning, holding tank discharge, freezer defrost):

Batch Discharge				
Number of Discharges per month	Time of Day	Days of the week S, M, T, W, TH, F, S	Average quantity per batch (gallons)	Flow Rate (g.p.m.)

D. Dilution Flows

Boiler blow down in g.p.m.	Cooling tower blow down in g.p.m.

What percentage of your discharge, if any, is made up of uncontaminated water?
 (e.g. cooling water for canned foods, etc.) %

Explain:

E. Is storm water from your site discharged to the City sewer?

Yes No If yes, square footage of area that drains to the City sewer?

F. Continuous flows

State your discharge rates based on the month of highest discharge.

Peak hourly flow GPH

Peak Monthly Flow MG/mo., state month

Peak Daily Flow in Million Gallons Day (MGD)			
Month	Continuous (MGD)	Batch (MGD)	Total (MGD)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

IV. PROJECTED DISCHARGE LOADING

Month	Maximum Flow (MG/mo)	BOD Maximum (lbs/mo)	SS Maximum (lbs/mo)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
TOTALS			

V. CHARACTER OF WASTEWATER

A. State the average values for the following constituents:

Mg/l BOD⁵ = Monthly
 Mg/l SS = Monthly
 pH range = Daily
 Temp range, Avg. = to Daily
 Mg/l TDS = Monthly

Note: If there is a seasonal variation in your discharge, describe the seasonal changes in the character of your wastewater.

B. Indicate which, if any, of the constituents, characteristics or substances listed on the following Elements Table are, or may be, present in the wastewater discharged from your facility. Also, include known or estimated concentrations value in mg/l.

ELEMENTS TABLE

Please identify any constituents, characteristics or substances listed that are or can be present in the wastewater discharged from your facility. Place an (X) next to the constituent code.

<u>Constituents</u>	Code	X	Constituents	Code	X	Constituents	Code	X
Algicides	ALGC	<input type="checkbox"/>	Formaldehyde	HCHO	<input type="checkbox"/>	Selenium	Se	<input type="checkbox"/>
Aluminum	Al	<input type="checkbox"/>	Hydro-carbons*	HC	<input type="checkbox"/>	Silver	Ag	<input type="checkbox"/>
Ammonia	NH ₃	<input type="checkbox"/>	Iodine	I	<input type="checkbox"/>	Sodium	Na	<input type="checkbox"/>
Antimony	Sb	<input type="checkbox"/>	Iron	Fe	<input type="checkbox"/>	Solvents*	Solv	<input type="checkbox"/>
Arsenic	As	<input type="checkbox"/>	Lead	Pb	<input type="checkbox"/>	Sulfate	SO ₄	<input type="checkbox"/>
Barium	Ba	<input type="checkbox"/>	Magnesium	Mg	<input type="checkbox"/>	Sulfide	S=	<input type="checkbox"/>
Beryllium	Be	<input type="checkbox"/>	Manganese	Mn	<input type="checkbox"/>	Sulfite	SO ₃ -	<input type="checkbox"/>
Boron	B	<input type="checkbox"/>	Mercury	Hg	<input type="checkbox"/>	Surfactant MBAS	MBAS	<input type="checkbox"/>
Bromine	Br	<input type="checkbox"/>	Molybdenum	Mo	<input type="checkbox"/>	Temp Above 120°F	Temp	<input type="checkbox"/>
Cadmium	Cd	<input type="checkbox"/>	Nickel	Ni	<input type="checkbox"/>	Titanium	Ti	<input type="checkbox"/>
Calcium	Ca	<input type="checkbox"/>	Oil & Grease	O&G	<input type="checkbox"/>	Tin	Sn	<input type="checkbox"/>
Chlorine	Cl ₂	<input type="checkbox"/>	Pesticides*	Pest	<input type="checkbox"/>	Toxic Organics*	TTO	<input type="checkbox"/>
Chloride	Cl	<input type="checkbox"/>	pH Increase	pH	<input type="checkbox"/>	Vanadium	V	<input type="checkbox"/>
Chromium	Cr	<input type="checkbox"/>	pH Decrease	pH2	<input type="checkbox"/>	Volatile Acids*	TVA	<input type="checkbox"/>
Cobalt	Co	<input type="checkbox"/>	Phenols	Phen	<input type="checkbox"/>	Zinc	Zn	<input type="checkbox"/>
Copper	Cu	<input type="checkbox"/>	Potassium	K	<input type="checkbox"/>	Other		<input type="checkbox"/>
Fluoride	F	<input type="checkbox"/>	Radioactive*	Rad	<input type="checkbox"/>			<input type="checkbox"/>

*Identify the chemical compounds discharged

List the concentrations of the constituents identified above. Attach additional pages if necessary.

_____ mg/l
 _____ mg/l
 _____ mg/l
 _____ mg/l
 _____ mg/l
 _____ mg/l

VI. WATER SUPPLY

A. Show the percentage of water provided by the various sources listed:

Source	Percentage of your Water Usage	Account Number(s)
City of Modesto		
On-Site Wells		
Other		
TOTAL		

B. For on-site wells and other sources, how is the flow measured?

If a flow meter is used, state the type of meter, serial number, multiplier, etc.

C. If your water is supplied by a means other than a single utility with one meter, provide a sketch showing the various water sources and meter locations for your industry. Please provide the sketch as an attachment to this application.

D. If the nature of your industrial process is such that water is produced (e.g. tomato evaporation, etc.) state the quantity in gallons per month. g.p.m.

VII. PRETREATMENT FACILITIES, WASTE DISCHARGE, PIPING

A. Describe the nature of your pretreatment facilities for each building site. Include information on type and physical characteristics such as, mesh size of screens, overflow rates for sedimentation units, etc.

Description

B. Is the discharged wastewater to the City sewer metered?

Yes No

If no, explain how your discharge flow is measured.

If yes, state the kind of meter, model number, multiplier, weir type and exact location.

C. Provide the following sanitary fixtures information for determination of domestic discharge:

<u>Fixture</u>	<u>Number on the Plant Site</u>
Toilets (water closets)	
Wall urinals	
Trough urinals	
Sinks	
Showers	
Drinking fountains	

VIII. INDUSTRY PRODUCTION PERIOD

A. Circle the months of the year that production occurs at your facility:

J F M A M J J A S O N D

B. Circle the days of the week that production occurs at your facility:

Sun Mon Tues Wed Thurs Fri Sat

C. State the hours that production occurs during the day:
(If production hours vary per month, please specify)

Production hours _____ to _____

Cleanup hours _____ to _____

Total Number of Shifts Worked Per Day: _____

D. If your operation is seasonal, describe the seasonal variation in your production:

E. List the number of people employed by your facility:

If the number of employees varies seasonally, denote the variation.

IX. NEW OR MODIFIED PROCESSES OR EQUIPMENT

A. You are required to complete and submit a facility flow diagram with this Wastewater Discharge Permit Application. Assign a reference number to each source of industrial wastewater discharge. Diagram the flow of each source of wastewater from the start of the activity or process to it's termination at the City's sewer connection. The flow diagram should include all connections and sources of process water, cooling tower blowdown, boiler blowdown, sumps, compressor condensate, domestic waste area(s), area(s) for wash down and cleaning, etc. In addition, include the location of any by-pass piping of the pretreatment area. Include this information in the chart below.

Reference Number	Activity/Process Description	Average Flow (g.p.m.)	Max Flow (g.p.m.)	Type of Discharge (Batch, Continuous, etc.)

XI. SPILL PREVENTION

A. Do you have chemical storage containers, bins, or ponds at your facility?

Yes No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain.

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 City Sewer Collection System?

- Yes, (enclose a copy with the application)
- No
- N/A, not applicable since there are no floor drains .
- N/A, the facility discharge(s) only domestic wastes.

D. Please describe below the last spill event that occurred and remedial measures taken to prevent reoccurrence.

XII. Stormwater

Industrial Users outside City limits may be required to have an NPDES Stormwater Permit issued by the State Water Resources Control Board (SWRCB). What is the status of your facility in the State Stormwater Program? Please check the appropriate box.

- Notice of Intent (NOI) has been filed with the SWRCB. I have attached a copy of the NOI to this application.

- Non-Exposure Certification (NEC) has been filed with the SWRCB. I have attached a copy of the NEC to this application.

- Stormwater Pollution Prevention Plan (SWPPP) is currently on file.

- I will contact the SWRCB and complete the forms necessary to comply with the State Stormwater Program. SWRCB telephone number is (916) 464-3291.

SWRCB web-site: <http://www.swrcb.ca.gov/stormwtr/industrial.html>

CERTIFICATION STATEMENT

1. *Signatory Requirements* - 40 CFR . 403.12 (k)(3)(1)

This certification must be completed by a responsible corporate officer such as, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions.

2. *Certification* - 40 CFR . 403.12(b)(6)

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.

Date:

Signature of authorized company official:

Print name of company official:

Title of authorized company official:

Please submit this report to:

Ms. Lisa Burris
Public Works Department
Environmental Services Section
1221 Sutter Ave.
Modesto, CA 95351
Phone (209) 577-6377
Fax (209) 577-6290

INDEMNIFICATION STATEMENT

1. *Signatory Requirements*

This certification must be completed by a responsible corporate officer such as, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions.

2. *Indemnification*

The Applicant further agrees, if this permit is issued, that it will comply with all applicable provisions of the Municipal Code relating to Industrial Waste, and will save harmless the City of Modesto against all liabilities, judgments, costs and expenses which may in any way accrue against said City as a result of Applicant's operations pursuant to this permit, and will in all things strictly comply with the conditions of this permit. However, this indemnification agreement shall not extend to any liability, judgment, costs, or expenses that may result from any negligent act committed by the City or any of its agents, representatives, or employees.

Date:

Signature of authorized company official:

Print name of company official:

Title of authorized company official:

Please submit this report to:

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Modesto, CA 95351
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DISCHARGE PERMIT APPENDIX

The following information is provided to assist the industrial user in the preparation of the wastewater discharge permit application. If you need further assistance or guidance, do not hesitate to call the City of Modesto Environmental Services Section at 209/577-6377.

BOD - Biochemical Oxygen Demand

Batch Discharge - Wastewater discharged from a tank or reactor that is not continuous.

Blowdown - Removal of accumulated solids in boilers to prevent plugging of boiler tubes or steam lines. In cooling towers is done to reduce amount of dissolved salts.

CFR - Code of Federal Regulations

Categorical Standards - Any regulation containing pollutant discharge limits promulgated by the U.S. E.P.A. in accordance with sections 307(b) and □ of the Act (33 U.S.C. Section 1317) which apply to a specific category of users and which appear in 40 CFR Chapter 1, Subchapter N, Parts 405-471.

Conventional Pollutants - As defined by Federal law, these include BOD, SS, fecal coliform bacteria, oil and grease (plant and animal origin), and pH.

Continuous Discharge - Any process or activity that results in uninterrupted wastewater discharge.

Effluent - Wastewater or other liquid flowing from a pipe to the sewer system.

Effluent limits - Pollutant limitations for each facility that discharges into the sewer system.

Influent - Liquids flowing into a facility.

Modification - Any change to an existing system that alters the characteristics of wastewater discharge.

Monthly Maximum Limit - The maximum allowable discharge of a pollutant during a calendar day.

Mg/L - Milligrams per liter.

NAICS - The North American Industrial Classification System. A code number system used to identify various types of Industries. Replaces the SIC codes (See the NAICS/SIC CODE MANUAL to cross-reference codes).

New - Any facility that has not previously applied for a discharge permit.

pH - expression of the intensity of the basic or acidic condition of a liquid with seven being neutral.

Peak Daily Flow - a ratio of flow to daily average flow.

POTW - Publicly Owned Treatment Works.

Pretreatment - The reduction, elimination or alteration of the nature of pollutants, properties in wastewater to a less harmful state prior to discharging into a sewer system or (POTW).

Production Water - Any water which, during manufacturing or processing, comes into direct contact with or results from the production of or use of any raw material, intermediate product, finished product, by-product or waste product.

Renewal - Any facility that has an existing permit on file and has not made any modifications since the last permit was submitted.

SIC Code - Standard Industrial Classification Code. A code number system used to identify various types of Industries.

SS - Suspended Solids

Spill Prevention and Control Plan - A plan prepared by an industrial user to minimize the likelihood of a spill and to expedite control and clean-up activities should a spill occur.

TDS - Total Dissolved Solids

Toxic Organics - Organic compounds regulated by specific categorical pretreatment regulations which are found in the discharge at specific quantifiable concentrations.

Volatile Acids - Fatty acids produced during digestion which are soluble in water and can be steam-distilled at atmospheric pressure.