



**SANTA ANA REGIONAL INTERCEPTOR (BRINE LINE)
HAULED LIQUID WASTE GENERATOR
PERMIT APPLICATION**

SECTION A - GENERAL INFORMATION

1. Facility Name: _____
Operator Name: _____

Is the operator identified as the owner of the facility? Yes No

If no, provide the name and address of the operator and submit a copy of the contract and/or other documents indicating the operator's scope of responsibility for the facility.

2. Facility Address: (Please include suite or tenant space number in multiple unit building)

Street: _____ Suite: _____ Phone No.: _____
City: _____ State: _____ Zip: _____ Fax No.: _____

3. Facility Mailing Address:

Street/P.O. Box: _____ Phone No.: _____
City: _____ State: _____ Zip: _____ Fax No.: _____

4. Authorized Representative(s):

Name: _____	Name: _____
Title: _____	Title: _____
Phone No.: _____	Phone No.: _____
Fax No.: _____	Fax No.: _____
Email: _____	Email: _____

5. Facility Contact(s):

Name: _____	Name: _____
Title: _____	Title: _____
Phone No.: _____	Phone No.: _____
Fax No. _____	Fax No.: _____
Email: _____	Email: _____

6. Indicate the applicable North American Industrial Classification System (NAICS) number for all processes (If more than one applies, list in descending order of importance.):

a. _____ **b.** _____ **c.** _____ **d.** _____

SECTION B – MANUFACTURING PROCESSES

1. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below, (regardless of whether any wastewater, waste sludge, or hazardous wastes is generated) place a check besides the category of business activity (check all that apply).

Industrial Categories Regulated by Categorical Standards

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Carbon Black
- Centralized Waste Treatment
- Coal Mining
- Coil Coating
- Copper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlots
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing
- Plastics Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

All categorical industrial users, required by the specific 40 CFR regulations, are required to monitor for Total Toxic Organics unless one of the following alternatives is applicable to the category.

1. As an alternative to TTO monitoring, regulated Industrial Users (IUs) may elect to monitor for and comply with the O&G standards listed in the facility's Category.
2. An IU may prepare a toxic organic management plan (TOMP) this option is available to regulated industrial users in the Electroplating, Metal Finishing and Electrical and Electronic Components (both Phase I and Phase II) Categories. New categorical industrial users may be required to analyze for all Total Toxic Organics (TTO) prior to submitting the required TOMP.

SECTION B – MANUFACTURING PROCESSES (Cont)

2. List types and amount of raw materials and chemicals used at this facility (attach list if needed):

	Material	Quantity
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

3. Describe the products manufactured and operations performed at the facility, including a description of the wastewater which will be hauled offsite to the Brine Line Collection Station. Attach additional sheets if necessary.

4. **QUANTITY OF PRODUCT MANUFACTURED:** (please indicate units i.e. gallons, pounds, etc.)

Product Manufactured	Previous Year		Current Year	
	Average	Maximum	Average	Maximum

SECTION C - WATER SUPPLY and USE

1. Water Sources: (Check all that apply)

Private Well

Municipal Water Utility (Specify City): _____

Other (Specify): _____

2. Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Water service account number: _____

4. Indicate average water used and discharged (gpd) for each specific process. (New facilities may estimate)

Water Used For	Quantity Used	Quantity Discharged	Discharged to Brine Line
Non-contact Cooling Water			
Contact Cooling Water			
Boiler Feed			
Soft Water System			
Reverse Osmosis System			
Contained in Product			
Facility Cleanup – Floor Washdown			
Air Pollution Control			
Sanitary			
Irrigation			
Process 1:			
Process 2:			
Total Volume Used and Discharged:			

SECTION D - WASTEWATER PROCESSES

1. **For Non-Categorical Users Only:** List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or none), for each process which will be discharged to the Brine Line Collection Station. (New facilities may estimate each discharge)

Process Description	Average Flow, gpd	Maximum Flow, gpd	Type of Discharge (Continuous, Batch, None)

2. **For Categorical Users:** List the average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or none), for each process which will be discharged to the Brine Line Collection Station. (New facilities may estimate each discharge)

Process Description	Type of Process (Regulated, Unregulated, Dilute)	Average Flow, gpd	Maximum Flow, gpd	Type of Discharge (Continuous, Batch, None)

3. Indicate the name and phone number of the responsible parties who will be transporting the wastewater to the Brine Line Collection Station.

Name	Phone Number
a. _____	_____
b. _____	_____
c. _____	_____

4. Submit detailed flow diagrams for each activity from the start of the processes to its completion, in which wastewater is or will be generated. The diagram must include all flow/water meters, sample locations and locations where the wastewater is stored before being discharged to the Brine Line Collection Station.

SECTION D - WASTEWATER PROCESSES (Cont)

5. Indicate the average and maximum flow rates of the wastewater which will be discharged at the Brine Line Collection Station. (New facilities may estimate)
- a. Average daily flow rate (GPD)_____ b. Maximum Daily flow rate_____(GPD)
- c. Annual volume discharged _____

6. Indicate the number of batch discharges and the volume of each batch which will be discharged at the Brine Line Collection Station. (New facilities may estimate)
- a. No. of batch discharges per day_____ b. No. of batch discharges per week_____
- c. Volume of each batch discharge disposed at the Brine Line Collection Station

7. Operating Schedule:

<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Hours of Discharge</u>
[] Mon. - Fri.	_____	_____
[] Mon. - Sun.	_____	_____
[] Sunday	_____	_____
[] Monday	_____	_____
[] Tuesday	_____	_____
[] Wednesday	_____	_____
[] Thursday	_____	_____
[] Friday	_____	_____
[] Saturday	_____	_____

8. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility which will monitor the wastewater that is to be discharged to the Brine Line Collection Station?

Flow Metering [] Yes [] No [] N/A
 Sampling Equipment [] Yes [] No [] N/A

If yes, please indicate the present or future location of this equipment on the sewer schematic and describe the equipment below

SECTION E – WASTEWATER CHARACTERISTICS

- All industrial users are required to submit monitoring data for the wastewater which will be discharged to the Brine Line Collection Station. Use the table provided to report the analytical results. All monitoring must be completed by a certified laboratory using EPA approved methods. Indicate the reported pollutant characteristics on the table provided in this section.

Pollutant	Existing Dischargers				New Dischargers	
	Brine Line Collection Station Local Limit, mg/l****	Maximum Daily Value		Average of Analyses		Pollutants in Wastestream P = Present S = Suspected NP= Not Present
		Conc. mg/L	Mass lbs.	Conc. mg/L	Mass lbs.	
pH	6.0-12.0					
Arsenic	2.0					
Cadmium	1.0					
Chromium (Total)	2.0					
Copper	3.0					
Lead	2.0					
Mercury	0.03					
Nickel	10.0					
Silver	5.0					
Zinc	10.0					
Cyanide (Total)	5.0					
Cyanide (Amenable)	1.0					
Polychlorinated Biphenyls**	0.01					
Pesticides***	0.01					
Total Toxic Organics*	0.58					
Sulfide (Total)	5.0					
Sulfide (Dissolved)	0.5					
Oil and Grease (Petroleum)	100					
Dissolved Organic Carbon (DOC)	****					
Volatile Suspended Solids (VSS)						
Silica						
Total Hardness						

* Please see Table "A" for the sum of Total Toxic Organics to be analyzed. If **Polychlorinated Biphenyls and ***Pesticides are required the industrial user need analyze only for the remainder of the list on attachment "A"

****Valley District Ord 72, EMWD Ord 91, SAWPA Ord 5 or amendments thereto

****Limit being developed

SECTION F – WASTEWATER PRETREATMENT

1. Indicate which treatment devices or processes are in use for treating wastewater which is to be discharged to the Brine Line Collection Station
(Check all that apply).

- Air flotation
- Centrifuge
- Chemical precipitation
- Chlorination
- Cyclone
- Filtration
- Flow equalization
- Grease or oil interceptor, size: _____
- Grit removal
- Ion exchange
- Neutralization, pH correction
- Ozonation
- Reverse osmosis
- Screen or Shaker Unit
- Biological treatment, type: _____
- Chemical treatment, type: _____
- Physical treatment, type: _____
- Other, type: _____
- No Pretreatment

2. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked above.

3. Do you have an operator for the listed treatment system?

Yes No

(If Yes,)

Name: _____

Title: _____

- 4. **Attach a process flow diagram for each existing treatment system.** Include process equipment, by-products, by-product disposal method, waste and by-product volumes, and design and operating conditions. Electronic submittals of process flow diagrams are acceptable.

Permit Renewals – Please check one of the boxes below:

- No changes have been made to the treatment system
- Changes have been made to the treatment system. Updated flow diagrams are included with the submittal. (Electronic submittals of process flow diagrams are acceptable.)

SECTION G – Contingency Plan

In the unlikely event that the Brine Line becomes unavailable for a period of time, the facility must be able to accommodate the disruption in service. Please provide a description of the facility’s contingency plan.

SECTION H - AUTHORIZED SIGNATURES

This section must be signed by one of the Authorized Representatives listed on page 1 of the permit application.

Authorized Representative Statement

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.

Name

Title

Signature

Date

TABLE "A"

Acenaphthene	Acrolein
Acrylonitrile	Benzene
Benizidine	Carbon tetrachloride
Chlorobenzene	1,2,4-trichlorobenzene
Hexachlorobenzene	1,2-dichloroethane
1,1,1-trichloroethane Hexachloroethane	1,1-dichloroethane
1,1,2-trichloroethane	1,1,2,2-tetrachloroethane
Chloroethane	Bis(2-chloroethyl) ether
2-chloroethyl vinyl ethers	2-chloronaphthalene
2,4,6-trichlorophenol	Parachlorometa cresol
Chloroform	2-chlorophenol
1,2-dichlorobenzene	1,3-dichlorobenzene
1,4-dichlorobenzene	3,3-dichlorobenzidine
2,4-dichlorophenol	1,2-dichloropropane
1,2-dichloropropylene	2,4-dimethylphenol
2,4-dinitrotoluene	2,6-dinitrotoluene
1,2-diphenylhydrazine	1,1 -dichloroethylene
1,2-trans-dichloroethylene	Ethylbenzene
Fluoranthene	4-chlorophenyl phenyl ether
4-bromophenyl phenyl ether	Bis(2-chloroisopropyl) ether
Bis(2-chloroethoxy)methane	Methylene chloride
Methyl chloride	Methyl bromide
Bromoform	Dichlorobromomethane
Chlorodibromomethane	Hexachlorobutadiene
Hexachlorocyclopentadiene	Isophorone
Naphthalene	Nitrobenzene
2-nitrophenol	4-nitrophenol
2,4-dinitrophenol	4,6-dinitro-o-cresol
N-nitrosodimethylamine	N-nitrosodiphenylamine
N-nitrosodi-n-propylamine	Pentachlorophenol
Phenol	Bis(2-ethylhexyl) phthalate
Butyl benzyl phthalate	Di-N-Butyl Phthalate
Di-n-octyl phthalate	Diethyl Phthalate
Dimethyl phthalate	Benzo(a) anthracene
Benzo(a)pyrene	Benzo(b) fluoranthene
Benzo(b) fluoranthene	Chrysene

Acenaphthylene	Anthracene
Benzo(ghi) perylene	Fluorene
Phenanthrene	Dibenzo(h) anthracene
Indeno (1,2,3-cd) pyrene	Pyrene
Tetrachloroethylene	Toluene
Trichloroethylene	Vinyl chloride
Aldrin	Dieldrin
Chlordane	4,4-DDT
4,4-DDE	4,4-DDD
Alpha-endosulfan	Beta-endosulfan
Endosulfan sulfate	Endrin
Endrin aldehyde	Heptachlor
Heptachlor epoxide	Alpha-BHC
Beta-BHC	Gamma-BHC
Delta-BHC	PCB-1242
PCB-1254	PCB-1221
PCB-1232	PCB-1248
PCB-1260	PCB-1016
Toxaphene	2,3,7,8-TCDD