***Note to Permit Writer – Delete Items in Italics. They are instructions to the Permit Writer only.***

**Permit Issuance Date:** XXXXXXX

**Permit Effective Date:** XXXXXXX

**Permit Expiration Date:** XXXXXXX

**Permit Amendment Date:** XXXXXXX

# GENERAL INFORMATION

1. Name: XXXXXXXXX

**Site Address:** XXXXXXXXX

XXXXXXXXX

**Mailing Address:** XXXXXX

XXXXXX

**Authorized Representative:** XXXXXX

**Contact Name:** XXXXXXXXXX

**Contact Phone:** XXXXXXXXXX

**Contact Email:** XXXXXXXXXX

**Delegated Authority:** XXXXXXXXXX*List person and reference letter that provided the delegation or state that there is none on file.*

**NAICS:** XXXXXXXXXX – Name of category

1. Brief description of type of industry and product(s) produced**.**

*(Include any additional description needed including general hours of operation, and when current operation began)*

XXXXXXXXX

A facility overview plot plan or aerial map is provided in Attachment G.1.

1. User Classification

*Include basis of why or why not the IU is a CIU, an SIU or an IU. Include basis for new source/existing source if CIU. If the IU is a CIU, a brief review of the BMR on file should be made to determine whether the current category is still applicable.*

*It is important to note of any process changes which may have been made during the permit term that may affect whether a CIU needs to be converted from an existing source to a new source. An IU that discharges or initiates construction after the publication of the proposed rule is considered a new source. An existing source that makes facility modifications (such as a new production line) must be re-categorized as a new source. Any changes at an existing source such as upgrading the pretreatment system, a change in ownership, or replacing tanks for maintenance purposes would not require re-categorization as a new source.*

XXXXXXXXX

*(Note any reasons for off normal permit durations (compliance schedule etc.). Normal is SIUs – 2 years, IUs – 3 years, Special Purpose – 3 years*).

1. Processes

*Brief description of plant processes. (Including all industrial sources of wastewater generation as separate waste streams, if applicable.) (Also specifically call out any “side” streams, (e.g., RO CIP, any non-routine processes that create a potential pH issue). (Use the plant nomenclature and use side stream as a parenthetical.) (As applicable, describe any reclaimable wastewater as well).*

### Description

XXXXX *This should include 1) the overall plant processes, and 2) the process that generate the wastewater. The pretreatment/ wastewater treatment should be described in item 5.*

### Process Flows

**PROCESS FLOW est.**

XXXXX XXXX MGD

*If IU is a categorical IU (CIU), a breakdown of regulated, unregulated, and dilution flows must be included.*

### Wastewater Flows

**WASTEWATER FLOW est.**

XXXXX XXXX MGD

See Attachment G.2 for a process flow diagram. *(Process Diagram should be included as an attachment. The diagram should show flows, location of pH adjust/treatment, and sample points). =*

1. Pretreatment/Other

### Pretreatment (equipment, pH control etc.)

The pretreatment equipment for this facility includes:

### Flow measurement (type of effluent flow meter – who owns/who calibrates)

Flow meters or flow measuring equipment at this facility includes:

XXXXX

### Stormwater Management

*Describe if/how stormwater can enter the Brine Line. (See SAWPA Procedures Section 5.2.7.4)*

XXXXX

### Spill Containment

*Describe chemical storage/hazardous material storage and spill containment.*

XXXXX

### Reclaimable Wastewater

*Describe any reclaimable wastewater discharges or potential discharges to the Brine Line. Reasonable efforts should be made to minimize reclaimable wastewater (See SAWPA Procedures Section 5.2.7.2)*

### Wastewater from Outside SAWPA Services Area

*Describe any existing or potential for wastewater discharges to the Brine Line from outside the SAWPA service area. (See SAWPA Procedures Section 5.2.7.1).*

1. Brine Line Connection(s)

*Describe location and size of connection to the Brine Line.*

The Brine Line connection from this facility is:

XXXXXX

1. Contracted Treatment and Disposal Capacity (If Applicable)

Contracted Treatment & Disposal Capacity XXXX MGD

Additional BOD/TSS CapacityXXXX lbs BOD/day

XXXX lbs TSS/day

Reference: Contract information: XXXXX Date:XXXXX

*Describe any special billing items here.*

# B. DISCHARGE LIMITATION REQUIREMENTS AND MONITORING REQUIREMENTS

## Discharge Limitation/Monitoring Requirements Basis

*Include basis for what monitoring requirements are specified in the permit, including constituents monitored, sampling protocol to be used, and type of sample specified. If special sample points, BMPs, flow weighted averages, or combined waste stream formula are applied provide detailed basis. If production based limits are specified, include the basis for the calculation and what is required in the permit.*

### Constituent Monitored and Basis

*XXXXX The discharge limits are standard local limits under resolution XXX and the standard billing constituents are included in self-monitoring (TSS and Hardness).*

### Brine Line Investigatory Sampling

XXXXX *In addition to the normal Control Authority sampling, samples may be collected and analyzed for special studies and may include the following constituents.*

*Calcium (total and dissolved), Alkalinity, and Orthophosphate may be analyzed by the Control Authority to collect information related to ongoing Brine Line studies. The sample type is a grab sample.*

### Constituents Not Monitored and Basis

XXXXXXXXXXX

### BMP Applicability

XXXXXX

### Special Sampling protocols (If Applicable)

XXXXXX

## Monitoring Location(s)

*Provide description and picture [as attachment] of location(s). Specify if flow is monitored and/or read at a different location. Ensure that it is clear if it is end of pipe, end of process or other. If billing monitoring is performed at a different location then specify this as well.*

XXXXXXXXXXX

## Monitoring Frequency

The monitoring frequency for each of the constituents to be monitored is listed above in Section B.1.

*Specify the basis for the self-monitoring frequency listed in the permit (e.g., compliance history, OCSD direction, 40 CFR 403, etc.*

XXXXXXXXXXX

## Additional Monitoring Information

### Sample Collection

Self-Monitoring samples are collected by XXXXX. *If samples are collected by the Permittee document that the sample collection SOPs have been reviewed by the Delegated Control Authority.*

Delegated Control Authority Samples are collected by XXXXX.

# C. REPORTS

*Provide basis for the reports; the IU is required to submit and are in the permit.*

## Self-Monitoring Reports

XXXXXXXXXXX

## Flow Reports

XXXXXXXXXXX

## Special Reports

XXXXXXXXXXX

# D. FACILITY WASTE MANAGEMENT PLAN

*Provide basis relative to which items listed in the Ordinance contents of the Facility Waste Management Plan (FWMP) are or are not required. The specific requirements for FWMP are listed in the current SAWPA Ordinance. In addition, list if the document is required to be submitted for approval/was submitted, or permit allows the document to be maintained on site and available for inspection.*

1. Toxic Organic Management Plan (TOMP) XXXXXXXX
2. Slug Discharge Prevention Control Plan (SDPCP) XXXXXXXX
3. Pretreatment Systems Operations and Maintenance Manual XXXXXXXX
4. Hazardous Materials and Hazardous Waste Management Plan XXXXXXXX
5. Waste Minimization/Pollution Prevention Plan (WM/PPP) XXXXXXXX
6. Emergency Contact List and Contingency Plan XXXXXXXX

# E. SPECIAL CONSIDERATIONS/REQUIREMENTS

*Provide details of any special site entry conditions, safety requirements, or special conditions for the IU etc.*

XXXXXXXX

# F. HISTORICAL INFORMATION/COMPLIANCE HISTORY

*Include pertinent permit history (e.g., historical enforcement actions that have influenced the permit or design).*

XXXXXXX

# G. ATTACHMENTS

*Any supporting documentation that supports the determination of permit conditions should be included as separate attachments. This includes, but is not limited to plot plan, process flow diagram, pretreatment system plans, production data (if applicable), calculation of production based on discharge limits, historical flow/monitoring summaries etc.)*

1. Aerial Photo/Plot Plan
2. Monitoring Point Photos

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

Originator Date Agency Reviewer Date

Title Title

\_

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

Peer Reviewer Date

Title

**Attachment G.1**

Aerial Photo/Plot Plan

**Attachment G.2**

**Attachment G.3**

Monitoring Point(s)