



**VENTURA WATER  
WASTEWATER PRETREATMENT PROGRAM**

1400 Spinnaker Drive, PO Box 99 • Ventura, Ca 93002-0099

**NON-DOMESTIC WASTEWATER DISCHARGE  
PERMIT APPLICATION  
(INDUSTRIAL USER BASELINE MONITORING REPORT)**

*All businesses in the City of Ventura are required to complete a non-domestic wastewater discharge permit application. Use current operating parameters. PLEASE ANSWER ALL QUESTIONS.*

**GENERAL INSTRUCTIONS**

<b>1</b>	Please complete the attached form and return it by to the following address:
<p>ATTN: JEREMY GRANT CITY OF VENTURA WASTEWATER PRETREATMEN PROGRAM P.O. BOX 99 VENTURA, CA 93002-0099</p>	
<b>2</b>	If you have any questions, please contact the wastewater pretreatment program at (805) 677-4112.
<b>NOTE TO SIGNING OFFICIAL</b>	In accordance with 40 CFR, Part 403, Section 403.12, information and data provided in this report which identifies the nature and frequency of your discharge shall be available to the public without restriction. Requests for confidential treatment of other information contained herein shall be governed by 40 CFR, Part 2. Should a discharge permit be required for your facility, information contained in this report will be used to issue the permit.

**SECTION A | GENERAL INFORMATION**

<b>1</b>	Company name
<b>2</b>	Mailing address
<b>3</b>	Facility address
<b>4</b>	Facility contact (provide the name, title and telephone number of the designated person to contact if additional information is required)
<b>5</b>	Alternate facility contact (provide the name, title and telephone number of the designated person to contact if the primary contact person is unavailable)
<b>6</b>	Property owner
<b>7</b>	Principal business activity conducted at this facility
<b>8</b>	Check one <input type="checkbox"/> Existing discharge <input type="checkbox"/> Proposed discharge
<b>9</b>	Date facility commenced/will commence operation

**SECTION B | NATURE OF OPERATION**

<b>1</b>	Provide a brief description of the manufacturing, production or service activity(s) your firm engages in		
<b>2</b>	List the applicable standard industrial classification (sic) number(s) for your facility		
<b>3</b>	Summarize each process used (attach additional sheet(s) if necessary)		
			<b>SOURCE CONTROL USE ONLY</b>
	Process Description	Production Rate	Pretreatment Category
a.			Subcategory
b.			
c.			
d.			
<b>4</b>	List the raw materials and process additives used (attach additional sheet(s) if necessary)		
	Chemical or trade name	Manufacturer	Annual Usage
<b>5</b>	List all chemicals, other than listed above (solvents, acids, caustics, boiler additives, cooling tower additives, industrial cleaners, lubricants, etc.) USED (attach additional sheet(s) if necessary)		
	Chemical or trade name	Manufacturer	Annual Usage

**SECTION C | PLANT OPERATIONAL CHARACTERISTICS**

<b>1</b>	Principal product produced		
<b>2</b>	Production process is (check one)	<input type="checkbox"/> Batch - average number of batches per day <input type="checkbox"/> Continuous - production rate <input type="checkbox"/> Both - % batch      % continuous	
<b>3</b>	Is production subject to seasonal variation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please describe
<b>4</b>	Number of workdays per week	number of shifts per day	
	Number of employees per shift		
	Hours of operations	AM to	PM <input type="checkbox"/> Continuous
	Shift start times:	1st                      2nd                      3rd	
<b>5</b>	Any process changes or expansions planned in the next five (5) years?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, attach a separate sheet describing the nature of changes or expansions	

**SECTION D | WATER CONSUMPTION AND LOSS**

<b>1</b>	Raw water source(s) (check applicable sources)																																																										
	<input type="checkbox"/> City water <input type="checkbox"/> County water <input type="checkbox"/> Private well	<input type="checkbox"/> Private contract <input type="checkbox"/> Surface water	<input type="checkbox"/> Other (explain):																																																								
<b>2</b>	Water service company name and address																																																										
<b>3</b>	Water service account number(s)																																																										
<b>4</b>	List the past twelve (12) months water usage (note where usage is estimated)																																																										
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<b>5</b>	If a water source is not metered, provide an estimate of the amount consumed at your facility		gals/day																																																								
<b>6</b>	If water and/or sewer charges are paid by someone other than your facility, provide the name, address and the telephone number																																																										
<b>7</b>	Describe any pretreatment process(es) for raw water																																																										

<b>8</b>	Total facility wastewater discharge in gallons per day			
	Average		Maximum	
<b>9</b>	Other discharge or water loss to (provide the amount in gallons per day)			
	a. Storm drain or ground			
	b. Evaporation			
	c. Contained in product			
	d. Waste haulers			
	e. Irrigation			
<b>10</b>	Provide the name and address of waste hauler(s) if used			
<b>11</b>	Individual process discharges in gallons per day (attach additional sheet(s) if necessary)			
	Process	Avg Daily Flow	Max Daily Flow	Type of discharge (Batch, cont., None)
				Source Control Use Only (RUD)
	Sanitary			
	Boiler Blowdown			
	Cooling Water			
	Other			
<b>12</b>	Describe any water recycling or material reclamation processes used			
<b>13</b>	Check the type of wastewater pretreatment, if any, given wastewater before discharge to the city of ventura sewer			
	<input type="checkbox"/> No pretreatment provided <input type="checkbox"/> Chemical precipitation <input type="checkbox"/> Ion exchange <input type="checkbox"/> Settling/clarification <input type="checkbox"/> Filter press <input type="checkbox"/> Filtration-membrane <input type="checkbox"/> Filtration-media <input type="checkbox"/> Biological treatment	<input type="checkbox"/> Other chemical treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Plate out <input type="checkbox"/> Cyanide destruct <input type="checkbox"/> Neutralization <input type="checkbox"/> Automatic treatment system	<input type="checkbox"/> Screening <input type="checkbox"/> Flow equalization <input type="checkbox"/> Silver recovery <input type="checkbox"/> Spill containment <input type="checkbox"/> Grease interceptor (outside) - size _____ <input type="checkbox"/> Grease trap (inside) - size _____ <input type="checkbox"/> Double containment	

**14** Indicate All Chemicals, If Any, Which Are Used For Sedimentation, Ph Adjustment, Filtration, Etc. (Attach Additional Sheet(S) If Necessary)

**15** If pH adjustment is checked, indicate the method employed and the ph monitoring instrumentation used (attach additional sheet(s) if necessary)

**16** Describe the design capacity, physical size, loading rate and general location of each pretreatment device or system checked above (attach additional sheet(s) if necessary)

**17** Are any storage tanks for waste or raw materials directly connected to your pretreatment system? If yes, please explain (attach additional sheet(s) if necessary)

**18** List any of the wastewater generating activities/processes not routed through your pretreatment system

**19** If the pretreatment system is located underground, do you have any leakage monitoring equipment or procedures? If yes, please explain (attach additional sheet(s) if necessary)

**20** Future wastewater pretreatment improvements - describe and include a timetable for any changes in treatment or disposal method planned or under construction for wastewater generated by this facility (attach additional sheet(s) if necessary)

21

Provide on separate sheets the following drawings

- a. A drawing showing the physical location of the building(s) and sewer line(s) with respect to property lines, roads, alleys, ditches, and any other outstanding topographical features. Clearly show the location of the following facility features (use of plans is suitable):
- Industrial process area (show the location of all wastewater generation activities)
  - All building sewer lines, trenches or other wastewater conveyance
  - Pretreatment systems/devices
  - Storm drains
  - Water meters
  - Industrial wastewater sampling locations
  - Chemical storage/handling areas
  - Hazardous waste storage/handling areas
- b. A schematic drawing or flow chart of each process that generates wastewater. For each activity, show the flow of materials and water from start to final discharge (see example).  
Example: photo developing
- c. A schematic drawing of any wastewater pretreatment devices checked in d-13.

Drawing or plans must be neat, legible, and clearly labeled. If any of the required features are not included, provide an explanation.

**SECTION E | NATURE AND CONCENTRATION OF POLLUTANTS**

**I** Indicate whether any of the following substances are or can be present at this facility, check column “A” if it comes into contact with water or may be present in the wastewater. Check column “B” if it is present on site but in a location or process where no entry to the wastewater should occur. **Indicate with a check mark**

**a. PRIMARY POLLUTANTS**

A	B
	acenaphthene
	acrolein
	acrylonitrile
	benzene
	benzidine
	carbon tetrachloride
	chlorobenzene
	1,2,4-trichlorobenzene
	hexachlorobenzene
	1,2-dichloroethane
	1,1,1-trichloroethane (TCA)
	hexachloroethane
	1,1-dichloroethane
	1,1,2-trichloroethane
	1,1,2,2-tetrachloroethane
	chloroethane
	bis (2-chloroethyl) ether
	2-chloroethyl vinyl ether
	2-chloronaphthalene
	2,4,6-trichlorophenol
	parachlorometacresol
	chloroform
	2-chlorophenol
	1,2-dichlorobenzene
	1,3-dichlorobenzene
	1,4-dichlorobenzene
	3,3-dichlorobenzidine
	1,1-dichloroethylene
	1,2-trans-dichloroethylene
	2,4-dichlorophenol
	1,2-dichloropropane
	1,3-dichloropropylene
	2,4-dinitrotoluene
	2,6-dinitrotoluene
	1,2-diphenylhydrazine
	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
	2,4-dimethylphenol

A	B
	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
	3,4-denzofluoranthene
	benzo (k) fluoranthene
	chrysene
	acenaphthylene
	anthracene
	benzo (ghi) perylene
	fluorene
	phenanthrene
	dibenzo (a,h) anthracene
	indeno (1,2,3-cd) pyrene
	pyrene
	tetrachloroethylene (PCE)
	toluene
	trichloroethylene (TCE)
	vinyl chloride
	aldrin
	dieldrin
	chlordan
	4,4'-DDT
	4,4'-DDE (p,p' DDX)
	4,4'-DDD (p,p' TDE)
	Alpha-endosulfan
	Beta-endosulfan
	endosulfan sulfate
	endrin
	endrin aldehyde
	heptachlor
	heptachlor epoxide

**b. PRIORITY POLLUTANTS (continued)**

A	B
	Alpha-BHC
	Beta-BHC
	Gamma-BHC(lindane)
	Delta-BHC
	PCB-1242 (Aroclor 1242)
	PCB-1254 (Aroclor 1254)
	PCB-1221 (Aroclor 1221)
	PCB-1232 (Aroclor 1232)
	PCB-1248 (Aroclor 1248)
	PCB-1260 (Aroclor 1260)
	PCB-1016 (Aroclor 1016)
	2,3,7,8-tetrachlorodibenzo-p-dioxin
	Toxaphene
	Antimony

A	B
	Arsenic (Total)
	Asbestos (Fibrous)
	Beryllium (Total)
	Cadmium (Total)
	Chromium (Total)
	Copper (Total)
	Cyanide (Total)
	Lead (Total)
	Mercury (Total)
	Selenium (Total)
	Silver (Total)
	Thallium (Total)
	Zinc (Total)

**b. OTHER POLLUTANTS**

A	B
	Boron
	Calcium
	Chloride
	Cobalt
	Oil and Grease (Animal/Vegetable)
	Oil and Grease (Mineral)
	High pH
	High Temp

A	B
	Low pH
	Magnesium
	Silicates
	Solvents*
	Sulfate
	Sulfide
	Surfactants

\*Identify the chemical compounds of each solvent



## 2 POLLUTANT CONCENTRATION MEASUREMENT

An industrial user must perform sampling and analysis of the wastewater from each regulated process, after pretreatment if applicable, at the end of process discharge, before mixing with other wastestreams. If sampling of the regulated wastestream(s) before mixing with other wastestreams is not feasible, the total facility wastestream may be sampled and analyzed, and equivalent concentrations and limits calculated using analysis results and flow data from d-II. Provide the analytical data for each sample point in the spaces below. Only those pollutants specifically regulated by the applicable pretreatment category need be reported (attach additional sheet(s) as necessary)

Regulated process

Sample location

Date sample taken

Sample type

Number of samples and frequency collected

Analytical methods used

### SOURCE CONTROL USE ONLY

Pollutant	Units	Ave. Conc.	Max. Conc.	AMAC	AMMC	AEC	MEC	Permit limit
Silver (ag)	mg/l							
Cadmium (cd)	“							
Cyanide (total)	“							
Cyanide (amenable)	“							
Chromium (cr)	“							
Copper (cu)	“							
Nickel (ni)	“							
Lead (pb)	“							
Zinc (zn)	“							
Total metals (tm)	“							
Ph	---							
Tto	mg/l							

**SECTION F | OTHER WASTE DISPOSAL**

<b>1</b>	Does the facility generate any hazardous wastes such as spent solvents, pretreatment sludges, spent process solutions or other?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, describe the nature of, and the disposal methods for these wastes
<b>2</b>	<b>Environmental control permits - list all environmental control permits held by or for the facility</b>		
	Title of Permit	Permit No.	Issuing Agency
			Expiration Date
<b>3</b>	Has the facility developed a plan to prevent and control spills?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION G | COMPLIANCE CERTIFICATION**

<b>1</b>	Is the facility meeting applicable categorical pretreatment standards on a consistent basis?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT KNOWN		
<b>2</b>	If no, do you require		
	<input type="checkbox"/> Additional operations and maintenance to achieve compliance? <input type="checkbox"/> New or additional pretreatment facilities to achieve compliance? <input type="checkbox"/> Both of the above?		
<b>3</b>	a.	If additional operations and maintenance, or new or additional pretreatment facilities will be required to meet categorical pretreatment standards on a consistent basis, provide on a separate sheet a schedule listing the shortest increments of progress towards completion of events leading to compliance with categorical standards. Indicate the dates for commencement and completion of major events.	
	b.	A progress report shall be submitted to the source control program within 14 days of the completion of each major event.	

Note: this is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

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 be 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 Official	
Title	