

CENTRAL MARIN SANITATION AGENCY

Application for Sanitary Sewer Wastewater Permit

Industrial users 5/01

1. Name / Address of Facility

2. Name / Mailing Address of Owner (if different from #1 above)

3. Permit Contact (person designated to interface with CMSA)

Name: _____ Phone: _____

Title: _____

4. Briefly describe activities, facilities, and plant processes on the premises:
(If applicable, attach a schematic process diagram which indicates points of discharge to
the sanitary sewer)

5. Number of employees: _____ Hours of operation: _____

Days of Operation (circle): S M T W T F S

Any significant seasonal variation? _____

6. List any environmental control permits and any hazardous substance release response (spill) plans held by or for the facility:

7. List the frequency and duration of any process discharges to the sanitary sewer, with measured or estimated flowrates (or volumes). Specify any treatment performed on wastewater prior to discharge. State how the flowrates were determined:

8. Are any substances discharged to the sanitary sewer which, if otherwise disposed of, would be a hazardous waste under federal regulations (40 CFR part 261) or the California Code of Regulations, Title 22?

___ YES ___ NO If yes, list substance(s) and quantity(s) discharged:

9. List all raw materials and chemicals used or stored at the facility in significant quantities which are, or could accidentally or intentionally be, discharged to the sanitary sewer:

- 10. List any liquid wastes or sludges removed from the premises by means other than the sanitary sewers, and the quantities removed:

- 11. Certification: 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 of signatory

Title

Signature

Date

Signatory must be one of the following:

- For a corporation- President, Secretary, Treasurer, or Vice-President
- For a partnership or sole proprietorship- general partner or proprietor
- For a governmental entity-the principal executive officer or a director having responsibility for operation of the facility

Facility Name:

Application Date:

12. Confidentiality: Attached is Section 9 from the CMSA Sewer Use Ordinance, Ordinance No. 95-1. Section 9 specifies CMSA policy regarding public review of industrial user files, which is in conformance with federal pretreatment regulations, 40 CFR 403.14.

Specify below any information submitted in the application above which you wish claim as confidential business information. For any such information which you have submitted as an attachment to the application, write or stamp "Confidential Business Information" on each attached page. Note that constituents and/or characteristics of waste discharges, and a general description of the source(s), cannot be claimed as confidential.
