Permit Application Instructions

1. **Permit Application Process:** Applicants proposing to discharge to the wastewater collection system shall complete and file with CMSA the following Wastewater Discharge Permit Application (Application) at least 30 days in advance of commencement of the proposed discharge. The permit fee must accompany all Applications. The Application shall include any applicable details and supporting documents and attachments required below.
2. **Permit Processing:** Permit applications require approximately 30 days for processing. The applicant will be informed upon completion of the draft permit in writing. The applicant will be given 30 days to review the draft permit and respond in writing. After 30 days, if CMSA has received no written response, or upon the permittee's approval prior to the end of the 30-day review period, the permit will be considered final. CMSA will issue the final permit to the applicant on or before the effective date of the permit. An initial site inspection may be required by CMSA prior to permit issuance and commencement of discharge.
3. **Permit Fee:** A check for the appropriate permit fee, made out to Central Marin Sanitation Agency, must accompany the Application. Permit fees are specified in the CMSA Fee Ordinance (Ordinance No. 2019 – 1).
4. **Permit Term:** Class I Discharge Permits will be issued for a period of 3 years. An industrial user with an expiring permit shall complete and file with CMSA a renewal Application along with payment of the appropriate fee no later than 30 days prior to the expiration of the industrial user's existing permit.
5. **Permit Monitoring:** CMSA may require a monitoring and reporting program. Modifications to this program may occur at any time during the permit's effective duration. Monitoring (sampling and inspections) may also be performed by CMSA personnel. It is the responsibility of the permittee to provide adequate information in this application, and subsequently, to enable CMSA personnel to obtain representative samples of discharges as needed. The permittee will be invoiced for CMSA's monitoring costs. The cost of each sample is based upon the laboratory analyses performed.
6. The applicant will be required to abide by all provisions of the respective Sewer Use Codes applicable to the participating Member Agency in which the discharge occurs, i.e., the Central Marin Sanitation Agency, Ross Valley Sanitary District, San Rafael Sanitary District, Sanitary District #2 and Las Gallinas Valley Sanitary District.

Section I: Contact Information

Company Information

Company Name: _____

Company Address: _____

Company Discharge Address: _____

Permit Contact: _____ Contact Phone: _____

Permit Contact Email: _____ Emergency Phone: _____

Facility Operations Contact Information

Company Name: _____

Company Address: _____

Operations Contact: _____ Contact Phone: _____

Contact Email: _____ Emergency Phone: _____

Billing Information

Company Name: _____

Billing Address: _____

Billing Contact: _____ Contact Phone: _____

Contact Email: _____ Emergency Phone: _____

Section II: General Facility Information

Facility Name/Building Number: _____

Enter the SIC Code for the facility: _____

List the principal business activities/products/services occurring at the facility:

_____

_____

_____

Complete the table below for all wastewater generating activities occurring at the facility (attach additional sheets if necessary):

Wastewater Source	Weekdays			Weekends			SIC Code
	Days	Start Time	End Time	Days	Start Time	End Time	
Example – Sanitary Discharge	M-F	8:00a	5:00p	S-S	9:00a	4:30p	N/A

Complete the table below with information that represents typical operations:

	Office Employees		Process Related Employees					
			Day Shift		Swing Shift		Night Shift	
	Number	Hours	Number	Hours	Number	Hours	Number	Hours
Mon – Fri								
Saturday								
Sunday								
Example	2	9a – 5p	10	7a – 3p	8	3p – 11p	6	11p – 7a

Section III: Environmental Control Permits

List all regulatory permits held by the facility:

Permitting Agency	Permit Type	Permit Number
Example – U.S. EPA	Hazardous Waste Generator	12345

Section IV: Description of Facility Activities

Check each of the following that are either present or occurring at the facility:

☐Bio-Medical Research
☐Cage Washing
☐Coolant Recycling
☐Cooling Towers
☐Dairy Products
☐Deionized Water
☐Dyeing
☐Educational Institution
☐Electrical & Electronic Components
☐Electroplating
☐Food & Edible Products Processing
☐Grinding
☐Hospital or Medical/Dental Facility
☐Incinerator
☐Inorganic Chemicals
☐Laboratory
☐Machine Shop/Machining
☐Metal Fabrication
☐Organic Chemicals
☐Plastic Molding
☐Painting
☐Paint Stripping
☐Pharmaceuticals
☐Photo Processing
☐Pool/Fountain
☐Polishing
☐Printing & Publishing
☐Recirculating Hot Water System
☐Restaurant/Cafeteria
☐Silk Screening
☐Soldering
☐Solvent Degreasing
☐Vehicle Maintenance
☐Water Contact Air Scrubbers
☐Water Seal Vacuum Systems
☐Other:_____

Percentage of process wastewater discharged in batches: _____%

Percentage of process wastewater discharged continuously: _____%

Is the discharge of process wastewater subject to seasonal variations? ☐Yes ☐No

If the process wastewater is subject to seasonal variation, provide a description below:

_____
_____
_____

Are any operational or process changes or expansions/contractions currently planned during the next three years? ☐Yes ☐No
If yes, describe the planned changes below and indicate the estimated effective date(s) for each (attach additional sheets if necessary):

_____
_____
_____

Section V: Water Usage and Wastewater Discharge Information

Complete the following using the facility's past six month's data (or best estimates if six months of data is not available). If any values are estimated, provide a detailed description of the calculations used. Enter all flow data in gallons and/or gallons per day.

Time period used to complete Section V: _____

Average daily water usage for the facility: _____ gallons per day

(This information can typically be obtained from the facility's water utility bills. If the facility has separate meters for irrigation, DO NOT include the flow from those meters in this section.)

Facility Water Source: ☐Municipal ☐Recycled ☐Groundwater

Does the facility have separate water meters for irrigation? ☐Yes ☐No

If No, enter the average daily water usage for irrigation: _____ gallons per day

Daily evaporation from cooling towers or other sources: _____ gallons per day

Average daily wastewater discharge from the facility: _____ gallons per day

(Average daily water usage minus irrigation minus evaporation.)

Wastewater discharge breakdown by type:

Process	Batch Discharge	Batches per day	Batch Vol (gallons)	Daily flow (gpd)		Flow Monitoring		Discharge Location
				Average	Maximum	Measured	Estimated	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
	☐Yes ☐No					☐	☐	
Example – Batch	☒Yes ☐No	3	150			☐	☒	Batch tank
Example – Continuous	☐Yes ☒No			450	600	☒	☐	Process waste

Section VI: Pollution Abatement

Check each of the following that are used to treat wastewater at the facility:

☐Adsorption
☐Air flotation
☐Chrome reduction
☐Clarification
☐Cyanide destruction
☐Distillation
☐Disinfection
☐Electrowinning
☐Equalization
☐Evaporation
☐Filter press
☐Filtration – membrane
☐Filtration – simple
☐Filtration – other
☐Flocculation
☐Gold recovery
☐Ion exchange
☐Oil/grease separation
☐pH adjustment
☐Precipitation
☐Reverse osmosis
☐Settling/clarification

List all regulatory permits for each process checked above:

Permitting Agency	Permit Type	Permit Number
Example – County Dept. of Health	Cyanide Destruction	12345

Pretreatment systems operate weekdays from _____ to _____ on the following days:

☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday

Pretreatment systems operate weekends from _____ to _____ on the following days:

☐Saturday ☐Sunday

Describe the maintenance procedures for each pretreatment system (attach additional sheets if necessary):

_____

_____

_____

For each pretreatment system attach the following:

- Operations and maintenance manual
- Pretreatment system block flow diagram
- Standard operating procedures (SOP) and standard maintenance procedures (SMP) manuals including procedures for handling accidental or slug discharges and pretreatment system upsets, failures, or bypasses.

Section VII: Toxic Organic Management Plan Information

Indicate whether any of the following pollutants are present at the facility. Facilities which use, store, or generate toxic organics must submit a Toxic Organic Management Plan (TOMP) prepared in accordance with CMSA guidelines.

Volatiles

☐Acrolein
☐Acrylonitrile
☐Benzene
☐Carbon tetrachloride (tetrachloromethane)
☐Chlorobenzene
☐1,2,-Dichloroethane
☐1,1,1-Trichloroethane
☐1,1-Dichloroethane
☐1,1,2-Trichloroethane
☐1,1,2,2-Tetrachloroethane
☐Chloroethane
☐2-Chloroethyl vinyl ether (mixed)
☐Chloroform (trichloromethane)
☐1,1-Dichloroethylene
☐1,2-Trans-dichloroethylene
☐1,2-Dichloropropane
☐1,3-Dichloropropylene (1,3-dichloropropene)
☐Ethylbenzene
☐Methylene chloride (dichloromethane)
☐Methyl chloride (chloromethane)
☐Methyl bromide (bromomethane)
☐Bromoform (tribromomethane)
☐Dichlorobromomethane
☐Chlorodibromomethane
☐Pyrene
☐Tetrachloroethylene
☐Toluene
☐Trichloroethylene
☐Vinyl chloride (chloroethylene)

Semi-Volatiles

☐Acenaphthene
☐Benzidine
☐1,2,4-Trichlorobenzene
☐Hexachlorobenzene
☐Hexachloroethane
☐Bis (2-chloroethyl) ether
☐2-Chloronaphthalene
☐2,4,6-Trichlorophenol
☐Parachlorometa cresol (4-chloro-3-methyl phenol)
☐2-Chlorophenol
☐3,3-Dichlorobenzidine
☐2,4-Dichlorophenol
☐2,4-Dimethylphenol
☐2,4-Dinitrotoluene
☐2,6-Dinitrotoluene
☐1,2-Diphenylhydrazine
☐Fluoranthene
☐4-Chlorophenyl phenyl ether
☐4-Bromophenyl phenyl ether
☐Bis (2-chloroisopropyl) ether
☐Bis (2-chloroethoxy) methane
☐Hexachlorobutadiene
☐Hexachlorocyclopentadiene
☐Isophorone
☐Naphthalene
☐Nitrobenzene
☐2-Nitrophenol
☐4-Nitrophenol
☐2,4-Dinitrophenol
☐4,6-Dinitro-o-cresol (2-methyl-4,6-dinitrophenol)
☐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
☐1,2-Benzanthracene (benzo(a)anthracene)
☐Benzo(a)pyrene (3,4-benzopyrene)
☐3,4-Benzofluoranthene (benzo(b)fluoranthene)
☐11,12-Benzofluoranthene (benzo(k)fluoranthene)
☐Chrysene
☐Acenaphthylene
☐Anthracene
☐1,12-Benzoperylene (benzo(ghi)perylene)
☐Fluorene
☐Phenanthrene
☐1,2,5,6-Dibenzanthracene (dibenzo(a,h)anthracene)
☐1,2-Dichlorobenzene
☐1,3-Dichlorobenzene
☐1,4-Dichlorobenzene
☐Indeno(1,2,3-cd) pyrene (2,3-o-phenlene pyrene)

Pesticides and PCBs

☐Aldrin
☐Dieldrin
☐Chlordane (technical mixture and metabolites)
☐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 (BHC-hexachloro-cyclohexane)
☐Alpha-BHC
☐Beta-BHC
☐Gamma-BHC
☐Delta-BHC
☐PCB-1242 (Arochlor 1242)
☐PCB-1254 (Arochlor 1254)
☐PCB-1221 (Arochlor 1221)
☐PCB-1232 (Arochlor 1232)
☐PCB-1248 (Arochlor 1248)
☐PCB-1260 (Arochlor 1260)
☐PCB-1016 (Arochlor 1016)
☐Toxaphene
☐2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD)

TOMP Certification Statement

If no toxic organics are stored, used, or generated at the facility, the Authorized Representative, as defined in Section X of this Application, must sign the following TOMP certification statement provided below"

> *Based on my inquiry of the person or persons responsible for managing compliance with applicable federal, state and local TTO pretreatment standards, I certify, under penalty of law, that to the best of my knowledge and belief* ***NO TOXIC ORGANICS ARE USED IN ANY PROCESS OR CONTAINED ON THE FACILITY SITE****. I further certify that during the term of this discharge permit no toxic organics will be brought onsite or used in any processes without first providing 30-days advance notice to CMSA.*

Signature of Authorized or Duly Authorized Representative

Date

Name and Title of Signing Official (print or type)

Section VIII: Waste Storage and Disposal Information

Indicate the quantity of each of the following wastes that were generated at the facility during the past 12 months, or if a new facility, the expected amount that will be generated in the next 12 months.

Waste Type	Quantity	Units
Bio/medical waste		☐Gallons ☐Pounds
Heavy metal sludges		☐Gallons ☐Pounds
Inks/dyes		☐Gallons ☐Pounds
Oil/grease		☐Gallons ☐Pounds
Paint		☐Gallons ☐Pounds
Pesticides		☐Gallons ☐Pounds
Photo chemical waste		☐Gallons ☐Pounds
Plating waste		☐Gallons ☐Pounds
Pretreatment sludges		☐Gallons ☐Pounds
Radioactive waste		☐Gallons ☐Pounds
Scrap metal		☐Gallons ☐Pounds
Solid waste		☐Gallons ☐Pounds
Solvents/thinners		☐Gallons ☐Pounds
Other:		☐Gallons ☐Pounds

For the above wastes, check all that apply below:

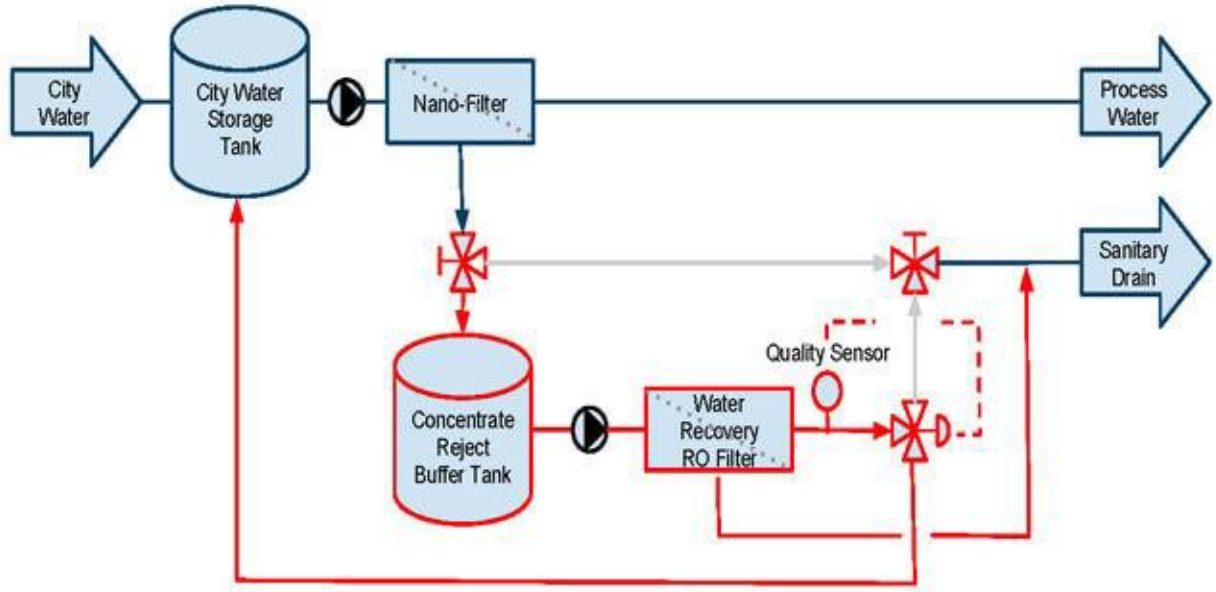
☐On-site treatment ☐On-site disposal ☐On-site storage ☐Off-site disposal ☐Off-site storage

Provide the list of waste haulers used by the facility below:

Waste Hauler Name	Waste Type	Quantity			Disposal Site
		Volume	Unit	Frequency	

Section IX: Permit Application Required Attachments

1. **Facility Layout:** A drawing of the entire facility with each discharge to the sewer collection system indicated.
2. **Spill Prevention Control Plan:** prepared in accordance with CMSA guidelines.
3. **Facility block flow diagram:** including the daily average and maximum daily discharge and evaporation from each process including cooling towers and boilers. Below is an example of a basic block flow diagram. More detailed diagrams may be required for some facilities.



Section X: Certification 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.

☐ I am an Authorized Representative as defined in (a)(1) below.

☐ I am an Authorized Representative as defined in (a)(2) below.

☐ I am an Authorized Representative as defined in (b) below.

☐ I am an Authorized Representative as defined in (c) below.

☐ I am the Duly Authorized Representative on record as defined in (d) below or as documented in the attached Designation of Authorized Representative form.

Signature of Authorized or Duly Authorized Representative _____ Date _____

Name and Title of Signing Official (print or type) _____

"Authorized Representative" means an authorized or duly authorized representative of the User as defined below:

(a) If the User is a corporation:

(1) The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or

(2) The manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for Discharge Permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) If the User is a partnership or sole proprietorship: a general partner or proprietor, respectively.

(c) If the User is a Federal, State, or local governmental facility: a director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.

(d) The individuals described in paragraphs (1) through (3), above, may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the organization, and the written authorization is submitted to the General Manager.

Clear Form