



**CITY OF OXNARD TECHNICAL  
SERVICES PROGRAM SOURCE  
CONTROL  
6001 PERKINS ROAD, OXNARD, CA 93033**

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

*All businesses in the City of Oxnard are required to complete an industrial wastewater discharge permit application. Use current operating parameters. PLEASE ANSWER ALL QUESTIONS.*

**GENERAL INSTRUCTIONS**

1. PLEASE COMPLETE THE ATTACHED FORM AND RETURN IT BY \_\_\_\_\_  
TO THE FOLLOWING ADDRESS:

**CITY OF OXNARD  
TECHNICAL SERVICES PROGRAM  
SOURCE CONTROL  
6001 PERKINS ROAD  
OXNARD, CA 93033**

2. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TECHNICAL SERVICES PROGRAM -  
SOURCE CONTROL AT (805) 488-3517.

NOTE TO SIGNING OFFICIAL: 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**

1. COMPANY NAME: \_\_\_\_\_
2. MAILING ADDRESS: \_\_\_\_\_
3. FACILITY ADDRESS: \_\_\_\_\_
4. FACILITY CONTACT (provide the name, title and telephone number of the designated person to contact if additional information is required):

f

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

5. ALTERNATE FACILITY CONTACT (provide the name, title and telephone number of the designated person to contact if the primary contact person is unavailable):

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

6. PROPERTY OWNER: \_\_\_\_\_

7. PRINCIPAL BUSINESS ACTIVITY CONDUCTED AT THIS FACILITY: \_\_\_\_\_

\_\_\_\_\_

8. CHECK ONE:            EXISTING DISCHARGE            PROPOSED DISCHARGE

9. DATE FACILITY COMMENCED/WILL COMMENCE OPERATION: \_\_\_\_\_

\_\_\_\_\_

**SECTION B**

**NATURE OF OPERATION**

1. PROVIDE A BRIEF DESCRIPTION OF THE MANUFACTURING, PRODUCTION OR SERVICE ACTIVITY(S) YOUR FIRM ENGAGES IN:

\_\_\_\_\_

2. LIST THE APPLICABLE STANDARD INDUSTRIAL CLASSIFICATION (SIC) NUMBER(S) FOR YOUR FACILITY:

\_\_\_\_\_

3. SUMMARIZE EACH PROCESS USED (attach additional sheet(s) if necessary):

PROCESS DESCRIPTION	PRODUCTION RATE	SOURCE CONTROL USE ONLY	
		PRETREATMENT CATEGORY	SUBCATEGORY
a.			
b.			
c.			
d.			

4. LIST THE RAW MATERIALS AND PROCESS ADDITIVES USED (attach additional sheet(s) if necessary):

CHEMICAL OR TRADE NAME     MANUFACTURER                                 ANNUAL USAGE

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

5. 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**

1. PRINCIPAL PRODUCT PRODUCED: \_\_\_\_\_  
\_\_\_\_\_

2. PRODUCTION PROCESS IS (check one):

BATCH - AVERAGE NUMBER OF BATCHES PER DAY \_\_\_\_\_

CONTINUOUS - PRODUCTION RATE \_\_\_\_\_

BOTH - % BATCH \_\_\_\_\_ % CONTINUOUS \_\_\_\_\_

3. IS PRODUCTION SUBJECT TO SEASONAL VARIATION?    YES            NO

IF YES, PLEASE DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

4. NUMBER OF WORKDAYS PER WEEK: \_\_\_\_\_ NUMBER OF SHIFTS PER DAY: \_\_\_\_\_  
NUMBER OF EMPLOYEES PER SHIFT: \_\_\_\_\_

HOURS OF OPERATIONS: \_\_\_\_\_ A.M. TO: \_\_\_\_\_ P.M. CONTINUOUS  
SHIFT START TIMES: 1ST \_\_\_\_\_ 2ND \_\_\_\_\_ 3RD \_\_\_\_\_

5. ANY PROCESS CHANGES OR EXPANSIONS PLANNED IN THE NEXT FIVE (5) YEARS?  
YES NO If yes, attach a separate sheet describing the nature of changes or expansions

**SECTION D** **WATER CONSUMPTION AND LOSS**

1. RAW WATER SOURCE(S) (check applicable sources):

CITY WATER PRIVATE CONTRACT  
COUNTY WATER SURFACE WATER  
PRIVATE WELL OTHER (explain): \_\_\_\_\_  
\_\_\_\_\_

2. WATER SERVICE COMPANY NAME AND ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

3. WATER SERVICE ACCOUNT NUMBER(S): \_\_\_\_\_

4. LIST THE PAST TWELVE (12) MONTHS WATER USAGE (note where usage is estimated):

<u>DATE</u>	<u>USAGE</u>	<u>DATE</u>	<u>USAGE</u>
a. from _____ to _____	_____ HCF	g. from _____ to _____	_____ HCF
b. from _____ to _____	_____ HCF	h. from _____ to _____	_____ HCF
c. from _____ to _____	_____ HCF	i. from _____ to _____	_____ HCF
d. from _____ to _____	_____ HCF	j. from _____ to _____	_____ HCF
e. from _____ to _____	_____ HCF	k. from _____ to _____	_____ HCF
f. from _____ to _____	_____ HCF	l. from _____ to _____	_____ HCF

5. IF A WATER SOURCE IS NOT METERED, PROVIDE AN ESTIMATE OF THE AMOUNT CONSUMED AT YOUR FACILITY: \_\_\_\_\_ gallons per day.

6. IF WATER AND/OR SEWER CHARGES ARE PAID BY SOMEONE OTHER THAN YOUR FACILITY, PROVIDE THE NAME, ADDRESS AND THE TELEPHONE NUMBER:  
\_\_\_\_\_  
\_\_\_\_\_

7. DESCRIBE ANY PRETREATMENT PROCESS(ES) FOR RAW WATER: \_\_\_\_\_

\_\_\_\_\_

8. TOTAL FACILITY WASTEWATER DISCHARGE IN GALLONS PER DAY: \_\_\_\_\_  
AVERAGE \_\_\_\_\_ MAXIMUM \_\_\_\_\_

9. 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 \_\_\_\_\_

10. PROVIDE THE NAME AND ADDRESS OF WASTE HAULER(S) IF USED: \_\_\_\_\_

\_\_\_\_\_

11. INDIVIDUAL PROCESS DISCHARGES IN GALLONS PER DAY (attach additional sheet(s) if necessary):

<u>PROCESS</u>	<u>AVE. DAILY FLOW</u>	<u>MAX. DAILY FLOW</u>	<u>TYPE OF DISCHARGE (batch, cont., none)</u>	<u>Source Control Use Only (RUD)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Sanitary	_____	_____	_____	_____
Boiler Blowdown	_____	_____	_____	_____
Cooling Water	_____	_____	_____	_____
Other	_____	_____	_____	_____

12. DESCRIBE ANY WATER RECYCLING OR MATERIAL RECLAMATION PROCESSES USED:

\_\_\_\_\_

\_\_\_\_\_

13. CHECK THE TYPE OF WASTEWATER PRETREATMENT, IF ANY, GIVEN WASTEWATER BEFORE DISCHARGE TO THE CITY OF OXNARD SEWER:

- |                          |  |
|--------------------------|--|
| NO PRETREATMENT PROVIDED | PLATE OUT                                    |
| CHEMICAL PRECIPITATION   | CYANIDE DESTRUCT                             |
| ION EXCHANGE             | NEUTRALIZATION                               |
| SETTLING/CLARIFICATION   | AUTOMATIC TREATMENT SYSTEM                   |
| FILTER PRESS             | SCREENING                                    |
| FILTRATION-MEMBRANE      | FLOW EQUALIZATION                            |
| FILTRATION-MEDIA         | SILVER RECOVERY                              |
| BIOLOGICAL TREATMENT     | SPILL CONTAINMENT                            |
| OTHER CHEMICAL TREATMENT | GREASE INTERCEPTOR (outside) –<br>SIZE _____ |
| OTHER: _____             | GREASE TRAP (inside) - SIZE _____            |
| _____                    | DOUBLE CONTAINMENT                           |

14. INDICATE ALL CHEMICALS, IF ANY, WHICH ARE USED FOR SEDIMENTATION, pH ADJUSTMENT, FILTRATION, ETC. (attach additional sheet(s) if necessary):

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15. IF pH ADJUSTMENT IS CHECKED, INDICATE THE METHOD EMPLOYED AND THE pH MONITORING INSTRUMENTATION USED (attach additional sheet(s) if necessary):

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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):

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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):

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18. LIST ANY OF THE WASTEWATER GENERATING ACTIVITIES/PROCESSES NOT ROUTED THROUGH YOUR PRETREATMENT SYSTEM:

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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):

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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):

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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.





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 (Total)

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: \_\_\_\_\_

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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-11. 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: \_\_\_\_\_

POLLUTANT	UNITS	AVE. CONC.	MAX. CONC.	SOURCE CONTROL USE ONLY				PERMIT LIMIT
				AMAC	AMMC	AEC	MEC	
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**

1. DOES THE FACILITY GENERATE ANY HAZARDOUS WASTES SUCH AS SPENT SOLVENTS, PRETREATMENT SLUDGES, SPENT PROCESS SOLUTIONS OR OTHER?

YES NO IF YES, DESCRIBE THE NATURE OF, AND THE DISPOSAL METHODS FOR THESE WASTES: \_\_\_\_\_

2. ENVIRONMENTAL CONTROL PERMITS - LIST ALL ENVIRONMENTAL CONTROL PERMITS HELD BY OR FOR THE FACILITY:

<u>TITLE OF PERMIT</u>	<u>PERMIT NO.</u>	<u>ISSUING AGENCY</u>	<u>EXPIRATION DATE</u>
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3. HAS THE FACILITY DEVELOPED A PLAN TO PREVENT AND CONTROL SPILLS?

YES NO

**SECTION G**

**COMPLIANCE CERTIFICATION**

1. IS THE FACILITY MEETING APPLICABLE CATEGORICAL PRETREATMENT STANDARDS ON A CONSISTENT BASIS?

YES NO NOT KNOWN

2. IF NO, DO YOU REQUIRE:

ADDITIONAL OPERATIONS AND MAINTENANCE TO ACHIEVE COMPLIANCE?

NEW OR ADDITIONAL PRETREATMENT FACILITIES TO ACHIEVE COMPLIANCE?

BOTH OF THE ABOVE?

3. 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 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.

Date \_\_\_\_\_

Signature of Official \_\_\_\_\_

Title \_\_\_\_\_