

City of Grass Valley
Department of Public Works



INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

If you have any questions, please contact the Public Works Department, Water and Wastewater Division at (530) 274-4350.

Section A. General Information

1. Business Name _____

2. Facility Address _____ *Grass Valley*
Street City Zip

3. Mailing Address (if different from facility address) _____
Street City Zip

4. Facility Phone () _____ **Fax** () _____

5. Does the company own or rent the facility? Own Rent (Please mark your answer)

6. If facility is rented, please provide the following information:
Property Owner Name _____
Property Owner Address _____ *Grass Valley*
Street City Zip
Phone () _____ **Fax** () _____

7. Person to contact about permit application/facility operations:
Title _____ **Business Phone** () _____
Cell Phone (or emergency phone number) () _____

8. Alternate On-Site Contact: _____
Title _____ **Business Phone** () _____
Cell Phone (or emergency phone number) () _____

9. Emergency Contact (if different from primary or alternate above): _____
Title _____ **Business Phone** () _____
Cell Phone (or emergency phone number) () _____

10. Designate Organization of Company
 Sole Proprietorship Corporation Partnership

If the organization is designated as a corporation, please complete section 10(b), otherwise, please complete section 10(c).

For City Use Only: Within sewer district Outside sewer district

Business Name: _____	Date: _____
-----------------------------	--------------------

Section A. General Information (Continued)

10(b). Defined as a corporation under the laws of the State of: _____

Name of President	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>

Name of V. Pres.	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>

Name of Secretary	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>

Name of Treasurer	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>

10(c). Company Owner(s) (if sole proprietorship or partnership) *

Name	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>
Title	_____			

Name	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>
Title	_____			

11. List names of all agents authorized to make submittals to the City of Grass Valley on behalf of your business * :

Name	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>
Title	_____			

Name	_____	Home Phone	()	_____
Home Address	_____	<i>Grass Valley</i>	_____	_____
	<i>Street</i>	<i>City</i>		<i>Zip</i>
Title	_____			

** If necessary, make a copy of this page and provide requested information for all officers, owners, and agents.*

Business Name:	Date:
-----------------------	--------------

Section B. Business Description

1. General description of business activity and/or products manufactured:

2. Schematic Site Diagram

Prepare and attach a schematic site diagram according to the instructions.

3. Please check any of the listed operations that are present at your facility.

<input type="checkbox"/> Aircraft Mfg/Rebuild	<input type="checkbox"/> Bright dipping	<input type="checkbox"/> Electroplating	<input type="checkbox"/> Instrument or Jewelry Repair
<input type="checkbox"/> Aircraft Repair/Maint.	<input type="checkbox"/> Coating	<input type="checkbox"/> Etching	<input type="checkbox"/> Metal Shaping/Machining
<input type="checkbox"/> Alkaline Cleaning for Oil Removal	<input type="checkbox"/> Dye Penetrant Testing	<input type="checkbox"/> Heat Treating	<input type="checkbox"/> Printed Wiring Boards
<input type="checkbox"/> Anodizing	<input type="checkbox"/> Electronic Equipment Repair	<input type="checkbox"/> Impact Forming	<input type="checkbox"/> Solvent Degreasing
<input type="checkbox"/> Aqueous Degreasing	<input type="checkbox"/> Electroless plating	<input type="checkbox"/> Painting	<input type="checkbox"/> Vehicle/Bus Repair/Maint.

4. Federal SIC Code(s):

5. Federal NAICS Number(s):

6. Production Rates (if applicable)

Daily		Monthly	
<i>Average</i>	<i>Max</i>	<i>Average</i>	<i>Max</i>

7. Onsite Chemical Use and Storage

Chemical Name	Trade Name	Where Used	Haz. Ingred. from MSDS	Max Quantity Stored	Amount Used Annually

Section B. Business Description (Continued)

8. Do you have current Material Safety Data Sheets for the materials listed in your inventory?

Yes No Not applicable

9. Are any chemicals or solvents discharged to the sewer system?

Yes No

If yes, please specify:

10. Does the facility have a floor drain?

No Yes

If yes, how many?

11. Are any waste liquids or sludges removed from the facility site?

Yes No

If yes, these may best be described and quantified as:

<i>Type</i>	<i>Estimated Amount (include units)</i>	<i>Removal Frequency</i>
<input type="checkbox"/> Waste Solvent	_____	_____
<input type="checkbox"/> Waste Product (see instructions)	_____	_____
<input type="checkbox"/> Oil	_____	_____
<input type="checkbox"/> Grease	_____	_____
<input type="checkbox"/> Pretreatment Sludge	_____	_____
<input type="checkbox"/> Inks/Dyes	_____	_____
<input type="checkbox"/> Thinner	_____	_____
<input type="checkbox"/> Paints	_____	_____
<input type="checkbox"/> Acids and Alkalis	_____	_____
<input type="checkbox"/> Plating Wastes	_____	_____
<input type="checkbox"/> Pesticides	_____	_____
<input type="checkbox"/> Other (please specify):	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section C. Operational Data (Continued)

3. Employees

Office Staff		Production	
# / hours per day worked		# / hours per day worked	
Weekdays	_____ / _____ hours/day	Weekdays	_____ / _____ hours/day
Saturday	_____ / _____ hours/day	Saturday	_____ / _____ hours/day
Sunday	_____ / _____ hours/day	Sunday	_____ / _____ hours/day
Seasonal	_____ / _____ hours/day	Seasonal	_____ / _____ hours/day

Total Office Staff _____ **Total Production** _____

Total # of Employees: _____

4. Variation of Operations: Please indicate the months of the year during which discharge to the City sewer occurs (excluding handwashing and toilet use). Select "All" if discharge is continuous through the year.

All Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

5. Is there a regularly scheduled shutdown for vacation or other purposes? Yes No

If yes, indicate the number of weeks of shutdown and when they occur.

The following information must be completed for each product line. Attach additional pages, if necessary.

6. Product Produced: _____

7. Production process is which of the following?

Batch Continuous Both [If Both, indicate %'s: _____ % batch _____ % Continuous]

If batch, what is the average number of batches per 24 hours? _____

8. Are any process changes or expansions planned during the next three years? Yes No

If yes, describe the nature of the planned changes or expansions (attach separate sheet, if needed).

9. If no products are produced, then list services provided:

Business Name: _____	Date: _____
-----------------------------	--------------------

Section D. Water Use and Disposition

If available, use actual data from the past year to complete this section; otherwise, engineering estimates may be substituted for new businesses with less than one year of actual water usage rates. The average total influent flow should be within 20% of the total sum of the discharge, evaporation, and non-discharging flows. Differences of more than 20% must be explained.

1. Water Transported to the Business Site

Select source(s) of water: City NID Water Supply Water Account Number: _____

If City and/or NID: _____

Size of supply pipe(s): _____

Water Source	Primary Use	Flow (gpd)		Check One
		Average	Maximum	
Potable water supply				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Water received in raw material				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Trucked influent water				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Well water				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Stormwater				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Reclaimed water				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
TOTAL WATER FLOW TO BUSINESS SITE				---

2. Water Leaving or Consumed at the Business Site

Sewer Account Number: _____ # of Connections _____

Size of pipe(s): _____

Wastewater from Processes to City Sewer System (Attach more pages if necessary)

Process	Description	Flow (gpd)		Check One
		Average	Maximum	
				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
				<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
TOTAL PROCESS FLOW TO CITY SEWER				---

Section D. Water Use and Disposition (Continued)
Wastewater from Non-Process Uses of Water to City Sewer System *(Attach more pages if necessary)*

Type	Flow (gpd)		Check One
	Average	Maximum	
Toilet and sink usage (use 15 gallons per day per employee, unless metered)			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Laundry facility and showers (if present)			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Restaurant/Kitchen/Cafeteria			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Cooling Tower/Boiler Blowdown			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
TOTAL NON-PROCESS FLOW TO CITY SEWER			---

Evaporative Water Loss from Business Site *(Attach more pages if necessary)*

Description of process losing water by evaporation	Flow (gpd)		Check One
	Average	Maximum	
			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
TOTAL EVAPORATIVE LOSS			---

Other Water Loss from Business Site *(Attach more pages if necessary)*

Description of other water losses from the business site	Flow (gpd)		Check One
	Average	Maximum	
Irrigation/landscaping water use			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Water leaving in product(s)			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Water leaving as waste by means other than City sewer			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Wash down			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
Other:			<input type="checkbox"/> Metered <input type="checkbox"/> Estimate
TOTAL OTHER LOSSES			---

Section D. Water Use and Disposition (Continued)

3. Water Use Summary

Water Transported to Business Site (Inflow)

Total Water Flow to Business Site

Flow (gpd)	
Average	Maximum

Water Leaving or Consumed at the Business Site (Outflow)

Total Process Flow to City Sewer System

Total Non-Process Flow to City Sewer System

Total Evaporative Water Loss

Total Water Loss by Other Means

Total Water Leaving or Consumed at Site

(sum of four values above)

--	--

Calculate the Total Water Flow as a percentage of Total Water Leaving or Consumed

(see instructions)

_____ %
Average

_____ %
Maximum

If the foregoing percentage is greater than 120% or less than 80%, the difference must be accounted for. If difference cannot be resolved, explain and attach additional pages as necessary.

Explanation of discrepancy (if needed):

Section E. Pretreatment Systems (Continued)

2. Batch Processes (Continued)

*The following information must be completed for each different batch discharged.
Attach additional pages, if necessary.*

- a. Discharge source _____
- b. Average volume _____
- c. Maximum volume _____
- d. Estimated flow rate (gal/min) _____
- e. Approximate average frequency _____

Section F. Discharge Characterization

1. Sampling and Monitoring

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams (e.g. before mixing with domestic-type wastewater)?

Yes No

If no, please explain:

Sampling Points

2. Indicate the number (from schematic in section B.2) and nature (manhole, sump, clean out, etc.) of each sampling point.

Sampling Point	Nature of Sampling Point

3. Are any of the sampling points indoors?

Yes No

If yes, indicate the room and what, if any, equipment the sampling point is near.

Sampling Point Location (Room)	Nearby Equipment (if applicable)

Section F. Discharge Characterization (Continued)

4. Are these sampling points accessible to authorized City personnel at all times?

Yes No

5. Are there security measures at your facility that require clearance before entry into or onto your premises?

Yes No

6. Please explain any special safety precautions required to enter the facility and/or to access any of the sampling points.

7. If there are no adequate sampling points currently available, provide a detailed description of all proposed sampling manholes and the scheduled dates of their installation.

8. Process Wastewater and Total Discharge Characteristics

Attach a copy of the following table(s) for each outfall, as numbered on the schematic for section B.2. Also attach any analytical data and copies of any logs, check lists, forms, etc. which are maintained.

Outfall #

Parameter	Result (include units)	Analytical Test Method	Frequency of Test
<i>Process Wastewater</i>			
pH	Average		
	Maximum		
TDS	Average		
	Maximum		
Temp	Average		
	Maximum		
Other:	Average		
	Maximum		
Other:	Average		
	Maximum		
Other:	Average		
	Maximum		

Section F. Discharge Characterization (Continued)

Attach a copy of the following table(s) for each outfall, as numbered on the schematic for section B.2. Also attach any analytical data and copies of any logs, check lists, forms, etc. which are maintained.

Outfall #

Parameter	Result (include units)	Analytical Test Method	Frequency of Test
-----------	---------------------------	------------------------	-------------------

Total Discharge

BOD	Average			
	Maximum			
TSS	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			
Other:	Average			
	Maximum			

9. How is compliance verified at each sampling point (in-house test or outside state certified laboratory)?

Sampling Point	Compliance Verification Method
	<input type="checkbox"/> In-house <input type="checkbox"/> Certified laboratory
	<input type="checkbox"/> In-house <input type="checkbox"/> Certified laboratory
	<input type="checkbox"/> In-house <input type="checkbox"/> Certified laboratory
	<input type="checkbox"/> In-house <input type="checkbox"/> Certified laboratory
	<input type="checkbox"/> In-house <input type="checkbox"/> Certified laboratory

Section F. Discharge Characterization (Continued)

Monitoring Equipment and Methods

10. Provide a detailed description of current methods and/or monitoring equipment used (e.g. flow meters, samplers, etc.)

11. Will any wastewater be discharged to the City sewer system from any out-of-sewer-district source?

Yes
 No

Section G. Environmental Permits

1. Other Environmental Permits

Agency Name	Permit Type	Permit Number	Expiration Date
EPA		Generator ID Number	
State of California		Generator ID Number	
Nevada County - Environmental Health Department	Hazardous Material Storage Facility		
Nevada County - Environmental Health Department	Hazardous Waste Generator		
Nevada County - Environmental Health Department	Food Facility Permit		
City of Grass Valley	Business License		
City of Grass Valley - Fire Department	Hazardous Material Storage		
City of Grass Valley - Department of Public Works	Waste Discharge Permit		

Section H. Certification and Signature

***This application must be signed by the owner or an executive officer of the business.
SURVEY RESPONDANT MUST READ AND AGREE TO THESE PROVISIONS***

I certify that the information contained in this survey (consisting of nine survey pages plus ____ that I have attached to answer survey questions) is true, correct, and complete to the best of my knowledge. I also agree to comply with the following provisions.

- A. To furnish any additional information on wastewater discharges as required by the City of Grass Valley.
- B. To accept and abide by all provisions of Chapter 13 of the City of Grass Valley Municipal Code.
- C. To effectively operate and maintain any wastewater pretreatment equipment to ensure compliance with wastewater discharge limits.
- D. To cooperate at all times with reasonable requests by City personnel in the inspection, sampling, and monitoring of waste discharges to the City’s sewer system.
- E. To notify the Grass Valley wastewater treatment plant (WWTP) IMMEDIATELY, at (530) 477-4625 in the event of an accident or other occurrence that results in discharge to the sewer of any material that, by nature and/or quantity, violates wastewater discharge limits or constitutes a hazard to WWTP operations or compliance, to City personnel, or to the environment.
- F. To pay the City of Grass Valley the required sewer use fees for wastewater treatment.
- G. To submit, as required by the City, accurate data on non-residential wastewater flows and constituents.
- H. To apply for a wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.

Signature

Date

Printed Name

Title



INSTRUCTIONS FOR COMPLETING THE GRASS VALLEY WASTEWATER DISCHARGE PERMIT APPLICATION

GENERAL INSTRUCTIONS

- Type or print clearly all required information. If you need more space you may attach additional sheets for any section of the application. Type or print the business name and date at the top of any attachments and at the top of each application page.
- Please call the City of Grass Valley Department of Public Works, Water and Wastewater Division at (530) 274-4350 if you have any questions or have left some blanks.

Section A - General Information

1. **Business Name** - Enter the name or title of your business.
2. **Facility Address** – Enter the full street address of the building or business that is or will be discharging wastewater. If the facility is in Grass Valley, then it is not necessary to enter the city.
3. **Mailing Address** – Enter the full mailing address for the business.
4. **Facility Phone and Fax Numbers** – Enter the primary phone and fax numbers, including area code, for the business.
5. **Own or Rent?** Mark whether the business owns or rents the facility in question.
6. **Property Owner Information (if facility is rented)** – If the facility is rented, enter the name of the property owner, their address, and their phone and fax numbers.
7. **Person to Contact About This Application** – Provide the name of person who filled out the application and whom City staff can contact.
8. **Alternate On-Site Contact** – Provide the name of another informed person whom City staff can contact in regards to the application or facility operations.
9. **Emergency Contact** – Enter the name of an Emergency Contact if this person is different from the primary and alternate contacts above.
10. **Designate Organization of Company** – Mark whether the business is a sole proprietorship, partnership, or corporation.

If the organization is designated as a corporation, complete section 10(b); otherwise, complete section 10(c).

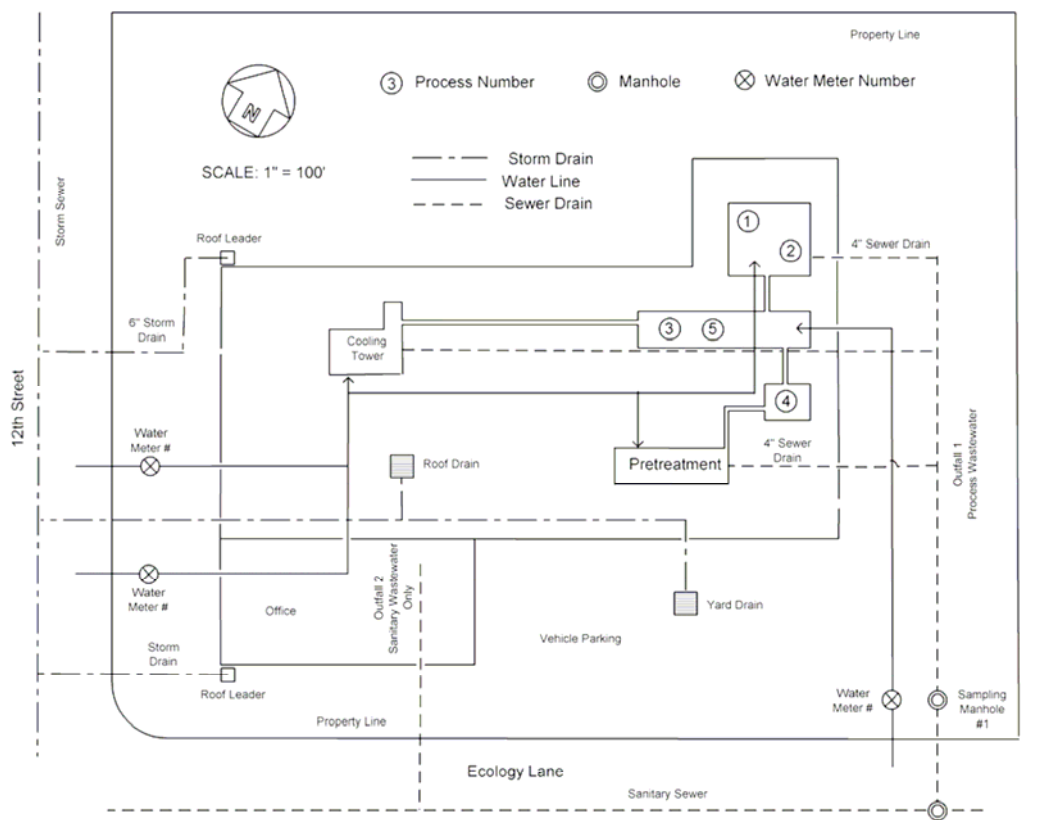
- 10(b) Indicate the state under which the company is deemed a corporation. Fill in the names, addresses, and phone numbers of the president, vice president, secretary, treasurer, and any other officers, owners, or agents.
- 10(c) **Company Owner(s)** – Enter the names, addresses, phone numbers, and titles of all company owners in a sole proprietorship or partnership.

11. **Authorized Agents** – Enter the names, addresses, phone numbers, and titles of all agents authorized to make submittals to the City of Grass Valley on the behalf of your business.

Section B – Business Description

1. **General Business Description** – Briefly describe the primary business activities at this location, including products manufactured (e.g. tomato processing, metal fabrication, etc.)
2. **Schematic Site Diagram** - Clearly identify: (1) building outline, (2) property lines, (3) a north arrow, (4) scale of drawing, (5) all wastewater drainage plumbing, (6) all storm drains, (7) location of each existing and/or proposed sampling structure, (8) all sewer outfalls, (9) all water supply lines and meters, (10) all wastewater generating process, (11) wastewater pretreatment systems, and (11) a legend for symbols.

Example (excluding legend):



3. **Operations Present at Facility** – Mark all listed unit operations, if any, which are present at the facility.
4. **Federal SIC Codes** – List all SIC (Standard Industrial Classification) codes for the major business activities at this location. Be sure to include codes for all significant wastewater-generating processes, such as photo processing. These codes can be obtained at www.osha.gov/oshstats/sicser.htm/
5. **Federal NAICS Codes** – List all NAICS (North American Industry Classification System) codes for the major business activities at this location. Be sure to include codes for all significant wastewater-generating processes, including photo processing. These numbers can be obtained at www.census.gov/epcd/www/naics.htm/

If you need help determining which codes apply to your business, please contact the Department of Public Works, Water and Wastewater Section at (530) 477-4625.

6. **Production Rates** – All businesses must complete this item using the best available information. If the business is manufacturing, then production levels are the unit amount of the product produced; e.g., a frozen food processor would state how many pounds of frozen food are produced. Production from wholesale businesses is described as follows:

- If a *product is repackaged from bulk at the wholesale business*, then the pounds or gallons of product repackaged each day and month is the appropriate response.
- If a *wholesale business does not involve repackaging*, then an estimate of the amount of freight wholesaled is the appropriate response.
- If the *business is retail*, then the amount of customer sales each day and month, and gross sales, is the appropriate response.
- If the *business is service oriented*, then list numbers of clients served instead of products produced.

7. **Onsite Chemical Use and Storage** – Please list all chemicals present at the facility and their hazardous ingredients. If too numerous to list, please attach additional pages. If the materials have already been reported to the Nevada County Environmental Health and City of Grass Valley Fire Department, copies of the hazardous materials plan inventory can be attached. It is not necessary to list incidental cleaning supplies unless a business activity is cleaning. If there are no chemicals or raw materials on site, state that there are none.

- Include raw materials, products, and gases.

Suggested Chemical/Product Groupings		
Acid Solutions (> 5% acid)	Flammable Liquids	Chlorinated Solvents
Solid or Liquid Caustics (> 10% caustic)	Finely Divided Heavy Metals or Sludges	Cyanide solutions
Ammonia	Heavy Metals in Solution	

Example:

Typical Chemical Use & Storage List					
Chemical Name	Trade Name	Where Used	Hazardous Ingredient from MSDS	Max Amt. Stored	Amt. Used Annually
	K Brand Inhibitor 12 (rust inhibitor)	Cooling Equipment	Cyclohexylamine	50 gal	100 gal
Sodium Hydroxide		Rinse storage tank	Sodium hydroxide	1000 gal	12,000 gal
	Yankee Oil #5	Pumps	Petroleum distillates	55 gal	200 gal

8. **Current Material Safety Data Sheets?** – If the business does have current MSDS sheets for the chemicals listed in the above table, mark “Yes” and attach to the application. . If the business does not have MSDS sheets or they are not current, mark “No”. If there are no chemicals or raw materials on site, mark Not Applicable.
9. **Are any chemicals or solvent discharged to the sewer system?** – If a substance is added to water used in operations (and/or possibly removed) before it is discharged to the sewer system, mark “Yes” and briefly explain in the space below what substances are added. If the only water that is discharged to the sewer is from hand washing and toilet facilities, mark “No”.
10. **Does the facility have a floor drain?** – If the facility has one or more floor drains, mark “Yes” and indicate how many. If there are no floor drains in the facility, mark “No”.
11. **Are any waste liquids or sludges removed from the facility site?** – Mark “Yes” if there are *any* hazardous or non-hazardous wastes at your facility disposed of by means other than discharge to the sewer system and fill in the table. “Other” types of waste could include solid wastes, hazardous wastes, etc. “Volume” should indicate volume disposed of at the “Frequency” indicated. If “Yes” is marked, then questions 11 and 12 must also be answered. If there are no waste liquids or sludges removed from the site by means other than discharge to the sewer, then mark “No”.

Note: Wastes from sumps, sand-oil interceptors, grease interceptors, and grease traps must be listed here. Such wastes may be associated with vehicle maintenance, food processing, or food preparation operations and are often pumped-out by non-hazardous liquid waste haulers (septic tank/grease trap service companies).

12. **Contracted Waste Haulers** – Mark “Yes” if the removal of the wastes listed in question 10 are handled by the business. If other companies dispose of the waste for you, please provide the name, address, and permit number for each waste hauler used.

“Waste Product” is any materials unused and rejected as worthless or unwanted; worthless material that should be removed; worthless material that is to be disposed of, e.g., trash, impurities, excess materials, scraps, garbage, etc.

13. **Are any sludges, liquids, etc., placed in the trash for disposal?** – If any sludges, liquids, etc., as listed in question 10, are disposed of in the trash, mark “Yes” and specify the sludges, liquids, etc.
14. **Accidental Spill Prevention Plan** – The facility must have a spill prevention plan as specified in the Grass Valley Municipal Code Sections 13.20.120(A) and (B) (shown later in this section) if there is a chance that a spill can result in toxic and/or explosive substances getting into the sewer system. If one does not exist, then one must be created. New applicants must submit the plan within 60 days of this application. Previous users have 6 months in which to submit the plan.

Excerpt from:

Grass Valley Municipal Code Section 13.20.120 Accidental discharges and accidental spill prevention plans.

“The director shall require each non-residential user that is permitted to develop and implement an accidental spill prevention plan (ASPP) and when necessary a slug control plan. The city shall determine which non-residential user is required to develop a slug control plan. New industrial users (when required) shall submit these plans within 60 days after notification by the city. Existing industrial users (when required) shall submit these plans within six months after notification by the city. Where deemed necessary by the city, facilities to prevent accidental discharge and/or slug discharges of pollutants shall be provided and maintained at the industrial user’s cost and expense. Facilities plans and operating procedures to prevent accidental discharges and/or slug discharges shall be submitted to the city for review and approval before implementation. Each permitted non-residential user shall implement its ASPP and/or slug control plan as submitted or as modified after such plan has been reviewed and approved by the city. Review and approval of such plans and operating procedures by the city shall not relieve the non-residential user from the responsibility to modify its facility as necessary to meet the requirements of this chapter or other local, state or federal requirement.

- A. Each non-residential user that is required to obtain a wastewater discharge permit shall provide protection from accidental discharge of prohibited materials or other substances regulated by this chapter. This shall include containment and isolation of materials in a sump or basin of approved construction. The ability to confine spills shall be provided in the form of valving or other means approved by the director. This valving shall be located on the building drain as close as practicable to the sump outlet. Facilities to prevent accidental discharge of prohibited materials shall be provided and maintained at the non-residential user's cost and expense.
1. Any non-residential user required to develop and implement an accidental spill prevention plan (ASPP) as a condition of permitting shall submit a plan which addresses, at a minimum, the following:
 - a. Description of discharge practices, including non-routine batch discharges;
 - b. Description of stored chemicals;
 - c. Procedures for immediately notifying the POTW of any accidental or slug discharge. Such notification must also be given for any discharge which would violate any of the standards in this chapter.
 - d. Procedures to prevent adverse impact from any accidental or slug discharge. Such procedures include, but are not limited to, inspection and maintenance of storage areas, handling and transfer of materials, loading and unloading operations, control of plant site runoff, worker training, building of containment structures or equipment, measures for containing toxic organic chemicals (including solvents), and/or measures and equipment for emergency response.

- e. Detailed plans showing facilities and operating procedures to provide this protection shall be submitted to the city for review, and shall be approved by the city before construction of the facility.
2. All existing industrial users shall complete such a plan within six months of the effective date of this chapter.
- B. No new non-residential user that has not commenced discharging to the sewer system prior to the effective date of this chapter shall be permitted to introduce pollutants into the system until the new non-residential user's ASPP has been approved by the city, and the ASPP is fully implementable."

If either "Yes" or "No" is checked, question 13 must also be completed.

Mark "Not Applicable" if there is no chance that the facility can discharge toxic and/or explosive substances to the sewer (such as through floor drains or sinks).

15. **Accidental Spill or Slug Discharge Notification Plan** – The Notification Plan shall, at a minimum, include the provisions included in the Grass Valley Municipal Code Sections 13.20.120(A) and (B).
16. **Solvent Management Plan** – Mark "Not Applicable" if the facility does not discharge solvents into the sewer system.

Section C – Operational Data

1. **Operating Hours** – Enter the general facility hours of operation.
2. **Days of Operation** – Indicate the typical operating days that correspond to the above operation hours.
3. **Employees** – Under "Office Staff", list the number of those employees that are involved in office activities and their typical hours. Write the total number of office staff on the "Total Office Staff" line. Under "Production", list the number of employees involved in production and their typical working hours. Write the total number of production staff on the "Total Production" line. Write the total number of employees (office + production staff) on the "Total # of Employees" line.
4. **Variation of Operations** – Mark each month during which discharge to the City sewer occurs (including discharges from hand washing and toilets facilities). If there are continuous discharges throughout the year, mark "All".
5. **Is there a regularly scheduled shutdown for vacation or other purposes?** – If the facility typically shuts down for any reason during the year, indicate the time and duration during which the shutdown(s) occur.

Questions 6, 7, and 8 must be completed for each separate product line produced. Additional pages may be attached if needed.

6. **Product Produced** – Enter each product produced at the facility.
7. **Production process is which of the following?** – Batch discharges are waste streams that are controlled in some way or held in a tank and discretely discharges when full or according to a schedule, as opposed to entering the sewer continuously throughout the day. Examples include

boiler blowdown, intermittent process wastewater, backwash wastewater, batch discharges from storage tanks, etc. Indicate whether the production process is “batch”, “continuous”, or if “both”, indicate which percentage of each (batch and continuous) that the discharge is. If “batch” is marker, indicate the average number of batches discharged to the sewer in 24 hours.

8. **Any process changes or expansions planned during the next three years?** – If there are plans to expand or change any processes at your facility during the next three years, mark “Yes” and describe the nature of the planned changes or expansions, attaching separate sheets as necessary.
9. **If no products are produced, then list services provided.** For example, list “oil changes” if the business is an oil change facility or “car wash”, if the facility is a car wash.

Section D – Water Use and Disposition

Purpose – This section will show how water is used at your facility **per day**, including domestic, landscaping, and process water use. Include both municipal, surface water (including rainfall) and private well-supplied water sources. In the Water Use Summary at the end of this section, the total amount of wastewater discharged to the sewer and the amount discharged/used/lost to other sources should approximately equal the total amount of water supply.

1. **Water Transported to the Business Site** – If the main amount of water at the facility is supplied by the City and/or Nevada Irrigation District (NID), mark one or both and enter your water account number. Also write the size of the supply pipe(s) in inches.

If the listed water sources are used at the facility (potable water supply includes City and NID supplied water), indicate what they are used for. Using meter readings or any reasonably accurate method of estimation, enter the average and maximum number of gallons per day for each of the listed sources. Mark the method used to find average and maximum water flows (meter or estimate).

Sum the average and maximum flows for all sources and enter them in the “Total Water Flow to Business Site” boxes.

2. **Water Leaving or Consumed at the Business Site**

Wastewater from Processes to City Sewer System – State how much water is used in each process at your facility. Using meter readings or any reasonably accurate method of estimation, enter the approximate number of gallons per day (gpd) discharged to each of the sewer outfalls for this facility and check which method you used for estimation (meter or estimation). Sum up the total average and maximum flows and mark them in the indicated boxes.

Wastewater from Non-Process Uses of Water to City Sewer System – State how much water is used for each non-process use listed. This table excludes water use from irrigation/landscaping. Use meter readings or any reasonably accurate method of estimation to approximate the number of gpd discharged to sewer outfalls at the facility. Indicate which method was used. Sum all average and maximum flows and write them in the indicated boxes.

Evaporative Water Loss from Business Site – Describe each process performed at the facility with which water is lost through evaporation. If no heat is applied beyond typical water heaters and no ponds are on site, then state “Not Applicable”. Otherwise, estimate evaporative losses using

volumetric changes or another form of estimation. Sum the average and maximum evaporation losses and mark them in the indicated boxes.

Other Water Loss from Business Site – Estimate (by meter or estimation) how much water is lost through the listed uses or any other uses not listed in these four tables. Sum all of the flows and write them in the indicated boxes.

3. **Water Use Summary** – This section needs to be filled in with the summed totals from each of the five tables from sections 1 and 2. The “total water flow as a percentage of total water leaving or consumed” can be calculated by dividing the amount of water transported to the business site by the total water leaving or consumed at the site and multiplying by 100.

If either of these percentages are greater than 120% or less than 80%, there is either a supply or loss that has not been accounted for which must be found and entered. If the discrepancy cannot be found, explain, attaching additional sheets if necessary.

Section E – Pretreatment Systems

1. **Pretreatment Systems** – If there are pretreatment system(s) currently in place at your facility, check “Yes” and fill out the “Pretreatment System Type” table. If there are no pretreatment systems in place, check “No” and explain why there are none (e.g. Discharge hasn’t previously required pretreatment, etc.).

Mark “Yes” for each type of pretreatment system that is present at the facility and “No” for each one that is not present at the facility. If “Yes” is marked, indicate the number of units in the facility’s possession and the capacity of each, with units (e.g. gpm, cfs, etc.). Other system types not listed may be added at the bottom of the table.

The following section must be filled out for each pretreatment system (as identified in question 1) present on site.

2. **Batch Processes** – If the wastewater is treated and/or discharged in batches (see definition in Section C, question 8), indicate, *for each different waste stream*, the maximum number of batch discharges that might occur per year, month, week, and day. The average volume of each batch, including units (e.g., gallons, cubic feet, etc.) should also be provided for each time interval.

The source of the discharge (e.g., equipment coating) must be identified and indicated here along with the average and maximum volumes of the discharge, its estimated flow rate in gallons/minute, and the approximate average frequency that the batch occurs (e.g., once per year).

Section F – Discharge Characterization

1. **Sampling and Monitoring** – Indicate whether or not individual waste streams can be sampled separately before/if they are mixed with other waste streams. If there is no way to sample individual streams before they are mixed, describe why (e.g. no access, etc.).

Sampling Points

2. **Number and Nature of Sampling Points** – List all sampling point numbers (as labeled in the schematic from section B.2) and what type of structure allows the sampling to take place (e.g. spigot, sump, clean-out, manhole, etc.).

3. **Are any of the sampling points indoors?** – Mark “Yes” if there are one or more sampling points inside a building. Indicate clearly which room the sampling point(s) is in and list any equipment that is nearby that might create a sampling hazard. Mark “No” if all sampling points are free and clear of hazard to anyone who wants to sample.
4. **Are these sampling points accessible to authorized City personnel at all times?** – Mark “Yes” if City staff can access the sampling points directly or “No” if there is a hazard or security issue that must first be cleared.
5. **Are there security measures at your facility that require clearance before entry into or onto your premises?** – Mark “Yes” if City can’t directly access the facility without going through some sort of security measures.
6. **Special Safety Precautions** – If safety precautions must be taken when at the sampling point, please list what they are (e.g. hard hats, ear protection, etc).
7. **Proposed Sampling Points** – If there are no sampling points yet, provide details on all proposed sampling points, their scheduled date of installation, and where they are (e.g. which manhole, sump, clean-out, etc).
8. **Process Wastewater and Total Discharge Characteristics** – The table should be filled out for each total or process outfall labeled in the schematic for section B.2. List the average and maximum results for the past three years (see the record-keeping requirement for industrial users in 40 CFR 403.12(o)(2)) for each parameter (if sampled). Indicate the units that the results are in and the analytical test method used to find the results. Also list the frequency that the test is performed (e.g. once per month). Also include any other parameters that were tested for on a consistent basis.

Process wastewater is water used during an industrial process. This section need only be filled out if the process wastewater is sampled before it mixes with other wastestreams (domestic, other process wastewater, etc.).

Total discharge is water that is a mixture of all wastewater being discharged from the facility. This must be filled out for each outfall.

Biochemical Oxygen Demand (BOD) and Total Suspended Solids (TSS) are the measures of wastewater strength used to calculate monthly sewer bills. Certified laboratory analysis of representative wastewater samples is the preferred method for obtaining the required BOD and TSS information. However, for new facilities, estimates based on good engineering practices, applicable industry sources, or other experience are acceptable. You may contract with a certified laboratory to collect and analyze a sample to determine BOD and TSS from your production wastestream or outfalls.

For all process or production outfalls, provide actual measurements of the maximum and average pH and temperatures of wastewaters discharged. Any method of pH measurement is acceptable.

Measured or estimated Total Dissolved Solids (TDS) concentrations must be provided for each process outfall, identified by the Outfall # from the schematic of section B.2.

9. **Compliance Verification** – List how the samples at each sampling point are tested, by using an in-house lab or through a state certified laboratory.

Monitoring Equipment and Methods

10. List all monitoring equipment used, including flow meters (with type and capability), composite samplers (with type and capability) and pH, dissolved oxygen (DO), electrical conductivity (EC), and temperature meters.

Indicate how the samples are collected for each parameter. Are they grab or composite samples? Are standard sampling procedures followed (see 40 CFR Part 136) and are ultra-clean sampling techniques employed for any parameter?

11. **Will any wastewater be discharged to the City sewer system from any out-of-sewer-district source?**

Section G – Environmental permits

1. Other Environmental Permits – List any other environmental permits that the facility possesses, along with the permit or generator ID number and the expiration date.

Section H – Certification and Signature

All applications reports, or related information required by the City of Grass Valley must contain the certification statement contained in Section G and must be signed as follows (40 CFR 403.12 (I)):

- a) By a responsible corporate officer, if the applicant is a corporation. A responsible corporate officer means:
 - i) A president, secretary, treasurer, or 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
 - ii) The manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 2010 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b) By a general partner or proprietor if the applicant is a partnership or sole proprietorship respectively.
- c) By a duly authorized representative of the individual designated in paragraph a or b of this section if:
 - i) The authorization is made in writing by the individual described in paragraph a or b;
 - ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - iii) The written authorization is submitted to the City.
- d) If an authorization under paragraph c of this section is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the

requirements of paragraph c of this section must be submitted to the City prior to or together with any reports to be signed by an authorized representative

Signature and Date – An application will not be accepted if it is not signed as specified above and dated. Any written authorization for another’s signature must accompany the application if not already on file with the District.

Name and Title – Type or print the name and title of the person signing the application.