APPLICATION FOR WASTEWATER DISCHARGE PERMIT
DRY CLEANERS

INSTRUCTIONS

Please complete this form and return it to the address below. Applications must be received 60 days prior to any new wastewater discharges or expiration of an existing permit. If you have any questions, please call the Environmental Compliance Office at (831) 420-6050.

Please mail to: City of Santa Cruz Wastewater Treatment Facility
110 California Street
Santa Cruz, CA 95060
Attn: Environmental Compliance Manager

GENERAL INFORMATION

1. Business Name: _____

2. Street Address: _____

3. Mailing Address: _____

4. Phone #: _____ Fax: _____

5. Individual responsible for wastewater disposal: _____

   Title: _____ Phone #: _____

6. Emergency contact: _____

   Title: _____ Phone #: _____

7. Certification:

I certify that the information contained in this application is true and correct to the best of my knowledge. I also agree to comply with the provisions on page seven of this application.

_____ _____
Signature * **Date**

_____ _____
Printed Name **Title**

***The application must be signed by the owner or an executive officer of the business.**

BUSINESS ACTIVITY

1. Approximate pounds of articles dry cleaned per month: _____

2. List the maximum quantity of solvents, including perchloroethylene, that may be stored on site at any given time.

_____

_____

_____

_____

_____

3. Please indicate the amount of solvent purchased and hauled/manifested for each of the last 3 years?

Amount of Solvent Purchased	Amount of Solvent Hauled/manifested	Year
_____ (lbs/gal)	_____ (lbs/gal)	_____ (year)
_____ (lbs/gal)	_____ (lbs/gal)	_____ (year)
_____ (lbs/gal)	_____ (lbs/gal	_____ (year)

4. Operating hours: _____ am/pm to _____ am/pm

5. Days per week of operation: (circle days)

Su M Tu W Th F Sa

6. Number of employees:

Office Staff:	Weekdays_____	Hours_____
	Saturday _____	Hours _____
	Sunday _____	Hours _____
	Seasonal _____	Hours _____
Production: Staff	Weekdays _____	Hours_____
	Saturday _____	Hours _____
	Sunday _____	Hours _____
	Seasonal _____	Hours _____
	Total _____	

7. Variation of operations:

Please indicate whether business activity is:

❑ Continuous throughout the year

or

❑ Seasonal: Please circle the months of the year during which discharge to the city sewer occurs:

J F M A M J J A S O N D

OPERATIONAL DATA

1. Please complete the following water supply table:

Source	**Average Use** (Gal/Month)	**Maximum Monthly Use**	
		Month	Gallons
Metered city water			
Well water			
Water received in raw material			
Other unmetered source			

2. Please complete the following water use table:

	Gal/month	Check if metered separately
Sanitary		
Process		
Boiler		
Cooling		
Irrigation		
Product		
Other		
TOTAL		

These figures are based on:

- ❑ Wastewater flow meter readings
- ❑ _____% of incoming metered water
- ❑ Best estimate
- ❑ Other, please explain:

_____

3. Check any existing or proposed type of dry cleaning equipment:

- ❑ Filters or screens
- ❑ Oil & Grease removal
- ❑ Waste hauling
- ❑ Other (please describe below)
- ❑ Solvent separation/recovery
- ❑ Cartridge/Disc Filters
- ❑ Waste storage tank

_____

_____

_____

_____

4. Please give age, manufacturer, and number of dry cleaning and solvent recycling/recovery units.

_____

_____

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

❑ Yes ❑ No

SAMPLING POINTS

1. Is a sampling point available where a representative sample of the wastewater discharged to the city may be collected?

2. Describe the location and nature (manhole, sump, clean out, etc.) of each sampling point.

3. Are these sampling points accessible to authorized city personnel at all times?

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

5. Please explain any special safety precautions required at any of the sampling points.

6. 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.

PROCESS DIAGRAMS AND BUILDING LAYOUTS

Process Diagram
For each process or activity which generates wastewater or solvent waste, please attach a diagram of the flow of materials and water from start to completed product, showing all processes generating wastewater, including clean-up operations. Number each process that discharges to the sanitary sewer. Use the resultant numbers when completing the site plan.

Site Plan. If available, please attach an architectural drawing, or draw to scale the location of each building on the premises. Show property lines, streets, storm drains, drainage ditches, water supply sources, wastewater pretreatment systems, bulk storage tanks and storage areas for raw materials. Also, show dry cleaning equipment and solvent recycling/recovery equipment. Indicate where sewers and drains leave buildings and property. Also, please indicate the location of water meters, in line monitoring equipment (such as pH and flow meters), and sampling points.

SPILL CONTINGENCY PLAN

1. Has your facility developed a spill prevention plan to prevent and contain accidental spills?
   ❑ Yes ❑ No

2. If yes, please attach a copy of the plan. (If applicable, you may submit a copy of your facility's Hazardous Waste Management Plan).

   If no, please submit a plan within 30 days of the date of this application.

3. Accidental Spill Response: Outline your facility's plan for containing and cleaning up an accidental spill in order to prevent discharge to the sanitary sewer or the environment.

   _____

   _____

4. Has a solvent management plan been developed and implemented?
   ❑ Yes ❑ No ❑ Non applicable

   If yes, please attach a copy of the plan.

ENVIRONMENTAL PERMITS

1. List all other environmental permits which have been issued to you by other agencies, i.e., Air Quality or Water Quality Control Board, County Environmental Health, etc.

Agency Name	Permit Number	Expiration Date

2. a. Does your facility generate hazardous wastes?

❑ Yes ❑ No

If yes, please provide the following information:

b. Generator's EPA ID Number: _____

c. Transporter 1 Company Name: _____

Phone Number: _____

U.S. EPA ID Number: _____

Transporter 2 Company Name: _____

Phone Number: _____

U.S. EPA ID Number: _____

APPLICANT FOR PERMIT MUST READ AND AGREE TO THESE PROVISIONS

A. To furnish any additional information on wastewater discharges as required by the City of Santa Cruz.

B. To accept and abide by all provisions of Chapter 16.08, Municipal Sewer Ordinance, and Chapter 16.19, Storm Water and Urban Runoff Pollution Control, of the City of Santa Cruz Municipal Code.

C. To effectively operate and maintain 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 industrial waste discharges.

E. To notify the Santa Cruz Water Pollution Control Facility immediately, at (831) 420-6050, in the event of an accident or other occurrence that results in the discharge to the sewer of any material that, by nature and/or quantity, violates wastewater discharge limits or constitutes a hazard to the Santa Cruz Water Pollution Control Facility, City personnel, or the environment.

F. To pay the City of Santa Cruz the required sewer use fee for wastewater treatment.

G. To submit, as required by the City, accurate data on industrial wastewater flows and constituents.

H. To apply for a revised wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.