



**For Napa Sanitation District Use Only**                      Inspector \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**Date received:** \_\_\_\_\_ **Amount Paid: \$** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

In accordance with the Napa Sanitation District Code, no user shall connect, discharge, cause, allow, or permit any discharge, into the Sanitary Sewer System except in accordance with a Wastewater Discharge Permit issued by the Napa Sanitation District. A completed permit application and appropriate fee is required to be submitted to this office by all Significant Users. Municipal Code requires that permit applications, and any other reports required by the Napa Sanitation District shall be **signed by an Executive Officer of the business filing the application**. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

**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 or imprisonment for knowing violations."

**CERTIFIED BY:**

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>

**PREPARED BY:**

<i>Name (please print)</i>	<i>Email</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>	<i>Phone</i>



**COMPANY INFORMATION**

Company Name: \_\_\_\_\_ Web site: \_\_\_\_\_

Doing Business As (dba) (if different from above): \_\_\_\_\_

Business/Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Discharge Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone (Main): \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date Current Operation began: \_\_\_\_\_ Date Pretreatment Operation began: \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

Total Land Area : \_\_\_\_\_ sq. ft.

Size of Facility (Please estimate sizes of areas that comprise the facility)

Date of Construction of the Facility began: \_\_\_\_\_

Manufacturing / Assembly Area: \_\_\_\_\_ sq ft

Wastewater Treatment Area: \_\_\_\_\_ sq ft

TOTAL FLOOR AREA: \_\_\_\_\_ sq ft

**INDIVIDUALS RESPONSIBLE FOR WASTEWATER**

**Permit, Inspection, Correspondence**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**Sampling**

1<sup>st</sup> Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

**NATURE OF BUSINESS**

Description of business activity, products, or services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of fabrication or manufacturing processes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIC: \_\_\_\_\_



**PERSONNEL SCHEDULE**

	<i>Office</i>		<i>First Shift</i>		<i>Second Shift</i>		<i>Third Shift</i>	
	# of Employees	Hours	# of Employees	Hours	# of Employees	Hours	# of Employees	Hours
<b>Weekday</b>								
<b>Saturday</b>								
<b>Sunday</b>								

**WATER USAGE AND DISCHARGE**

*Data over the past year should be used for all available flows. Engineering estimates may be substituted for new companies with no actual flow data and for waste streams that are not flow metered. The Average influent total should be within 10% of the total of Discharge, Evaporation, and Non-Discharging Flows. Differences of more than 10% must be explained.*

**INFLUENT FLOWS**

*(Identify all sources of water to your facility. Attach water bills for last year.)*

Water Account # or Well Number	Primary Use	Average Flow (GPD)	Maximum Flow (GPD)
<b>Trucked Influent (DI or Other)</b>			
<b>Total Influent Flow:</b>	-----		

**DISCHARGE FLOWS**

*(Average Wastewater Discharged to the Sanitary Sewer in GPD for last year)*

Process Type	Average Flow (GPD)	Maximum Flow (GPD)
<b>Process #1:</b>		
<b>Process #2:</b>		
<b>Process #3:</b>		
<b>Scrubber(s)</b>		
<b>Total Process Wastewater Flow (GPD):</b>		

Non-Process Types	Average Flow (GPD)	Maximum Flow (GPD)
<b>Sanitary Sewage:</b>		
<b>Cooling Tower Blowdown:</b>		
<b>Boiler Blowdown:</b>		



<b>Reverse Osmosis Reject Water:</b>		
<b>Laundry Facility:</b>		
<b>Restaurant Facilities/Kitchen/Cafeteria</b>		
<b>Recreational Facilities (Swimming Pools, water rides etc.):</b>		
<b>Other:</b>		
<b>Total Non-Process Wastewater Flow (GPD):</b>		

**Total Discharge to the Sanitary Sewer (Process + Non-Process)** \_\_\_\_\_ / \_\_\_\_\_  
(Average) (Maximum)

**NON-DISCHARGING WATER USES**

Process Type	Average Flow (GPD)	Maximum Flow (GPD)
Irrigation/Landscaping		
Trucked or Hauled Waste		
Other		

**ENVIRONMENTAL CONTROL PERMITS**

List all other environmental control permits issued to this facility.

<i>NAME OF PERMIT</i>	<i>PERMIT #</i>
<i>EPA – Generator I.D. Number</i>	
<i>Napa County – Environmental Health Permit</i>	
<i>Napa County – Hazardous Waste Generator Permit</i>	
<i>Bay Area Air quality Management District – Permit to Operate</i>	
<i>Regional Water Quality Control Board NPDES Permit</i>	
<i>Local Hazardous Material Storage Permit (Fire Dept.)</i>	
<i>Radioactive Material License</i>	
<i>Biohazard Waste Generator Registration</i>	
<i>Other</i>	

**BUILDING AND PLUMBING LAYOUT, FLOW DIAGRAMS**

**All drawings provided shall be on a 8.5 X 11 size.**

- Plumbing Layout:** On a separate sheet, draw to scale the building and plumbing layout of your facility. Identify the location of sewer laterals, connection points to main sanitary sewer, wastewater process connections, city water meters and incoming water lines, storm drains, influent / effluent flow meters and any sampling points. Identify street locations on all drawings.
- Pretreatment System:** On a separate sheet, sketch your pretreatment system(s), if applicable. Show the routing of process waters from each wastewater-generating process to the treatment system that will address it. For example: high-pH rinses to pH-adjust, heavy metals waste stream to precipitation system, or kitchen wastes to a grease interceptor. Provide a list of treatment chemistry used. Show the flow of treated water from the treatment system to the sanitary



sewer. Indicate all monitoring equipment, pH recorders, flow meters, ORP meters, sample points, etc.

3. **Block Flow Diagram:** On a separate sheet, draw a simple block diagram showing the flow of water, materials, and chemicals from start to final discharge point for each activity that generates wastewater. Indicate average flow in gallons per day for each line. Identify all unit processes (blocks) and number these to correspond to numbers identifying processes on the building and plumbing layout. (See Block Flow Example, Page 6)

**WASTEWATER CHARACTERISTICS**

(From the following list of wastewater characteristics, check those that apply to the wastewater generated in this facility **prior** to pretreatment.) **Please check all that apply.**

<input type="checkbox"/>	Flammable	<input type="checkbox"/>	Particles Larger the ¼"
<input type="checkbox"/>	Toxic Substances	<input type="checkbox"/>	Suspended Solids
<input type="checkbox"/>	Acidic, pH<5.0	<input type="checkbox"/>	High Biological Oxygen Demand (BOD)
<input type="checkbox"/>	Caustic, pH>12.5	<input type="checkbox"/>	Ammonia
<input type="checkbox"/>	Heavy Metals	<input type="checkbox"/>	Grease/Oil/Fats
<input type="checkbox"/>	Solvents	<input type="checkbox"/>	Temperature>150°F
<input type="checkbox"/>	Solid or Viscous Matter	<input type="checkbox"/>	Other (Specify)
<input type="checkbox"/>	Petroleum Products	<input type="checkbox"/>	

Do your facility's production and/or discharge have seasonal variation? **YES NO** (circle one)  
If yes, describe the cause of the seasonal variation and the approximate dates when the variation occurs.

**PRETREATMENT**

Check the pretreatment methods used in your facility. Indicate rated flow for each pretreatment method checked, and label the facility diagram accordingly.

(v)	Type	Capacity	(v)	Capacity
<input type="checkbox"/>	Clarifier or Interceptor		<input type="checkbox"/>	Biological Treatment
<input type="checkbox"/>	pH Adjustment		<input type="checkbox"/>	Air Stripper/Scrubber
<input type="checkbox"/>	Ion Exchange		<input type="checkbox"/>	Chemical Precipitation
<input type="checkbox"/>	Grease or Oil Separator		<input type="checkbox"/>	Cyanide Destruction
<input type="checkbox"/>	Electrolytic Recovery		<input type="checkbox"/>	Chromium Reduction
<input type="checkbox"/>	Waste stream Segregation (including Solvents)		<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Filtration ( )Screen ( ) Bag ( ) Filter Press			
<input type="checkbox"/>	Silver Recovery			
<input type="checkbox"/>	Other:			



Describe each pretreatment system checked above and evaluate the pretreatment equipment to determine whether the treatment system is adequate to ensure compliance with the Federal and local limits.( e.g. design capacity, physical size, loading rate, etc.).

If no pretreatment exists, please explain. (Please attach additional sheets if necessary.)

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**Is your treatment system adequate to achieve compliance with Federal and local discharge limits?**

YES

NO

If yes describe how this evaluation was done. Evaluation should address treatment system capabilities, flow rates, pollutant loadings, and maintenance.

Explain how compliance is verified at each sample point. (e.g. In-house testing, certified outside lab, etc.):

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**If wastewater is treated and/or discharged in batches, complete the following for each of these waste streams:**

Number of batches discharged per      year / month / week / day ... (circle one): \_\_\_\_\_

Average volume per batch: \_\_\_\_\_gallons

Other comments on batch treatment, including material treated and treatment technology:

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**SAMPLING AND MONITORING**

After pretreatment (if used), can wastewater streams be sampled prior to mixing with other waste streams?

YES

NO

Not Applicable

If "NO" please explain:

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Provide a written description of each sampling/monitoring location including the name of the room it is in, which wall (North/South/East/West), and what equipment it is located near.

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Describe the wastewater discharge monitoring practices for your facility. Include the type of analytical tests and/or methods to be used, the frequency of testing, and the name of the person(s) who will perform the tests. Attach analytical data if available. Enclose a copy of any logs, check lists, forms, etc., which are maintained.

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List sampling and monitoring equipment in place at your facility:

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**NON-DISCHARGED WASTE STREAM(s)**

Identify the waste (e.g. spent chemical, treatment sludge, medical waste, etc.) and the process that generates the waste.

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Physical state of the waste (liquid, sludge, slurry, etc.): \_\_\_\_\_

Brief characterization of waste (list hazardous ingredients and attach supporting MSDS or lab analysis):

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Rate of waste generation in terms of quantity per day, week, month, or quarter: \_\_\_\_\_

**ON-SITE STORAGE**

Method of Storage: \_\_\_\_\_

Typical Volume Stored: \_\_\_\_\_ Typical Length of Time in Storage: \_\_\_\_\_

**Is Storage Site Secondarily Contained?** ( ) Yes ( ) No

**Are there provisions for Surface Drainage Collection?** ( ) Yes ( ) No



(If you answered "yes" to either question above, please describe provisions for secondary containment and/or surface drainage collection.)

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

**TRANSPORTATION**

Name of Waste Hauler: \_\_\_\_\_ EPA No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone

**DISPOSAL**

Name of Waste Hauler: \_\_\_\_\_ EPA

No. \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Phone

Method of Disposal (e.g. recycled, land disposal, incineration, etc.): \_\_\_\_\_

- COMPLETE THIS SECTION FOR EACH TYPE OF WASTE **NOT** DISCHARGED TO THE SANITARY OR STORM SEWERS. USE A SEPARATE FORM FOR EACH TYPE OF WASTE (e.g. Spent Silver Bearing Solutions, Mercury Wastes, Solvents, Medical Wastes, etc.).
- **Do not include wastes sent to sanitary landfill such as trash and garbage.**

**SPILL PREVENTION AND CHEMICAL MANAGEMENT PLAN**

**NOTE:** In addition to completing this section you may submit a copy of your facility's approved Hazardous Materials Management Plan (HMMP). **YOU ARE REQUIRED TO HAVE A SPILL PREVENTION PLAN**

Describe your facility's procedures for assuring that concentrated or prohibited chemicals do not spill or leak into the wastewater. (e.g. segregation controls, hard plumbing, etc.) Provide extra sheets if necessary.

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

Do you maintain a spill log? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Does your plan include notifying the POTW in the event of a spill, bypass or an upset? (Required by Law)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Describe your facility's Employee Training Program for Chemical Handling:

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





Describe your facility's Emergency Response Procedures in the event of a spill:

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Describe your facility's disposal procedures for miscellaneous floor water:

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Describe additional Pollution Prevention and Waste Minimization Practices, including measures taken to reduce pollutants and flow. Some examples are flow restrictors, counter current rinse systems, drag out reduction methods, or using alternative less toxic chemistry:

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Describe disposal of any hauled wastes from spills:

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Describe any other water conservation practices in place:

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Some federal categories allow certification in lieu of testing for TTOs. In order to certify, a Solvent Management Plan is required. Complete and submit your Solvent Management Plan. Please see attached guidelines.



**QUANTITIES OF CHEMICALS STORED & USED**

(Usage in pounds or gallons per month, please indicate units of measure)

Stored	Used	Acids
		Hydrochloric (Muriatic)
		Hydrofluoric
		Nitric
		Sulfuric
		Other
Stored	Used	Alkalis
		Ammonia
		Calcium Hydroxide (Lime)
		Sodium Hydroxide (Caustic Soda)
		Magnesium Hydroxide
		Other:
Stored	Used	Metals & Compounds
		Antimony
		Barium
		Beryllium
		Cadmium
		Copper
		Lead
		Manganese
		Mercury
		Nickel
		Selenium
		Silver
		Zinc
		Other:

Stored	Used	Solvents
		Acetone
		Alcohols
		Chlorinated Hydrocarbons
		Ketones
		Petroleum solvents
		Toluene
		Xylene
		Other: (Specify)
Stored	Used	Organic Compounds
		Aldehydes
		Algaecides
		Formaldehydes
		Herbicides
		Pesticides
		Surfactants
		Other (Specify)
Stored	Used	Miscellaneous Chemicals
		Boron
		Chlorine
		Cyanides
		Dyes
		Fluorides
		Peroxides
		Sulfides



**TRADE CHEMICALS**

List other chemicals stored or used, including over-the-counter chemicals (e.g. Jasco paint stripper, pesticides, motor oil, etc.) in pounds or gallons per month for which chemical compositions are unknown or proprietary. Include an MSDS for each item listed where possible. Please indicate units of measure.

STORED	USED	TRADE NAME	DISTRIBUTOR (NAME & ADDRESS)



**TOXIC SUBSTANCES/POLLUTANTS (EPA Priority Pollutants)**

(From the following list of Total Toxic Organic (TTO) pollutants, check all those, which are either used in your facility, generated in your facility, or are stored on the premises.)

(v)	Chemical	(v)	Chemical
	Acenaphthene		Ethylbenzene
	Acrolein		Fluoranthene
	Acrylonitrile		Haloethers
	Aldrin/Dieldrin		Halomethanes
	Benzene		Heptachlor and metabolites
	Benidine		Hexachlorobutadiene
	Carbon Tetrachloride		Hexachlorocyclohexane
	Chlorinated benzenes		Hexachlorocyclopentadiene
	Chloroalkyl ethanes		Isophorone
	Chlorinated ethanes		Naphthalene
	Chloroalkyl ethers		Nitrobenzene*
	Chlorinated naphthalene		Nitrophenols
	Chlorinated phenols		Nitrosamines
	Chloroform		Pentachlorophenol
	2-chlorophenol		Phenol
	DDT and metabolites		Phthalate esters
	Dichlorobenzenes		Polychlorinated biphenyls (PCBs)
	Dichlorobenzidine		Polynuclear aromatic hydrocarbons
	Dichloroethylenes		2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)
	2,4 – dichlorophenol		Tetrachloroethylene
	Dichloropropane & dichloropropene		Toluene
	2,4-dimethylphenol		Toxaphene
	Dinitrotoluene		Trichloroethylene
	Diphenylhydrazine*		Vinyl chloride
	Enosulfan and metabolites		Endrin and metabolites

**PERMIT CLASSIFICATIONS AND FEES**

This wastewater discharge permit application must be submitted to Napa Sanitation District at the address below. The District will notify the applicant regarding fees based on the information from the application.

The fees should be made payable to the Napa Sanitation District. Please note that late fees apply to permit renewals; 50% fee if past expiration date, 100% fee if more than 30 days late.

Please send the Permit Application with the appropriate fees to;  
Napa Sanitation District,  
ATTN: Engineering - Regulatory Compliance  
1515 Soscol Ferry Road  
Napa, CA 94558.

**Call (707) 258-6000 for questions concerning fees/plans.**  
**Call (707) 258-6085 for questions concerning the permit application.**



**Industrial Waste Charges.** The monthly industrial waste charges for each industry shall be determined by using the formula in Section 5.01.060 of the District Code.

Table 1: Sewer Service Unit Assignment Formula

Parameter	Cost Allocation	Assumed Loading
Flow	50%	210 Gal/Day
BOD (Biochemical Oxygen Demand)	25%	175 mg/L
TSS (Total Suspended Solids)	25%	200 mg/L

Calculating Annual Sewer Service Charge:

Step 1: Number of Equivalent Dwelling Units (EDU's) = Daily Flow / 210 or Annual Flow / 76,650

Step 2: Strength Factor =  $.50 + [0.25(BOD/175)] + [0.25(TSS/200)]$

Step 3: Sewer Service Units = Equivalent Dwelling Units (EDU's) x Strength Factor

Step 4: Annual Sewer Service Charge = Sewer Service Units x Current Service Rate\*

\*The current service rate for **07/01/16 thru 06/30/17** is \$554.88 per EDU