

# Industrial User Permit Application

## Baseline Monitoring Report (BMR)

Completion of this application is part of the District's Industrial User Permit process.  
Please refer to the Instruction Sheet included with this application for additional information.

### 1. Identifying Information

<b>Industrial User Name</b>			
<b>Site Address:</b> Street City, Zip Code			
<b>Mailing Address:</b> Street or PO Box City, Zip Code			
<b>Facility Contacts:</b>	<b>Name</b>	<b>Title</b>	<b>Phone #</b>
BMR/Permit			( )
Emergency			( )
<b>Name of Corporation</b>			
<b>Corporate Address:</b> Street or PO Box City, Zip Code			
<b>Corporate Agent</b>		( )	<b>State of Incorporation</b>
<b>Chief Executive Officer</b>			( )
<b>Property Owner:</b>			( )
Street or PO Box City, Zip Code			
<b>Property Mgmt. Co.</b>			
<b>Mailing Address:</b> Street or PO Box City, Zip Code			
<b>Property Mgmt. Contact</b>			( )

## 2. Site Plan / Facility Diagram

- A. Attach a site plan of the property where the facility is located. The site plan shall also identify:
- sanitary sewer lines (main and lateral), manholes, and cleanouts
  - storm drain inlets
- B. Attach a facility diagram identifying the location of:
- areas in which process activities are performed
  - process tanks, baths, and equipment/fixtures
  - all fixtures connected to the sanitary sewer (e.g., sinks, floor drains, interceptors, exposed hard plumbing)
  - bulk chemical storage (i.e.; quantities greater than 5 gallons), including hazardous wastes
  - existing or potential sampling locations

## 3. Description of Operations

<b>A. Describe the primary activities performed at the facility (e.g., products manufactured, services provided, customer base).</b>				
<b>SIC Codes:</b>				

<b>B. Describe support operations performed at the facility (e.g., equipment cleaning, vehicle maintenance, food service).</b>				
<b>SIC Codes:</b>				

<b>C. Operating Schedule:</b>							
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>Hours</b>							

<b>D. Shift Information:</b>		<b># of Employees</b>	<b>Process Discharge Flow (gpd)</b>
<b>Shift</b>	<b>Hours</b>		
<b>1</b>			
<b>2</b>			
<b>3</b>			

#### 4. Water Usage

Water utility name	
Water account number(s)	
Is there a separate water meter for this facility?	<input type="checkbox"/> Yes <input type="checkbox"/>
Average daily water use (if shared meter, provide estimate)	gallons per day
Estimated maximum daily water use	gallons per day
Identify activities in which a significant volume of water is used but not discharged to the sanitary sewer (e.g.; landscape irrigation, water consumed in product/process)	

#### 5. Environmental Protection Measures

A. Environmental Programs - For environmental programs not applicable to this facility, enter "NA."			
Agency	Program	Permit #/Business ID #	Release Response Plan
Bay Area Air Quality Management District	Air Quality Rules		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit to Operate		<input type="checkbox"/> Yes <input type="checkbox"/> No
CCCHSD - Environmental Health Division	HazMat Business Plan <sup>1</sup>		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Haz Waste Generator		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Underground Storage Tank		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Permit By Rule		<input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Protection	Uniform Fire Code - HazMat		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<sup>1</sup> Attach copy of Hazardous Materials Business Plan to the completed BMR, if applicable to this facility.			

B. Spill Prevention / Controls:	
For the locations of bulk chemical storage in the facility diagram, are there any sanitary sewer inlets (e.g., floor drains, sinks, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," describe control measures in place (e.g., secondary containment) to prevent chemical release to the sanitary sewer.	

## 6. Description of Processes

A. Process Activities							
1. For items not applicable to this facility, please enter "NA." If additional space is needed, copy blank table onto a separate page.							
Process Activity Description	Generates Wastewater (check Yes or No)		Pretreatment <sup>1</sup> (check Yes or No)		Process Waste Destination Code <sup>2</sup>	Process Analysis Data <sup>3</sup> (check Yes or No)	
	Yes	No	Yes	No		Yes	No
<b>Primary Activities:</b>							
<b>Support Activities:</b>	Yes	No	Yes	No		Yes	No
Cafeteria							
Boiler							
Cooling Tower							
Other (specify)							
Other (specify)							
<sup>1</sup> A description of all pretreatment systems shall be provided in Section VII of the BMR. <sup>2</sup> Destination Codes: S = sanitary sewer      R = recycle on-site      SD = storm drain H = hazardous waste      O = other off-site management <sup>3</sup> If "Yes," attach most recent laboratory analysis report. Specify material sampled and sampling method used.							
2. Has any sampling of facility effluent been performed? If "Yes," attach most recent analytical report.						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sampling location used:							

## B. Process Flow Diagram:

Attach a schematic process flow diagram for the primary process activities, if available.

3. Categorical Processes:		
1. Are any of the process activities performed at the facility subject to National Categorical Pretreatment Standards?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes," list all processes subject to Categorical Pretreatment Standards.		
Refer to "National Categorical Pretreatment Standards: Information for Industrial Users."		

## 7. Pretreatment

Complete this table for all pretreatment systems referenced in Section VI.		
Pretreatment System <sup>1</sup>	Process Waste Streams Treated	Design Flow Capacity <sup>2</sup>

<sup>1</sup> Specify technology used. Attach pretreatment process schematic, if available.  
<sup>2</sup> Specify units of measurement.

## 8. Hazardous Wastes

Complete this table for hazardous wastes generated at the facility. Attach a copy of the most recent manifest/receipt for the offhaul of each hazardous waste listed below.			
Description of Hazardous Waste <sup>1</sup>	Process(es) Generating Waste	Physical State Code <sup>2</sup>	Generation Rate (specify units)

<sup>1</sup> Examples: waste oil, spent filters, spent solvent, acid waste, caustic waste, metal-bearing sludge  
<sup>2</sup> Physical State Code: S = solid L = liquid P = pumpable solid/sludge

## 9. Completeness Checklist

Complete this table as it applies to your facility:		
Document	Reference BMR Section	Attached to BMR?
Site Plan	Section 2.A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Diagram	Section 2.B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials Business Plan	Section 5.A	<input type="checkbox"/> Yes <input type="checkbox"/> No
Process Sampling and Analysis Data	Section 6.A.1	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Effluent Sampling and Analysis Data	Section 6.A.2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schematic Process Flow Diagram	Section 6.B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pretreatment Process Schematic	Section 7	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Waste Manifests/Receipts	Section 8	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 10. Certification

The following statement must be signed by an authorized representative of the Industrial User as specified in CCCSD Code Title 10.04.020 (B).

**Authorized Representative of Industrial User.** An authorized representative of an industrial user may be: (1) principal executive officer, if the industrial user is a corporation; (2) general partner or proprietor if the industrial user is a partnership or proprietorship, respectively; or (3) duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge originates and if such representative is identified in writing by the individual designated in (1) or (2) above.

I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and in accordance with the system designed to insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages 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 knowingly submitting false information, including the possibility of fine and/or imprisonment for knowing violations.

Authorized Representative of Industrial User:	
Signature	
Print Name	
Title	
Company Name	
Date	

Mail completed application to:

**CCCSD**

Attn: Timothy Potter  
5019 Imhoff Place  
Martinez, CA 94553