



# CITY OF ARCADIA

## PUBLIC WORKS SERVICES DEPARTMENT

11800 GOLDRING ROAD  
P.O. BOX 60021  
ARCADIA, CALIFORNIA 91066-6021  
(626) 254-2712 / FAX (626) 359-7028

### PERMIT NUMBER

- New Permit
- Permit Revision
- Change of Ownership
- Non-Use Permit
- Renewal

## INDUSTRIAL WASTE DISCHARGE PERMIT

COMPANY NAME \_\_\_\_\_

CORPORATION     SOLE PROPRIETOR     PARTNERSHIP

Hereby makes application for a permit to discharge industrial waste into the public sewer of the City of Arcadia subject to the provisions of the Arcadia municipal code. In consideration of the execution of an Industrial Waste Discharge Permit pursuant to this application, the applicant hereby agrees to indemnify, save and keep the City of Arcadia, its officers, agents and employees free and harmless from and against any and all claims for injury, damage, loss, liability, cost and expense of any name or nature whatsoever, which the City of Arcadia, its officers, agents, or employees may suffer, sustain, incur, pay out as a result of any and all actions, suits, proceedings, claims and demands which may be brought, made, or filed against the City of Arcadia, its officers, agents, or employees by reason of or arising out of, or in any manner connected with any and all operations authorized or permitted by the permit.

LOCATION ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

TYPE OF INDUSTRY \_\_\_\_\_

SIC CODE \_\_\_\_\_

NUMBER OF EMPLOYEES (FULL TIME) \_\_\_\_\_ (PART TIME) \_\_\_\_\_

LOT SIZE \_\_\_\_\_

WASTEWATER PRODUCING OPERATIONS (i.e. Car washing, food preparation, boiler blowdown, etc.) \_\_\_\_\_

CONSTITUENTS OF WASTE DISCHARGE (i.e. Soap, oil, grease, dirt, cleaning solutions, etc.) \_\_\_\_\_

PRETREATMENT SYSTEM (i.e. Clarifier/grease trap, pH neutralization tank, sample box, filter press, etc.) \_\_\_\_\_

METHOD OF DISPOSAL (check one)	AVERAGE DAILY FLOW RATE	PEAK 5-MINUTE WASTE WATER FLOW RATE	POINT OF CONNECTION TO SANITARY SEWER OR STORM DRAIN
<input type="checkbox"/> PUBLIC SANITARY SEWER SYSTEM <input type="checkbox"/> LOCAL LINE SIZE OF LINE _____ <input type="checkbox"/> TRUNK LINE SIZE OF LINE _____			
<input type="checkbox"/> PRIVATE UNDERGROUND SEPTIC SYSTEM <input type="checkbox"/> HAUL TO LEGAL POINT OF DISPOSAL <input type="checkbox"/> CLOSED LOOP RECYCLING	GALLONS per DAY (GPD)	GALLONS per MINUTE (GPM)	
<input type="checkbox"/> SURFACE WATER, STREAM OR STORM DRAIN NPDES PERMIT NUMBER _____	TIME OF DISCHARGE (Hours per day)		AM/PM to AM/PM
<input type="checkbox"/> OTHER (Describe) _____	DAYS PER WEEK (Circle Days)		M T W TH F SA SU

### NAME OF PERSON AT FACILITY RESPONSIBLE FOR WASTE WATER DISCHARGE

NAME - PLEASE PRINT \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

### OWNER CERTIFICATION

I HEREBY AFFIRM THAT ALL INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT THE APPLICANT HAS READ AND WILL COMPLY WITH ALL ATTACHED CONDITIONS AND LIMITATIONS (READ AND INITIAL BACK OF THIS FORM).

SIGNATURE OF OWNER OR CORPORATE OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICIAL USE ONLY

APPROVED BY \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

THIS FORM SHALL NOT BE CONSIDERED A VALID PERMIT UNLESS PROPERLY SIGNED

SEE BACK OF FORM



# INDUSTRIAL WASTE DISCHARGE PERMIT

## STANDARD CONDITIONS AND LIMITATIONS

- 1) **The permit holder** shall submit additional information on industrial waste or storm water discharges as required by the City Engineer.
- 2) **The permit holder** shall keep all liquid industrial waste and water soluble solid waste not acceptable for discharge into the public sanitary sewer system stored in leak proof containers pending transportation to a legal point of disposal. The permittee shall certify the source, quantity, and point of disposal by certifying a Uniform Hazardous Waste Manifest.
- 3) **The permit holder** shall keep copies of the completed Uniform Hazardous Waste Manifest on file for a period of at least 180 days for any waste transport from the site. The manifest shall be made available to representatives of the City Engineer upon request.
- 4) **The permit holder** shall conduct waste disposal operations in such a manner that no nuisance is created.
- 5) **The permit holder** shall adopt a routine cleaning and maintenance program to prevent the build-up of oil and grease, sludge and other deleterious materials in pretreatment facilities, including clarifiers, interceptors and sample boxes, to prevent the discharge of these materials into the sanitary sewer and storm drain systems.
- 6) **The permit holder** shall allow representatives of interested governmental agencies concerned with the disposal of industrial waste access at any reasonable time to collect samples and inspect operations and equipment.
- 7) **The permit holder** shall secure written approval from the City Engineer before making any additions or modifications which may affect the quantity, quality, or method of disposal of waste materials.
- 8) **The permit holder** shall install all required industrial waste and storm water collection treatment and disposal facilities prior to initiation of any discharge.
- 9) **The permit holder** shall install additional pretreatment facilities if inspections indicate that prohibited materials are being discharged.
- 10) **The permit holder** shall pay an annual industrial waste inspection fee.
- 11) **This permit** is subject to suspension or revocation if conditions exist which would justify denial of a permit or if the permittee fails to correct unsatisfactory conditions.
- 12) **In the event of any change of ownership**, name, control or legal abandonment of the waste disposal facilities, the permittee shall notify the City Engineer of such change. The permittee shall also notify the succeeding owner or operator of the existence of this permit by letter, a copy of which shall be forwarded to the City Engineer.
- 13) **Hazardous waste or materials** which would cause the contents of the sanitary sewer or storm drain system to become hazardous are not permitted to be discharged to the sanitary sewer or storm drain system. Such discharge is grounds for revocation of this permit.
- 14) **The City Engineer may modify this permit** by addition, revision, or elimination of conditions and limitations as may be necessary to accomplish the purpose of ordinances and laws covering disposal of waste materials.

SANITARY SEWER DISCHARGE LIMITATIONS	
PARAMETER	MAXIMUM ALLOWABLE CONCENTRATIONS AT ANY TIME (mg/L)
Cyanide (total)	10
Arsenic	3
Cadmium	15
Chromium (total)	10
Copper	15
Lead	40
Mercury	2
Nickel	12
Silver	5
Zinc	25
*TICN	Essentially None
Oil and Grease	None Visible – with Maximum Concentration of 75
pH	6 – 12.5 (or lower range if scaling occurs)
Langelier's Index	2
Flash Point	Over 140°
Temperature	140°
Food Particles	Less than 3/8" in diameter

Additional constituents including suspended solids, total dissolved solids (TDS), thiosulfate, ammonia, benzene, mercaptans, fluoride, surfactants and toxic organics are subject to restriction.

\* Total Identifiable Chlorinated Hydrocarbons includes such compounds as aldrin, dieldrin, chlordane, DDT, endrin, hexachlorocyclohexane, toxaphene and PCB's.

The Sanitation Districts of Los Angeles County may impose more stringent discharge limits; the most stringent limit must be complied with.

**APPLICANT INITIALS**

## **Instructions for completing the Industrial Waste Discharge Permit Application**

*Company Name:* The legal name of the company that will be conducting the wastewater producing operations. Please do not list a developer, contractor, or consultant on this line.

*Type of Business:* Please check the appropriate box indicating the type of business that will be operating at this location.

*Location Address:* The physical address where the company listed above will be operating.

*Phone Number:* The phone number at which the owner of the above business can be contacted.

*Mailing Address:* If different than the location address.

*Type of Industry:* Give a general description of the type of business the applicant will be operating.

*SIC Code:* The Federal Standard Industrial Classification Number must be provided. You can find more information through the United States Department of Labor Occupational Safety and Health Administration website at [www.osha.gov](http://www.osha.gov).

*Number of Employees:* Please list the number of full time and part time employees.

*Lot Size:* Please provide the total acreage of the lot on which the business will be operating.

*Wastewater Producing Operations:* Provide a description of the all wastewater producing operations that will take place at the facility.

*Constituents of Waste Discharge:* Give a general description of the materials or chemicals which may be present in the waste water discharge.

*Pre-Treatment System:* Please provide the type and size of the pre-treatment which is installed or will be installed at this location.

*Method of Disposal:* Check the appropriate box to indicate the method of disposal for the wastewater.

*Average Daily Flow Rate:* Provide the average wastewater flow rate in gallons per day. For existing companies, please submit copies of the most recent 12 months of water bills for this facility. Estimates are acceptable for new facilities only.

*Peak 5-Minute Waste Water Flow Rate:* Please provide the average peak wastewater flow rate in gallons per minute.

*Point of Connection to the Sanitary Sewer:* Indicate the physical location at the facility where the pretreatment system is located. If possible, provide a plot map.

*Time of Discharge:* Please indicate the hours of operation during which wastewater will be discharged.

*Days per week:* Please indicate the days of the week during which the facility will be operating and discharging wastewater.