



South Orange County Wastewater Authority

**WASTEWATER DISCHARGE (WD) PERMIT  
APPLICATION INSTRUCTIONS**

1. Any user discharging non-domestic, industrially or commercially generated wastewater is required to apply for a Wastewater Discharge (WD) Permit.
2. The information that is requested in this WD Permit application shall be used to determine if a WD Permit is required. If any of the information that is requested is considered confidential due to trade secret or security concerns, please call our office prior to submitting this application.
3. Please type or print all requested information.
4. Additional sheets may be attached as needed. Additional sheets should be referenced with the appropriate section number.
5. **A Company Authorized Representative (CAR) shall sign this application, which is one of the following:**
  - A) **By a corporate officer - a president, vice president, treasurer, corporate secretary or any other person who performs similar policy or decision making functions for the company.**
  - B) **By a General Partner or Proprietor.**
  - C) **By a duly authorized representative of A) or B) as indicated above. This authorization is to be made in writing and shall be submitted with this application. This authorization specifies either an individual or position having responsibility for the overall operation of the facility or a position of equivalent responsibility, or having responsibility for environmental matters for the company**
6. For assistance concerning this application contact the SOCWA Industrial Waste Department at 949-234-5412.
7. Return the completed application to:

**South Orange County Wastewater Authority (SOCWA)  
Industrial Waste Department  
34156 Del Obispo Avenue  
Dana Point, CA 92629**

# SOUTH ORANGE COUNTY WASTEWATER AUTHORITY WASTEWATER DISCHARGE (WD) PERMIT APPLICATION

## SECTION A – SITE INFORMATION

A1. User Name: \_\_\_\_\_

Web Site (if Applicable): \_\_\_\_\_

A2. Type of Business: \_\_\_\_\_

A3. Parent Company Name (If Applicable): \_\_\_\_\_

A4. Site Address:  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A5. Mailing Address (If different from site):  
Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A6. List all principals/owners of the company (Attach additional names as necessary):

| Name/Title | Phone |
|------------|-------|
| _____      | _____ |
| _____      | _____ |
| _____      | _____ |

A7. Are you the (check one)  Landowner or  Lessee.  
If a Lessee, list the name, address and phone number of the Landowner and Management Company:

Name of Landowner: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Management Company: \_\_\_\_\_

Management Company Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

| OFFICIAL USE ONLY          |                     |                     |
|----------------------------|---------------------|---------------------|
| Application Received _____ | Reviewed by _____   | Member Agency _____ |
| SOCWA Review _____         | Permit Issued _____ | Expiration _____    |
| Comments _____             |                     |                     |

**SECTION B – SITE PERSONNEL CONTACT INFORMATION**

**B1. Site Company Authorized Representative (CAR)** (see instruction page. This person must sign this application's certification page):

Mr.  Ms.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B2. Other Site Personnel Contacts:**

**1. Site Administrative Contact** (This is the person to contact concerning the information contained in this application)

Mr.  Ms.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Site Inspection Contact** (This is the person to contact concerning an inspection at the site)

Mr.  Ms.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**3. Site Sampling Contact** (This is the person to contact concerning any monitoring events of the site's effluent)

Mr.  Ms.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**B3. Site Authorized Consultant** (if applicable):

Mr.  Ms.

Name of Individual: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Street: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION C – SITE PRODUCTION INFORMATION**

C1. List the non-domestic (industrial or commercial) wastewater producing operations at the site, and each operation’s approximate production rate, wastewater volume (gallons per day, per batch, or equivalent), and (if known) the North American Industry Classification System (NAICS) code number.

| Wastewater Producing Operations | Production Rate | Wastewater Volume | NAICS Code Number |
|---------------------------------|-----------------|-------------------|-------------------|
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |
| _____                           | _____           | _____             | _____             |

C2. The above non-domestic wastewater producing operations at this site is:  
 batch                       continuous                       Seasonal

If seasonal, circle months of operation:                      J   F   M   A   M   J   J   A   S   O   N   D

C3. Average number of production days per year: \_\_\_\_\_

C4. Circle the days of the week that non-domestic wastewater discharge will occur:    S   M   T   W   T   F   S

C5. Average number of production hours per workday: \_\_\_\_\_

C6. Number of employees per shift:    1<sup>st</sup> \_\_\_\_\_    2<sup>nd</sup> \_\_\_\_\_    3<sup>rd</sup> \_\_\_\_\_

C7. Process wastewater discharge occurs daily from: \_\_\_\_\_ to \_\_\_\_\_

C8. Does this site have an EPA Generator Number?     No     Yes    # \_\_\_\_\_

C9. Does this site have any other environmental control permits (air / stormwater / etc.)?  
 No                       Yes - list below

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION D – SITE CHEMICAL INFORMATION**

D1. List all chemicals and other materials, liquid and solid, which may be present in the wastewater, produced by the processes at this site, or could enter a sewerage facility from wash downs, cleanups and/or spills from the site. Attach any MSDS sheets as necessary.

| Chemicals and Materials<br>Liquid or Solid | Amount Stored<br>at Site | Amount Used at<br>Site per year |
|--|--------------------------|---------------------------------|
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |
| _____                                      | _____                    | _____                           |

D2. Is a written spill prevention control and counter measure plan prepared for this site?  
 No                       Yes (submit plan with application)

D3. List chemicals and materials regularly discharged to sewerage facilities. Give common and technical names and describe their physical and chemical properties. This section should include compounds formulated from chemicals listed above in D1, whether they are liquids, solids, production residues or wastes. If available, submit any laboratory testing data on the wastewater discharged from the site.

| Chemicals and Materials | Description |
|-------------------------|-------------|
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |
| _____                   | _____       |

## SECTION E – SITE DIAGRAMS

### E1. Site Layout

In the space below or on separate sheet(s), draw to scale an approximate layout of the site. Layout should include the location of major processes, chemical, material and waste storage areas, floor drains or process area drains that are connected to a sewerage facility, streets surrounding the site, and other pertinent physical structures. Bathrooms and work area wash sinks should be labeled. Office areas need not be shown in detail. Professionally prepared drawings of the site may be required by SOCWA.

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### E2. Site Process Flow Diagrams

In the space below or on an attached sheet draw a site flow diagram showing the production and/or fabrication process areas that generates the wastewater that is discharged to sewerage facilities from this site. Show the flow of chemicals and materials into the process area and points where wastewater would be discharged to sewerage facilities.

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**SECTION F – SITE WATER SOURCE AND USE**

F1. Is water supplied by Landlord?                     No                     Yes (Skip to F7)

F2. Name of water supplier: \_\_\_\_\_

F3. What name appears on water bill? \_\_\_\_\_

F4. Water bill account numbers: \_\_\_\_\_

F5. Estimated daily average water usage based on water bill? \_\_\_\_\_

F6. Name of sewer service provider, if different than F2: \_\_\_\_\_

F7. Estimate the quantities of wastewater discharged to sewerage facilities and water used/consumed in the production processes in gallons per day.

| Discharging Source or Process | Amount of Wastewater Discharged to Sewerage Facilities. | Amount of Water Used and not Discharged to Sewerage Facilities. |
|-------------------------------|---|---|
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| _____                         | _____   | _____   |
| Restroom/Washrooms            | _____   | _____   |
| Plant/Equipment Washdown      | _____   | _____   |
| Consumed by Product           | XXXXXXXXXXXXXXXXXXXX                                    | _____   |
| Used in cooling system        | _____   | _____   |
| Used for Irrigation           | XXXXXXXXXXXXXXXXXXXX                                    | _____   |
| Consumed by other             | XXXXXXXXXXXXXXXXXXXX                                    | _____   |
| Totals                        | _____   | _____   |

F 8. Is any area at this Site exposed to rainwater or stormwater runoff connected to a sewerage facility?  
 No  Yes    If yes, how much area is exposed: \_\_\_\_\_  
 (Note: All rainwater and stormwater runoff should be discharged to a storm drain)

**SECTION G – SITE WASTEWATER CONSTITUENTS**

G1. Indicate with a [X] any of the following constituents, characteristics, or substances that may or could be present in the process wastewater discharged as a result of this site's operations or by accidental spill.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Alcohols (1)             | <input type="checkbox"/> Fuels (1)          | <input type="checkbox"/> Radioactive Wastes (1)    |
| <input type="checkbox"/> Algaecides (1)           | <input type="checkbox"/> Formaldehyde       | <input type="checkbox"/> R.O./other Brines (1)     |
| <input type="checkbox"/> Aluminum                 | <input type="checkbox"/> Gold               | <input type="checkbox"/> Selenium                  |
| <input type="checkbox"/> Ammonia                  | <input type="checkbox"/> Hydrocarbons (1)   | <input type="checkbox"/> Silver                    |
| <input type="checkbox"/> Antimony                 | <input type="checkbox"/> Iodide             | <input type="checkbox"/> Sodium                    |
| <input type="checkbox"/> Arsenic                  | <input type="checkbox"/> Iron               | <input type="checkbox"/> Solvents (1)              |
| <input type="checkbox"/> Barium                   | <input type="checkbox"/> Ketones (1)        | <input type="checkbox"/> Sulfate                   |
| <input type="checkbox"/> Beryllium                | <input type="checkbox"/> Lead               | <input type="checkbox"/> Sulfide                   |
| <input type="checkbox"/> Boron                    | <input type="checkbox"/> Magnesium          | <input type="checkbox"/> Sulfite                   |
| <input type="checkbox"/> Bromide                  | <input type="checkbox"/> Manganese          | <input type="checkbox"/> Surfactants - MBAS (1)    |
| <input type="checkbox"/> Cadmium                  | <input type="checkbox"/> Mercury            | <input type="checkbox"/> Temp - High (1)           |
| <input type="checkbox"/> Calcium                  | <input type="checkbox"/> Molybdenum         | <input type="checkbox"/> Temp - Low (1)            |
| <input type="checkbox"/> Chloride                 | <input type="checkbox"/> Nickel             | <input type="checkbox"/> Titanium                  |
| <input type="checkbox"/> Chlorinated Solvents (1) | <input type="checkbox"/> Odorous Wastes (1) | <input type="checkbox"/> Tin                       |
| <input type="checkbox"/> Chlorine                 | <input type="checkbox"/> Oil & Grease (1)   | <input type="checkbox"/> Toxic Organics (1)        |
| <input type="checkbox"/> Chromium                 | <input type="checkbox"/> PCB's (1)          | <input type="checkbox"/> Uncontaminated Water      |
| <input type="checkbox"/> Cobalt                   | <input type="checkbox"/> Pesticides (1)     | <input type="checkbox"/> Vanadium                  |
| <input type="checkbox"/> Copper                   | <input type="checkbox"/> pH - acids (1)     | <input type="checkbox"/> Viscous Wastes/Solids (1) |
| <input type="checkbox"/> Cyanide                  | <input type="checkbox"/> pH - caustic (1)   | <input type="checkbox"/> Zinc                      |
| <input type="checkbox"/> Fibrous Wastes (1)       | <input type="checkbox"/> Phenols (1)        | <input type="checkbox"/> Others not listed (1)     |
| <input type="checkbox"/> Flammable Solvents       | <input type="checkbox"/> Phosphorus         | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> Fluoride                 | <input type="checkbox"/> Potassium          | <input type="checkbox"/> _____                     |

G2. Identify the specific compound(s) contained in any constituent item listed above that is followed by a (1)

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**SECTION H – SITE WASTEWATER PRETREATMENT**

H1. At this site is any form of pretreatment currently being performed, or planned in the future, on the industrially or commercially produced wastewaters prior to their discharge to a sewerage facility?

No                       Yes

If yes, indicate with an [X] the type of pretreatment used or planed for this site:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Flotation        | <input type="checkbox"/> Grinder                  | <input type="checkbox"/> Screening          |
| <input type="checkbox"/> Biological Treatment | <input type="checkbox"/> Grit Removal             | <input type="checkbox"/> Sedimentation      |
| <input type="checkbox"/> Centrifuge           | <input type="checkbox"/> Holding Tank             | <input type="checkbox"/> Silver Recovery    |
| <input type="checkbox"/> Chemical Additions   | <input type="checkbox"/> Interceptor              | <input type="checkbox"/> Solids Screening   |
| <input type="checkbox"/> Chlorination         | <input type="checkbox"/> Marble Chip Neutralizer  | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Chromium Reduction   | <input type="checkbox"/> Oil/Water Separator      | <input type="checkbox"/> Spill Protection   |
| <input type="checkbox"/> Clarifiers           | <input type="checkbox"/> Oxidation/Ozone          | <input type="checkbox"/> Storage            |
| <input type="checkbox"/> Coagulation          | <input type="checkbox"/> pH Neutralize/Batch      | <input type="checkbox"/> Sump               |
| <input type="checkbox"/> Cyanide Destruction  | <input type="checkbox"/> pH Neutralize/Continuous | <input type="checkbox"/> Traps              |
| <input type="checkbox"/> Cyclone              | <input type="checkbox"/> Precipitation            | <input type="checkbox"/> Others not listed  |
| <input type="checkbox"/> Diversion            | <input type="checkbox"/> Rinse – Counterflows     | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Equalization         | <input type="checkbox"/> Rinse – Dead             | <input type="checkbox"/> _____              |
| <input type="checkbox"/> Filtration           | <input type="checkbox"/> Rinse – Sprays           | <input type="checkbox"/> _____              |

H2. Describe the loading rates, design capacity, and physical size of each of the pretreatment methods/systems checked above (additional sheets may be attached if necessary).

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H3. Describe any changes in pretreatment or disposal methods planned or under construction for the wastewater generated by this site.

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**SECTION I – SITE WASTES**

11. Are there any wastes that are recycled onsite or removed from the site for offsite treatment or disposal?  
 No                       Yes

If yes, indicate with an [X] the wastes that are recycled or removed from the site:

|   | Volume Generated<br>Gal./lbs./etc. | Recycled<br>on site      | Removed from<br>the site |
|---|------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Antifreeze                     | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Dry Cleaning Wastes            | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grease                         | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Paints                         | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pesticides                     | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> pH - Acids                     | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> pH - Caustic                   | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Plating Wastes                 | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Photo (Silver Based) Solutions | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Pretreatment Sludge            | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sump Wastes                    | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Waste Oil                      | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Waste Product                  | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Waste Solvent                  | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other not listed               | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____                          | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> _____                          | _____                              | <input type="checkbox"/> | <input type="checkbox"/> |

12. List names and addresses of firms that recycle or remove any of the wastes listed above from your site.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION J – CERTIFICATION STATEMENT**

This site's operation and its resultant wastewater discharges shall achieve consistent compliance with applicable federal, state and local wastewater discharge requirements. If the wastewater discharge from the site does not meet discharge requirements, the user shall be required to modify its production process and/or operations, wastewater treatment equipment, and/or reduce or eliminate the discharge of process wastewaters that are in non-compliance. Any installation or modification of equipment that will affect the quantity or quality of process wastewaters shall be done in as timely a manner as possible. The cost of wastewater pretreatment equipment, its installation, and ongoing operation is the sole responsibility of the user. Any modification of the site's wastewater pretreatment system or volume of wastewater that will be discharged to a sewerage facility is subject to prior approval to assure adequate capacity both for the equipment's intended use and that capacity of the local sewerage facilities are adequate for the intended volume and quality of wastewater to be discharged. In no instance shall dilution or increased water use be deemed an acceptable method of achieving compliance. Compliance with wastewater discharge standards in no way relieves the user from complying with any other federal, state, or local regulations that may be imposed on it by other regulatory agencies.

**The following Certification Statement is to be signed by the  
Company Authorized Representative:**

"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 and imprisonment for knowing violations."

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

User Name: \_\_\_\_\_

Site  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_