

6. Provide a brief detailed description of the manufacturing, production, or service activities your firm conducts.

6a. Standard Industrial Classification Code(s) (SIC) for your facility _____

7. Types of wastes generated: Maximum gallons per day

- | | _____ | | |
|--|-------|------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Domestic wastes, restroom | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. <input type="checkbox"/> Cooling water, non-contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. <input type="checkbox"/> Boiler/tower blowdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. <input type="checkbox"/> Cooling water, contact | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 5. <input type="checkbox"/> Process waste(Ex: grease/oil) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 6. <input type="checkbox"/> Food processing waste(cleaning food) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 7. <input type="checkbox"/> Equipment/facility washdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. <input type="checkbox"/> Air pollution control unit | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 9. <input type="checkbox"/> Storm water runoff to sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 10. <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

TOTAL WASTES GENERATED _____

8. Where wastes are discharged: Maximum gallons per day

- | | _____ | | |
|--|-------|------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Sanitary sewer(all wastewater) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. <input type="checkbox"/> Storm drain or channel | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. <input type="checkbox"/> Street | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. <input type="checkbox"/> Ground | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 5. <input type="checkbox"/> Surface water | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 6. <input type="checkbox"/> Groundwater | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 7. <input type="checkbox"/> Wastehauler(s) (grease/oil) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 8. <input type="checkbox"/> Evaporation | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 9. <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

TOTAL WASTES DISCHARGED _____

(Must equal total wastes generated)

9. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? Attach copies of manifests or bill of ladings for liquid waste control.

Yes No

10. Name and address of waste hauler(s): _____

11. Attach site and/or floor plan of facility showing details of process plumbing, sewer lines, appurtenances, etc.

12. Attach a copy of the last 4 water bills(If new business, send a copy of the first four water bills).

SECTION B - FACILITY OPERATIONS CHARACTERISTICS

B.1. Number of shifts per 24-hour day: _____

B.2. Starting time of each shift: _____ AM/PM, _____ AM/PM, _____ AM/PM

B.3. Total number of employees per shift: _____, _____, _____

NOTE: Information for the following items must be completed for each product line. Attach additional sheets if necessary.

- B.4. Principal product(s) produced: _____

- B.5. Raw materials and process additives used: _____

- B.6. Product process:
 Batch, Continuous, Both ____ % batch, ____ % continuous
- B.7. Hours of operation: _____ AM/PM to _____ AM/PM Continuous
- B.8. Is production subject to seasonal variation? Yes No
- B.9. Are any process changes or expansions planned during the next three years? Yes No
 If yes, describe the nature of planned changes or expansions on a separate sheet.
- B.10. Attach site and/or floor plan of facility showing details of process plumbing, sewer lines, connections, and appurtenances (including non-reclaimable waste line, if applicable).
- B.11a. Indicate total area of property (in acres): _____
- B.11b. Do you have a current Storm Water Pollution Prevention Plan?
 Yes No
 If yes, please send a copy to the City of Fontana.
 If no, one may need to be prepared. Check with The City of Fontana, NPDES Coordinator.
- B.12. Do you use a water conditioning unit (softener or demineralizer)?
 Yes No
- If yes, is conditioning unit regenerated onsite:
 Yes No
- If yes, name chemical(s) and amount used for regeneration:
 _____ pounds/month
 _____ pounds/month
- B.13. Do you use solvent degreasers (parts washers)? Yes No
- If yes, are you aware of Air Quality Management District (AQMD) Rule 1171? Yes No
 Effective date (1/1/1999) _____ 50 gm/L VOC Limit _____
- If yes, have you converted to a Low VOC System (Water-based)? Yes No
 Date converted _____ System/Material Name _____
- If not, when do you plan to convert? Date _____
- Name and address of wastehauler(s): _____

SECTION C - WASTEWATER INFORMATION

C.1. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or activity.

1. Industrial Categories

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Nonferrous Metals |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Ore Mining |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Automobile Maintenance and Repair | <input type="checkbox"/> Paint & Ink |
| <input type="checkbox"/> Battery Manufacturing or Reclaiming | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Photographic Supplies |
| <input type="checkbox"/> Electric & Electronic Components | <input type="checkbox"/> Plastic & Synthetic Materials |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Processing |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Porcelain Enamel |
| <input type="checkbox"/> Foundries | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Gum & Wood Chemicals | <input type="checkbox"/> Printing & Publishing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Pulp & Paper |
| <input type="checkbox"/> Iron & Steel | <input type="checkbox"/> Rubber |
| <input type="checkbox"/> Laundries | <input type="checkbox"/> Soaps & Detergent |
| <input type="checkbox"/> Leather Tanning & Finishing | <input type="checkbox"/> Steam Electric |
| <input type="checkbox"/> Mechanical Products | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Metal Etching or Chemical Milling | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Metal Coating (Chromating, Phosphating, Coloring, Passivating) | |

2. Business Activities

- Beverage Bottler
- Dairy Products
- Food/Edible Products Processing
- Restaurant
- Slaughter/Meat Packaging/Rendering

C.2. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

- Air Floatation
- Biological Treatment, Type _____
- Centrifuge
- Chemical Precipitation
- Chlorination
- Clarifier, Size _____, Number of compartments _____, Sample chamber _____
- Cyclone
- Filtration
- Flow Equalization, Capacity _____
- Grease or Oil Separation, Type _____
- Grease Trap, Size _____, Sample chamber _____
- Grit Removal
- Ion Exchange
- Neutralization, pH Correction
- Ozonation
- Rainwater Diversion or Storage
- Reverse Osmosis
- Screen
- Septic Tank, Size _____
- Solvent Separation
- Spill Protection
- Sump, Size _____
- Other Chemical Treatment, Type _____

- Other Physical Treatment, Type _____
- Other, Type _____
- No Pretreatment Provided

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this survey/application. Be sure to include the data of the analysis, name of laboratory who performed the analysis, and sampling location(s) (attach sketches, plans, etc. as necessary).

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludge from this firm disposed of by means other than discharge to the sewer system?

- Yes No

If yes, complete items D.2 and D.3.
If no, go on to Section E.

D.2. These wastes may be best described as:

	Estimated Gallons or Pounds/Year
<input type="checkbox"/> Acids and Alkalines	_____
<input type="checkbox"/> Heavy Metal Sludges	_____
<input type="checkbox"/> Inks/Dyes	_____
<input type="checkbox"/> Oil and/or Grease	_____
<input type="checkbox"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<input type="checkbox"/> Plating Wastes	_____
<input type="checkbox"/> Solvents/Thinners	_____
<input type="checkbox"/> Other Hazardous Wastes (specify):	_____
_____	_____
_____	_____

D.3. For the above checked wastes, does your company practice:

- Onsite Storage
- Offsite Storage

Briefly describe the method(s) of storage or disposal checked above.

SECTION E - ONSITE CHEMICAL STORAGE AND USE

Complete items 1 through 8 for all chemicals in current or past use. Use additional sheets if necessary.

- 1. Chemical Name: _____
 - 2. Common/Trade Name: _____
 - 3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify) _____
 - 4. Quantity Stored: _____
 - 5. Method of Waste Disposal: Sewer Hauled Onsite
 - 6. Is waste treated prior to disposal? Yes No
If yes, describe: _____

 - 7. Is waste stored prior to disposal? Yes No
 - 8. Is there secondary containment for chemical(s)? Yes No
-

- 1. Chemical Name: _____
 - 2. Common/Trade Name: _____
 - 3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify) _____
 - 4. Quantity Stored: _____
 - 5. Method of Waste Disposal: Sewer Hauled Onsite
 - 6. Is waste treated prior to disposal? Yes No
If yes, describe: _____

 - 7. Is waste stored prior to disposal? Yes No
 - 8. Is there secondary containment for chemical(s)? Yes No
-

- 1. Chemical Name: _____
- 2. Common/Trade Name: _____
- 3. Method of Storage: Underground Tank Aboveground Tank Barrels
 Other (specify) _____
- 4. Quantity Stored: _____
- 5. Method of Waste Disposal: Sewer Hauled Onsite
- 6. Is waste treated prior to disposal? Yes No
If yes, describe: _____

- 7. Is waste stored prior to disposal? Yes No
- 8. Is there secondary containment for chemical(s)? Yes No