ORANGE COUNTY SANITATION DISTRICT
APPLICATION FOR ZERO DISCHARGE RENEWAL CERTIFICATION

Instructions

For the Orange County Sanitation District (OC San) to properly evaluate and process a zero discharge certification, the applicant must comply with all of the following:

- The Certification Form and Terms and Conditions Statement must be filled out completely. Incomplete applications **will not** be processed. **Do not leave blanks. Please write "N/A" if the information being requested does not apply**.
- The Permit Application must be signed by the Responsible Officer on page 5, as specified on the RO form. The permit application **will not** be processed if it is not signed by the Responsible Officer.
- If the payment for the application fee is not received by OC San, the permit application will not be processed. The check for the application fee must be sent directly to OC San's Accounts Receivable 18480 Bandilier Circle, Fountain Valley, CA 92708. A photocopy of the check must be submitted with the application to the Resource Protection Division.

Ownership Information **Existing Permit No.**

A Applicant _____
(Complete Legal Company Name)

B Mailing Address _____
Street City State Zip Code

C Sewer Service Address _____
Street City State Zip Code

D Phone Number ( ) _____ Fax Number ( ) _____

E Company Website (if any): http:// _____

F Is your business a ☐ corporation? ☐ partnership? ☐ sole proprietorship? ☐ Limited Liability Corporation?
List all Principals/Owners/Major Shareholders of the business. This must include the Responsible Officer or equivalent.

_____
Name and Title Address

_____
Name and Title Address

_____
Name and Title Address

For corporations only: _____
Year of Incorporation State of Incorporation Corporate Identification Number

G Are you the ☐ landowner? Or ☐ lessee? If a lessee, include the name, address, and telephone number of the property owner and/or the manager of the property: Check one: ☐ Owner ☐ Manager

_____
Name Address Phone

Manufacturing Process Information

H Description of **all** manufacturing and surface treatment processes and/or service activities on the premises, wet or dry. Please identify and describe any and all processes which generate industrial wastewater. (Use additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

I Description and average quantity of raw materials used or handled: (Use additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

J Description of products manufactured or produced as a result of services performed: (Use additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

_____

K Average Daily Production, or Parts Processed per Day: _____

L North American Industry Classification System (NAICS) Code:

Primary NAICS Code: _____ Secondary NAICS Code(s): _____

Operations Information

M Operating Schedule:

Number of shifts per day: _____ Number of days per week: _____ Number of production days per year: _____

Average number of employees per shift: 1st: _____ 2nd: _____ 3rd: _____ Total: _____

Production hours per shift: 1st: _____ 2nd: _____ 3rd: _____ Total: _____

Industrial wastewater generation, hours per shift: 1st: _____ 2nd: _____ 3rd: _____ Total: _____

N When did you start operating at this facility? _____ _____
Month Year

O **Please submit updated Manufacturing Process Layout, Manufacturing Process Flow Diagram, Spill Containment Drawings, Wastewater Characterization Study, and Sewer Line plumbing drawings, which will indicate Industrial Wastewater lines, Seal-Off point(s), and the previous industrial wastewater sample point (if applicable).**

Waste and Wastewater Management for Zero Discharge Operations

P Description of waste and wastewater management program to eliminate/terminate industrial wastewater discharges (as described in this application) to the sewer.

_____
_____
_____
_____
_____

Q Description of waste minimization and pollution prevention practices at the facility to reduce and/or eliminate wastestreams.

_____
_____
_____
_____
_____

R Please provide information on the treatment and disposition of industrial wastewater generated at the facility by listing each wastewater stream and related information in the table below including volume, frequency of disposition, and handling/disposition of the wastestream. Also include wastewater generated from support equipment such as boilers, cooling towers, and reverse osmosis / deionized water treatment systems, if present in the facility.

A – Pretreatment and Wastehauled offsite
B – Evaporation / Wastehauled offsite
C - Pretreatment / Recycling
D - Wastehauled offsite only
E - Discharged to sewer

Wastestream (description)	Volume (gpd)	Frequency of disposition	Handling and Disposal Information (A,B,C,D or E)

If wastewater from support equipment is generated at the facility, please indicate on plumbing drawings the connection point for this wastewater if it is discharged to the sewer.

S Is any form of waste/wastewater treatment practiced at this facility? ☐ Yes ☐ No
If "Yes," please indicate the type, and mark the appropriate units below: ☐ Continuous ☐ Batch ☐ Both

Treatment Units Used:

☐ Hydroxide Precipitation	☐ Filter Press	☐ Cross-Flow Filtration (e.g., Memtek)
☐ Hexavalent Chrome Reduction	☐ Final Polishing Filter	☐ Sorption Filter (e.g., Lancy)
☐ Cyanide Destruction	☐ Spent Chemical Treatment Unit	☐ Electrowinning / Plate-Out Units
☐ Equalization	☐ Below-ground Clarifier	☐ Ozone Treatment Reactor
☐ pH Adjustment	☐ Ion Exchange	☐ Clarifier/Lamella Settling

☐ Other _____

T Wastewater Operator/Maintenance Information:
Number of wastewater pretreatment operators at your facility: ___ 1st shift ___ 2nd shift ___ 3rd shift

Operator Name	Qualification (Please check)						
	None	Wastewater Treatment Operator with CWEA Certification			AA Science with minimum 2 semesters in Chemistry	BS Chemical or Environmental Engineering	BS in other Engineering or Science
		Grade I	Grade II	Grade III/IV			
	☐	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐	☐

Is there an Operation / Maintenance manual or procedures for the wastewater treatment system? ☐ Yes ☐ No

Information on Facility Incoming Water Supply and Sewer Connections

U Assessor Parcel Number(s) as shown on property tax _____

V If a lessee, indicate:
(a) percentage of property tax bill paid to landowner: _____
(b) percentage of water bill paid to landowner: _____
(c) square footage of leased space: _____
(d) whether your facility is a part of a commercial / industrial complex: ☐ Yes ☐ No

W Water Supplier: _____
Other Sources of Water Supply: ☐ onsite wells ☐ groundwater remediation ☐ other_____

X Meter Information:

Indicate the water meter type(s) used to measure incoming water for your facility:

☐ City water meter(s) only ☐ Shop meter (facility is part of a strip/complex)
The meter(s) checked above measure:

☐ Only the incoming water going to the applicant's facility.
☐ The incoming water to the applicant's facility and for other companies adjacent.

Y Floor Drains, Sinks, and Sewer connection information:

Do you have floor drains and/or shop sinks in the facility? ☐ Yes ☐ No

If yes, how many? _____ drains _____ sinks

Are floor drains sealed or plugged? ☐ Yes ☐ No ☐ N/A

Z Does the facility have an underground interceptor, such as a clarifier, for discharge of industrial wastewater?
☐ Yes ☐ No
Prior to issuance of a Zero Discharge Certification, any existing industrial sewer line plumbing associated with the processes described in this application, inside or outside of the facility, must be sealed off, capped, or removed. The integrity of this containment will be verified before issuance of the Zero Discharge Certification.

Certification for Accuracy of Information

I have personally examined and am familiar with the information submitted in this application and required attachments, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. I also authorize OC San to verify all information provided, including the water account/usage information from the water supplier, facility lease contracts, and other pertinent information.

I certify that upon issuance of this certification, that this facility has sealed all applicable industrial connections (associated with this application) to the sewer and made provision to prevent industrial wastewater described in the processes in this application subject to Federal Categorical Pretreatment Standards in accordance the Code of Federal Regulations, from entering OC San's sewerage facilities.

Responsible Officer (as specified on attached RO/DS forms)

Name: _____

Wet Signature: _____

Title: _____

Date: _____

Phone No.: _____

Email: _____

Name of the person to contact concerning information provided in this application ☐ Same as above

Name: _____

Title: _____

Date: _____

Phone No.: _____

Email: _____

ATTACHMENT B
ONSITE WATER METER INFORMATION

INSTRUCTIONS: 1. List all onsite meters at your facility.
2. Attach a copy of your latest water bill for each city meter identified.

Meter Type[1]	**Meter ID# [2]**	**Units**	**No. of Digits**	**Meter Measures (check all that apply)**	**Location** (Please describe the location relative to a reference point.)
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		☐ gal ☐ cu ft ☐ 10 gal ☐10 cu ft ☐100 gal ☐100 cu ft		☐ Landscaping ☐ Boiler ☐ Domestic ☐ Cooling Tower ☐ Industrial ☐ RO/IX/Filter	
☐ CITY Meter ☐ PROCESS Meter ☐ EFFLUENT Meter		**Other: please specify**		**Other: please specify**	

Certification of Responsible Officer (RO)

This form is required

Complete and return the original hard copy with wet signature to OC San

1. _____ ***[Company Name** (name of Permittee/Certificate Holder)]* holds a wastewater discharge permit/certification from OC San or has applied for a wastewater discharge permit/certification from OC San. Permittee/Certificate Holder is a [corporation, partnership, or sole proprietorship].*

2. *I, _____ [Responsible Officer], am the [responsible corporate officer, general partner, or sole proprietor] of [Permittee/Certificate Holder] within the meaning of 40 C.F.R. Section 403.12(l). I am so designated on Permit/Certificate No._____issued to [Permittee/Certificate Holder]. Absent delegation of signature authority under 40 C.F.R. Section 403.12(l)(3), I would be responsible for signing the reports and documents required by 40 C.F.R. Sections 403.12(b), (d), (e), and (h) and in accordance with OC San's Wastewater Discharge Regulations.*

3. *I, _____ [Responsible Officer] accept the responsibility for the overall operation of the facility and/or overall responsibility for compliance with all regulatory requirements for the facility from which the wastewater discharge originates.*

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Executed this _____ [day] of _____[month] in the year_____at

_____.

[city & state, zip code]

Name of Responsible Officer _____

Wet Signature _____ Date _____

Title _____ RO Email Address _____

Company _____ Permit/Certificate No. _____

* Name of Permittee/Certificate Holder should match the Applicant name in the Permit Application (Complete Legal **Company Name**). Do not use the name of an individual employee in the field for Permittee/Certificate Holder.

NOTE: All correspondence including but not limited to permit, enforcement, and self- monitoring (e.g., Self-Monitoring Forms and Reminder Letters, Notices of Violations, Permit Application, etc.) shall be sent to the Responsible Officer. If the permittee seeks to change the Responsible Officer or designee on the Authorization to Sign Reports and Permit Applications, then new RO and DS forms must be submitted as appropriate.

Authorization to Sign Reports and Permit Applications

Designated Signatory (DS)

Submit this form only if the Responsible Officer wants to designate a Signatory
Complete and return the original hard copy with wet signature to OC San

*1. _____[**Company Name** (name of Permittee/Certificate Holder)]* holds a wastewater discharge permit/certification from OC San or has applied for an industrial discharge permit/ certification from OC San. Permittee/Certificate Holder is a [corporation, partnership, or sole proprietorship].*

2. I,_____ [Responsible Officer], am the [responsible corporate officer, general partner, or sole proprietor] of [Permittee/Certificate Holder] within the meaning of 40 C.F.R. Section 403.12(l). I am so designated on Permit/Certificate No._____issued to [Permittee/Certificate Holder]. Absent delegation of signature authority under 40 C.F.R. Section 403.12(l)(3), I would be responsible for signing the reports required by 40 C.F.R. Sections 403.12(b), (d), (e), and (h) and in accordance with OC San's Wastewater Discharge Regulations Ordinance.

3. I have authorized, and hereby do authorize, _____, _____[individual, position title] to sign the reports and documents required by 40 C.F.R. Sections 403.12(b), (d), (e), (h) and in accordance with OC San's Wastewater Discharge Regulations Ordinance, and as my representative. I affirm that _____, _____[individual, position title] has responsibility for overall operation of the permitted facility or has overall responsibility for environmental matters for the industrial discharger as required by 40 C.F.R. Section 403.12(l)(3).

4. I acknowledge that this Authorization does not in any way relieve me of my responsibilities or liabilities as the [responsible corporate officer, general partner, or sole proprietor] of [Permittee/Certificate Holder] under the Clean Water Act, the Federal Pretreatment Regulations, the California Porter-Cologne Water Quality Act, or OC San's Wastewater Discharge Regulations Ordinance.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Executed this _____[day] of _____[month] in the year_____at

_____.
[city & state, zip code]

Name of Responsible Officer _____

Wet Signature _____

Title _____ Date _____

Company _____ Permit/Certificate No. _____

DS Email Address _____

* Name of Permittee/Certificate Holder should match the Applicant name in the Permit Application (Complete Legal **Company Name**). Do not use the name of an individual employee in the field for Permittee/Certificate Holder.