



**CITY OF SAN LEANDRO ENVIRONMENTAL  
SERVICES DIVISION**

835 East 14th Street, San Leandro CA 94577  
(510) 577-3401 FAX (510) 577-6019

**PRETREATMENT PERMIT APPLICATION**

Please return completed application by:

**I. GENERAL INFORMATION**

1. Facility Name: _____
2. Site Address: _____
3. Mailing Address: _____
4. Name of Responsible Official: _____
Title: _____ Telephone No.: _____
5. Individual responsible for wastewater disposal: _____
6. Emergency contact (if different from above): _____
Title: _____ Telephone No: _____

**II. FACILITY ACTIVITY**

1. General description of facility activity (check all that apply): <input type="checkbox"/> Manufacturing <input type="checkbox"/> Food Processing <input type="checkbox"/> Sales <input type="checkbox"/> Service <input type="checkbox"/> Office <input type="checkbox"/> Transporter <input type="checkbox"/> Warehouse <input type="checkbox"/> Other (describe):
2. Products produced or services rendered:
3. Is production continuous through the year? <input type="checkbox"/> YES <input type="checkbox"/> NO, Seasonal If seasonal, circle months of operation: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

**III. RAW MATERIALS AND CHEMICALS USED AND STORED ON-SITE:**

(Attach additional sheet if necessary)

DESCRIPTION	Total Quantity (indicate units - lbs, gals, etc.)

Does facility: 1. Store or use solvents?  yes  no 2. Process x-rays/film/photos?  yes  no

3. Have floor drains?  yes  no If yes, indicate location: \_\_\_\_\_

4. List any environmental permits issued by other agencies, e.g., Air Quality or Water Quality Control Board.

PERMIT TYPE/AGENCY NAME	PERMIT NUMBER	EXPIRATION DATE

**IV. OPERATIONAL DATA**

1. Number of Employees and Work Hours

	OFFICE		PRODUCTION					
	No.	Hours	Day Shift		Swing Shift		Grave Shift	
			No.	Hours	No.	Hours	No.	Hours
Weekday								
Saturday								
Sunday								

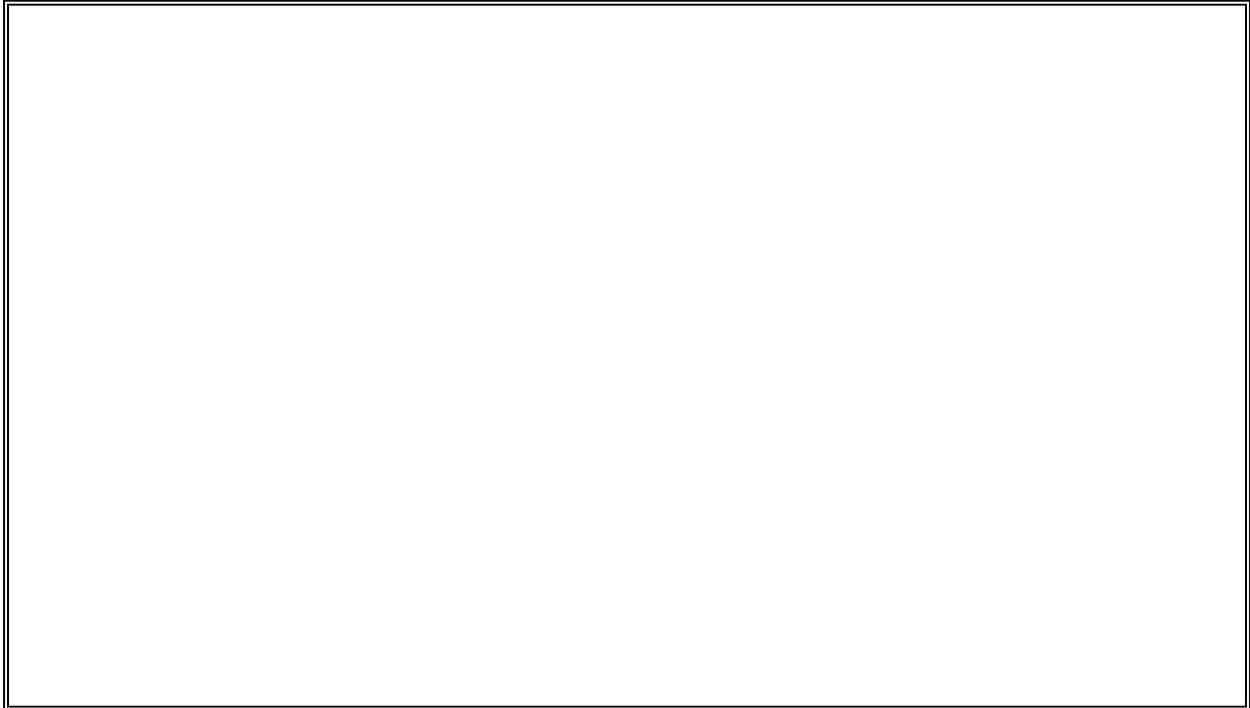
2. Water Supply

Source	AVERAGE (gallons/month)	PEAK MONTHLY VOLUME		EBMUD ACCOUNT #
		Month	Gallons	
Metered City Water				
Private Well				
Other				
TOTAL				

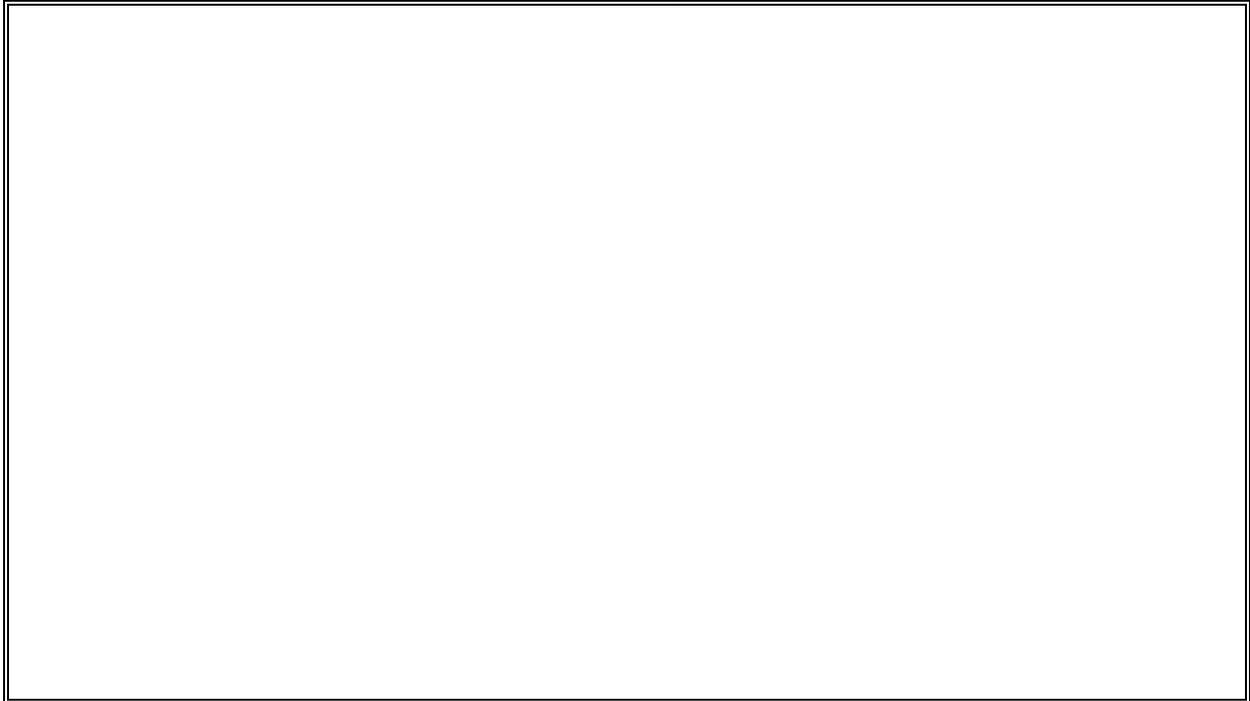
3. Water Use (Estimate if unmetered):

Use	Gallons/Month	Separately Metered? (yes/no)	Use	Gallons/Month	Separately Metered? (yes/no)
Domestic			Washing		
Process			Irrigation		
Boiler			Product		
Cooling			Other:		

4. **PROCESS DIAGRAM:** For each major process that generates wastewater, diagram the flow of materials and water from start to final product, showing all unit processes generating wastewater and estimated volumes (gals/day) from each process. Number each unit process that discharges to sewer. Use the resultant numbers when completing the Facility Diagram. Attach additional sheets if necessary.



5. **FACILITY DIAGRAM :** Include general facility layout; property boundaries; entrance and exit routes; loading areas; hazardous material handling, storage, and treatment areas; floor/trench drains, sewer inlets, sumps, etc.; direction of drainage flow, liquid storage tanks and capacities, dikes, berms, secondary containment; and identify the activities in each area. Attach additional sheets if necessary.





11. Provide a detailed description of current or proposed metering and/or monitoring equipment:

UNIT	DESCRIPTION

12. Does your facility treat hazardous waste?     yes     no

13. Has an Accidental Spill Prevention Plan been developed and implemented?     yes     no

14. Has a Solvent Management Plan been developed?     yes     no     Solvents not present

15. Do you have all the Material Safety Data Sheets for all the chemicals in your inventory?     yes     no

16. Do you have a permanently posted copy of the Emergency Call List?     yes     no

17. Is your wastewater in compliance with federal, state and local discharge limits?     yes     no     ?

18. Is your chemical storage in compliance with federal, state and local regulations?     yes     no     ?

19. Does your company have an employee right-to-know program in place?     yes     no

For any of the questions 13 to 19 answered **NO**, please detail corrective actions forthcoming to insure compliance.

**V. CERTIFICATION**

<p>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.</p>	
<p>_____</p> <p style="text-align: center;">Signature of Responsible Official</p>	<p>_____</p> <p style="text-align: center;">Date</p>
<p>_____</p> <p style="text-align: center;">Print Name of Responsible Official</p>	<p>_____</p> <p style="text-align: center;">Title of Responsible Official</p>

VI. CONDITIONS

Applicant agrees:

- A. To furnish any additional information on wastewater discharges as required by the City of San Leandro.
- B. To abide by all provisions of the Uniform Wastewater Discharge Regulations, and abide by all rules and regulations of the Federal Register pertaining to the Clean Water Act.
- C. To operate and maintain pretreatment equipment satisfactorily in the approved manner.
- D. To cooperate at all times with reasonable requests by City personnel in the inspection, sampling and monitoring of industrial waste discharges.
- E. To notify the San Leandro Water Pollution Control Plant at 510/577-3434 (weekdays) or 510/577-3459 (after hours/weekends) immediately in the event of an accident or other occurrence that results in discharge to the sewer of any material that by nature or quantity constitutes a hazard to the Publicly-Owned Treatment Works, City personnel, or the environment.
- F. To pay the City of San Leandro applicable fees related to wastewater treatment.
- G. To submit, as required by the City, accurate data on industrial wastewater flows and constituents.
- H. To apply for a revised Pretreatment Permit if any change in processes or operations creates a significant change in wastewater quality or quantity.

I affirm that all information is true and correct and agree to comply with the above conditions.

\_\_\_\_\_  
Signature of Responsible Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Responsible Official

\_\_\_\_\_  
Title of Responsible Official

**CITY OF SAN LEANDRO  
ENVIRONMENTAL SERVICES DIVISION**

**RESPONSIBLE PERSONNEL AUTHORIZATION FORM**

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The above entity is: (Check one)

Corporation       Partnership       Sole Proprietorship       Government

1. If the entity is a corporation, identify the following corporate officers:

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Other (specify name and title): \_\_\_\_\_

2. If the entity is a partnership, identify the general partners: \_\_\_\_\_

3. If the entity is a sole proprietorship, identify the proprietor: \_\_\_\_\_

All reports, permit applications, permits or agreements shall be signed as follows: By a responsible corporate officer, if User is a corporation. By a general partner or proprietor if User is a partnership or sole proprietorship, respectively. By a duly authorized representative of the designated individual above, provided the authorization is submitted in writing to the City.

\_\_\_\_\_ is an authorized representative of  
Name and/or Title\*

\_\_\_\_\_ in charge of assuring compliance with terms stated in our  
Designated Individual<sup>1</sup>

Pretreatment Permit and/or the Uniform Wastewater Discharge Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name<sup>1</sup>

\_\_\_\_\_  
Date

<sup>1</sup> Must be one of the designated individuals identified in 1, 2, or 3 above.

The documents listed above, which also include responses to Notices of Violation and Compliance Schedule submissions, must be signed by a corporate officer or the named\* individual (or position) above. Submission of a new Responsible Personnel Authorization form is required in the event of any change in the signatory designation for the permitted entity.