



City of Burlingame, CA
Industrial Pretreatment Program
Wastewater Discharge Permit Application
(Only Authorized Under the Pretreatment Rules and Regulations)

Facility Name _____

Address: _____

Telephone: _____ Date: _____

Name of Person Responsible for Permit Compliance (owner): _____

E-mail address: _____

In consideration of this permit, the undersigned agrees:

- a. To abide by all provisions of Title 15 of the Municipal Code, Chapter 15.14 known as the Storm Water Management and Discharge Control Ordinance and all other pertinent ordinances and regulations that may be adopted in the future.
- b. To operate and maintain any waste pretreatment facilities or equipment, as may be required as a condition of the acceptance into the wastewater treatment system of the industrial wastes involved, in any efficient manner at all times, and at no expense to the City.
- c. To cooperate at all times with the City and its representatives in their inspection, sampling, and study of the industrial wastes, and any facilities provided for pretreatment.
- d. To notify the wastewater treatment facility immediately in the event of any accident, or other occurrence resulting in discharge of any wastewater or substances prohibited or not covered in this permit.
- e. To dispose of any sludge or by-products of wastewater pretreatment processes in a legal manner in accordance with applicable federal and state regulations.

Submittal Information:

Submittal of this Application is NOT Authorization to Discharge.

Please read these questions carefully. If you have any questions, please contact Laura Suarez, Environmental Compliance Coordinator at (650) 342-3727 or laura.suarez@veolia.com.

Wastewater Discharge Permit Application

A. General Information:

1. Facility Name:

2. Business Address:

3. Mailing Address (if different from above):

4. Person to be contacted about this form:

Name _____ Title _____

Telephone _____

E-mail address _____

Purpose: This section is used to determine what substances may be entering the City's sewer system.

B. BUSINESS DESCRIPTION:

If this business conducts office work only, check here: []

1. Identify the type of business conducted (restaurant, machine shop, electroplating, etc.)

2. If a restaurant or Food Services Establishment (FSE), describe what kind of food the business is going to serve: _____

3. Business open date (mm/yy): _____

4. If this business is a restaurant, please submit a copy of the breakfast, lunch, and dinner menu(s).

5. Does the business use disposable plates/utensils only? YES NO

6. Is there a grease trap at this location? YES NO

If yes, do you maintain and record weekly cleanings? YES NO

If your business **has not** received grease trap maintenance or recordkeeping violations for the past year and you **have** records of weekly grease trap cleaning for the past year, check this box: ☐

7. Is there a grease interceptor at this location? YES NO

If yes, is it pumped monthly with records sent to the City of Burlingame's Wastewater Treatment Facility? YES NO

Wastewater Discharge Permit Application

8. Grease Hauler or Pumping Vendor
Name: _____
Address: _____
Telephone: _____
9. If new ownership, please indicate any production or process changes: _____
10. Provide a description of the manufacturing, production, or service activities your business conducts and include type of equipment or machinery involved: _____
11. Business operation hours and days of week: _____
12. SIC Code (Standard Industrial Classification) if known: _____
13. Wastewater discharge hours: _____
14. Indicate the number of days per week discharge occurs: _____
15. Number of employees: _____
16. Is water discharge: Seasonal _____ Continuous throughout the year _____
17. If seasonal, list months: _____
18. Average monthly water use (from water bills): _____ gallons
19. Does your business generate hazardous waste or use hazardous materials in:
- Any production processes? Yes No
 - Name of the hazardous waste disposal company: _____
 - Has the facility been inspected to assess the potential for these materials to enter sanitary and storm sewer drains? Yes No
 - Is secondary containment provided for fuels and hazardous chemicals or wastes in the production or storage areas? Yes No
 - Is any vehicle maintenance or other production activities performed outdoors? Yes No

Wastewater Discharge Permit Application

20. Give the common and technical names of materials and chemicals used or generated during manufacturing, production or other activities. If you need additional space to list all chemicals, please use a separate sheet and include with your submission
21. Does the company participate in any formal type of source reduction, waste minimization (recycling) or similar program involving pollution prevention? Yes No
22. Have any of the following plans been prepared for the facility?
- Hazardous Materials Management Plan Yes No
 - Hazardous Communication Plan Yes No
 - Storm Water Pollution Prevention Plan Yes No
 - Chemical Hygiene Plan Yes No
 - Injury & Illness Plan Yes No
 - Spill Control Plan Yes No
23. Describe any pretreatment (grease removal, sedimentation, pH adjustment, heavy metals, precipitation, etc.) processes for your facility's industrial wastewater prior to discharge to the sanitary sewer:
24. Are there floor drains present in the production area? Yes No
25. Expected number of meals served per day? _____
Provide seating occupancy: _____
26. Does this facility have a garbage disposal? Yes No
27. Does the business know about the City of Burlingame's Fats, Oils, and Grease (FOG) Program? Yes No

Wastewater Discharge Permit Application

Certification

This certification statement shall be signed by the responsible corporate officer, manager, general partner, or duly authorized representative of the discharger and makes that person legally accountable for the information submitted per the Sanitary Sewer Use Regulations, Chapter 15.10.

AUTHORIZED SIGNATORY STATEMENT:

"I hereby certify under penalty of law that I have personally examined and I am familiar with the information in this report and all attachments therein. Furthermore, based on my inquiry of those persons immediately responsible for obtaining the information contained in this report, I believe that the 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."

Authorized Signatory (print or type name): _____

Signature: _____ Title: _____ Date: _____

THE CITY OF BURLINGAME WILL CONSIDER THIS DOCUMENT INCOMPLETE WITHOUT PROPER SIGNATURES.

SUBMITTAL OF THIS DOCUMENT IS NOT APPROVAL TO DISCHARGE

Questions concerning the completion of this document may be directed to the City's Environmental Compliance Coordinator at the location and phone number provided on page 1 of this document.

**Include \$168.00 for
Sewer and Industrial Waste
Application Processing Fee IWD-3 #98
Remit payment to: 501 Primrose Road, Burlingame CA, 94010**