Facility Declaration Form

Directions: Complete all sections of the form. Attach additional information if needed. Please contact the YCUA with any questions regarding the information requested. Failure to properly complete this form may result in a site inspection from the YCUA.

Note to signing official: In accordance with Title 40 of the Code of Federal Regulations (CFR) Part 403 Section 403.14, information and data provided in this form which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment or other information shall be governed by the procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information provided in this form will be used to issue the permit.

Section A - General Information

1. Company Name: _______________________________ Web site: _______________________________

2. Doing Business As (dba) (if different from above): _______________________________

3. Business/Mailing Address: _______________________________ ZIP: ________________

4. Discharge Address: _______________________________ ZIP: ________________

5. Phone (Main): _______________________________ Fax Number: _______________________________

6. Facility Contact - Name: _______________________________ Title: _______________________________

   Phone: _______________________________ Mobile: _______________________________ Email: _______________________________

7. Date Current Operation began: _______________________________

8. Number of Employees: ____________ Operating Hours/Day: _________ Operating Days/Week: _________

9. What is the nature of the business conducted at this address? __________________________________________

   __________________________________________

   __________________________________________

   __________________________________________

10. List your facility’s Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) Code(s): _______________________________

11. Does your facility have a fire protection system? □ Yes □ No

12. Does your facility have an irrigation system? □ Yes □ No

13. Does your facility use water from a source other than the public system? □ Yes □ No

   If yes, please specify the source (well, pond, lake, tank, cistern, etc.): _______________________________
14. Does your facility have any backflow prevention devices installed on the water system? □ Yes □ No

If yes, please provide the following information:

<table>
<thead>
<tr>
<th>Location of Device</th>
<th>Size</th>
<th>Manufacturer /Model#</th>
<th>Serial#</th>
<th>Installation Date</th>
<th>Recent Test Date</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please attach additional sheets if necessary.

If available, please attach the most recent test report for each device.

Section B – Operational Information

If the nature of business conducted at this address is entirely administrative, please go directly to Section C.

15. List any products that are manufactured at this address:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

16. Average Daily Water Usage: __________________________ Gallons/Day (Include a copy of the most recent water bill)

17. Does this facility discharge any wastewater other than from restrooms, cafeterias, or for janitorial purposes? □ Yes □ No (If no, please go to question #15)

If yes, check any of the following wastewater generating activities/points of discharge that exist at this address:

☐ Food Service Establishment        ☐ Photographic Process        ☐ Automotive Repair
☐ Machine Shop                     ☐ Printing                    ☐ Parts Cleaning
☐ Steam Cleaning                   ☐ Vehicle Maint./Washing      ☐ Floor Drains
☐ Sign Painting                    ☐ Furniture/Paint Stripping   ☐ Painting
☐ Boilers                          ☐ Chemical Formulations      ☐ Silk Screening
☐ Solder Leveling                  ☐ Wave Soldering              ☐ Board Washing
☐ Laboratory Drains                ☐ Electro-Polishing           ☐ Compressor Condensate
☐ Pharmaceutical Manufacturing     ☐ Chemical Formulations      ☐ Cooling Tower Blowdown
☐ Groundwater Remediation          ☐ Electro-Polishing           ☐ Other: ________________
☐ Metal plating, finishing or coating
Describe the processes that produce a discharge: ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Estimate the amount of water discharged to the sanitary sewer from your process(es) in gallons per day: ___________________________ Gallons/Day.

18. Does this facility currently have any type of treatment for the process wastestreams; such as an oil and grease interceptor, clarifier, filters, neutralization?  □ Yes  □ No

If yes, explain: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

19. Are any solvents used at your facility?  □ Yes  □ No

If yes, list the type(s) and describe how they are disposed: ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

20. Are any liquid or solid wastes, other than standard refuse generated at your facility (such as solid or liquid hazardous waste, etc.)?  □ Yes  □ No

If yes, describe the waste and how it is disposed: ____________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

21. Are there any floor drains in the work areas at this address?  □ Yes  □ No

22. Does your facility have secondary containment (dikes, trenches, storage controls)?  □ Yes  □ No

23. If car washing occurs at this address, is there a grease or solids interceptor installed at this address?  □ Yes  □ No

24. Will any steam cleaning of engines be performed at this address?  □ Yes  □ No
25. Does your facility maintain or has it prepared any of the following? (Please check)

<table>
<thead>
<tr>
<th>Plan/Plan</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spill Prevention Control and Countermeasures Plan</td>
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<tr>
<td>Pollution Incident Prevention Plan</td>
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<tr>
<td>Emergency Preparedness / Contingency Plan</td>
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<tr>
<td>Material Safety Data Sheets</td>
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<tr>
<td>SARA Forms (Hazardous / Toxic Chemical Reporting)</td>
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<tr>
<td>Treatment, Storage, and Disposal Facility Operating License</td>
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</tbody>
</table>

Section C – Certification Statement

Municipal Code requires that permit applications, and any other reports required by the Director shall be signed by an Executive Officer of the business filing the application. Such Executive Officer shall be at least of the level of Vice President, General Partner, President, or an individual responsible for the overall operation of the facility applying for the Permit, or meet the Federal requirements for NPDES applications as contained in Title 40 of the Code of Federal Regulations.

"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 of 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 or imprisonment for knowing violations."

CERTIFIED BY:

_________________________  __________________________________________
Name (please print)  Title

_________________________  _____________________________
Signature  Date