



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:

Location of Device	Size	Manufacturer /Model#	Serial#	Installation Date	Recent Test Date

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:

- | | | |
|--|--|---|
| <input type="checkbox"/> Food Service Establishment | <input type="checkbox"/> Photographic Process | <input type="checkbox"/> Automotive Repair |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Printing | <input type="checkbox"/> Parts Cleaning |
| <input type="checkbox"/> Steam Cleaning | <input type="checkbox"/> Vehicle Maint./Washing | <input type="checkbox"/> Floor Drains |
| <input type="checkbox"/> Sign Painting | <input type="checkbox"/> Furniture/Paint Stripping | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Boilers | <input type="checkbox"/> Chemical Formulations | <input type="checkbox"/> Silk Screening |
| <input type="checkbox"/> Solder Leveling | <input type="checkbox"/> Wave Soldering | <input type="checkbox"/> Board Washing |
| <input type="checkbox"/> Laboratory Drains | | <input type="checkbox"/> Electro-Polishing |
| <input type="checkbox"/> Pharmaceutical Manufacturing | | <input type="checkbox"/> Compressor Condensate |
| <input type="checkbox"/> Groundwater Remediation | | <input type="checkbox"/> Cooling Tower Blowdown |
| <input type="checkbox"/> Metal plating, finishing or coating | | <input type="checkbox"/> Other: _____ |

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)

Spill Prevention Control and Countermeasures Plan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pollution Incident Prevention Plan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Emergency Preparedness / Contingency Plan	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Material Safety Data Sheets	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
SARA Forms (Hazardous / Toxic Chemical Reporting)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Treatment, Storage, and Disposal Facility Operating License	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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 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 or imprisonment for knowing violations."

CERTIFIED BY:

Name (please print)

Title

Signature

Date