Wastewater 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: ____________________________

9. Number of Employees: __________ Operating Hours/Day: _______ Operating Days/Week: _______

10. What is the nature of the business conducted at this address: ____________________________

    ____________________________________________________________________________

    ____________________________________________________________________________

    ____________________________________________________________________________

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

    1) ____________________________

    2) ____________________________

    3) ____________________________
Section B – Operational Information

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

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

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

14. Does this facility discharge any wastewater other than from restrooms, cafeterias, or for janitorial purposes?  □ Yes  □ No (If no, please go to question #16)

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  ☐ Steam Cleaning  ☐ Electro-Polishing
☐ Pharmaceutical Manufacturing  ☐ Vehicle Maint./Washing  ☐ Compressor Condensate
☐ Groundwater Remediation  ☐ Furniture/Paint Stripping  ☐ Cooling Tower Blowdown
☐ Metal plating, finishing or coating  ☐ Chemical Formulations  ☐ Other: ________________________________

Describe all 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.
15. 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:  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

16. Are any solvents used at your facility?  □ Yes  □ No  
   If yes, list the type(s) and describe how they are disposed:  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

17. 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:  
   ____________________________________________________________  
   ____________________________________________________________  
   ____________________________________________________________  

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

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

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

21. Will any steam cleaning of engines be performed at this address?  □ Yes  □ No  

22. 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>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Pollution Incident Prevention Plan</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Emergency Preparedness / Contingency Plan</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Material Safety Data Sheets</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SARA Forms (Hazardous / Toxic Chemical Reporting)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Treatment, Storage, and Disposal Facility Operating License</td>
<td>Yes</td>
<td>No</td>
</tr>
</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