SELMA-KINGSBURG-FOWLER
COUNTY SANITATION DISTRICT

P.O. Box 158, 11301 East Conejo Ave.
Kingsburg, CA 93631
Phone (559) 897-6500
Fax (559) 897-1985

For District Use

Date: _____

Received By:_____

Comments:_____

_____

INDUSTRIAL DETAILED USE SURVEY

This detailed use survey shall be completed in conjunction with an industrial sewer service application when requested by the District. All sections are required to be completed. Incomplete applications will not be processed by the District.

INDUSTRY NAME:

NOTE TO SIGNING OFFICIAL: Confidential information contained herein will be used by the District staff only. However, information and data provided in this survey which identifies the nature and frequency of waste discharge will be available to the public without restriction.

SECTION A: GENERAL INFORMATION

Property/Facility address:		Property APN:
City:	ZIP Code:	
Company Name:		
Company Address:		
City:	ZIP Code:	Phone:
Contact Person:		Contact Title:

Complete Sections B through G on the following Pages.

Survey must be signed by responsible company official.

Any changes to the process described herein or to the pretreatment facilities (flow monitoring and sampling, site plan, etc.) requires notification of the District and re-evaluation of permit conditions prior to changes that may constitute a change in the parameters for which permitting has been approved.

CERTIFICATION

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I affirm that the submitted information is true, accurate, and complete.

I understand and agree that omission or misrepresentation of data provided in this survey may result in revocation or modification of any permit issued.

Print Name of Company Official:	Title:
Signature of Company Official:	Date:

SECTION B: PRODUCT OF SERVICE INFORMATION

1) Principal products or services:
2) Provide a brief narrative description of the manufacturing or service activity to take place at the facility address:
3) Principal raw materials to be used:
a)
b)
c)
d)
e)
f)
g)
h)
i)
j)
k)
4) Process catalysts to be used:
a)
b)
c)
d)
e)
f)
g)
h)
i)
j)
k)

SECTION C: PROCESS INFORMATION

1) Describe all manufacturing, operational, clean-up, maintenance or service processes and list names of all materials to be used, including, but not limited to raw materials, catalysts, baths, strippers, solvents, coatings, paints, cleansers, powders, granules, liquids, chemicals, pesticides (plant and animal), lubricants and hydraulic fluids. Use one number for each process. Use additional sheets if necessary.

NO.	PROCESS	MATERIAL USED

SECTION D: MATERIALS USED AND DISPOSAL INFORMATION

1) For each of the materials listed in Section C, give the proposed average daily volume (in gallons) or weight (in pounds) and denote the proposed disposal method by placing an "X" in the appropriate box. Use additional sheets if necessary.

NO. FROM SECTION C	MATERIAL NAME	AVG. DAILY VOLUME (GALS)	AVG. DAILY WEIGHT (LBS)	ULTIMATE DISPOSITION OF MATERIAL					
				SEWER	SEPTIC TANK	PERC.	EVAP.	WASTE HAULER	IN THE PRODUCT

SECTION E: OPERATIONAL AND SITE CHARACTERISTICS

1) Will the major process be ☐ Batch or ☐ Continuous			
A) If Batch, provide the number of batches per 24 hour day:			
2) Will the process be subject to seasonal variation? ☐ Yes ☐ No			
A) If yes, explain, indicating the month(s) of peak operation and products:			
3) Working days per week : ☐ Monday ☐ Tuesday ☐ Wed ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday			
4) Working hours per day:			
5) Number of shifts per work day:			
6) Shift Starting Times:	1st:	2nd:	3rd:
7) Average number of employees per shift:	1st:	2nd:	3rd:
8) Describe any potable water treatment process or equipment to be utilized:			
9) Describe any water recycling or material reclaiming process to be utilized:			
10) Describe any pre-treatment process or equipment to be utilized:			
11) Describe(location) of all floors or process drains in the facility to be connected to the sewer:			
12) Describe grease/oil/sand interceptor to be installed before discharge to the sewer, if any:			
13) How often will grease/oil/ sand interceptor (if any) be cleaned and what will the ultimate disposal of the materials removed be?			

14) If holding tanks will be used anywhere in the facility, describe the type and capacity, and their location relevant to nearest drain connected to the sewer:
15) Will holding tanks be discharged to the sewer? ☐ Yes ☐ No
A) If so, how often?
B) Total Number of Holding Tanks(s) and Total Capacity:
16) Will there be a spill prevention, control and countermeasures plan prepared for your facility? ☐ Yes ☐ No
17) Will there be an illicit discharge prevention, control and countermeasures plan prepared for your facility? ☐ Yes ☐ No
18) Will the facility have any scheduled shutdowns? ☐ Yes ☐ No
A) If yes, when?
19) Confirm District standard water/wastewater flow metering and sampling equipment be used. ☐ Yes ☐ No
20)Describe wastewater sampling locations and devices to be used (if any) :
21) Will the facility have a water softener? ☐ Yes ☐ No
A) Size of brine tank (cf):
B) Will water softener be regenerated on site? ☐ Yes ☐ No
C) Will brine be discharged to the sewer? ☐ Yes ☐ No

SECTION F: WATER CONSUMPTION AND LOSS

1) Provide the anticipated monthly average water usage and its source of supply.

Month	Total Gallons Used (estimate)	From City	From County	Private Purveyor	Private Well
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

2) List all water uses in the facility and indicate its ultimate disposal. Provide additional sheets if necessary.

Type of Water Use	Average Daily Volume (gals)	Ultimate Disposal of Water				
		Sewer	Percolation	Evaporation	Waste Hauler	In Product

SECTION G: SEWER CONNECTION AND DISCHARGE INFORMATION

1) List the facilities proposed sewer outlets, sizes, and flows.

Description of Sewer Discharge Point	Average Daily Flow (gals)	Sewer Size (Inches)

2) Provide the anticipated monthly average wastewater discharge.

Month	Estimated Total Facility Wastewater Discharged (gallons)
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total	

3) The wastewater discharge must comply with all federal, state and local laws and ordinances, including the S-K-F CSD industrial pretreatment program and Ordinance 92. Provide an estimate of the following wastewater characteristics for the discharge. Attach any typical laboratory testing results of the actual or similar wastewater discharge.

Constituent	Acceptable Range	Wastewater Discharge Characterization		
		Minimum	Maximum	Average
pH	6.0 - 9.0			
Temperature (°F)	Less than 150°F			
Radioactivity	Less than CCR Section 30285 and 30287			
Electrical Conductivity (µohm/cm)	1650 µohm/cm			
Biochemical Oxygen Demand (mg/l)				
Chemical Oxygen Demand (mg/l)				
Total Suspended Solids (mg/l)				
Total Dissolved Solids (mg/l)				
Total Ammonia (mg/l)				
Total Kjeldahl Nitrogen TKN, (mg/l)				

List any other metals, chemical compounds, volatile organic compounds, or hazardous materials in the waste discharge along with their expected concentrations.

1)

2)

4)

5)

6)

7)

8)

9)

10)

11)

12)

Based on submitted information, additional data or test reports on the wastewater characterization may be requested.

Notes:

1) Electrical Conductivity Limit does not apply to discharges with less than 10,000 gallons per day or 300,000 gallons per month total flow.