



**CITY OF GLENDALE FIRE DEPARTMENT  
FIRE PREVENTION BUREAU  
INDUSTRIAL WASTE UNIT**

780 Flower Street Glendale, CA  
91201-3057 Ph: 818-548-4810  
[www.glendaleca.gov](http://www.glendaleca.gov)



---

**CITY OF GLENDALE  
FIRE PREVENTION BUREAU  
INDUSTRIAL WASTE UNIT**

**INDUSTRIAL WASTE PERMIT APPLICATION PACKET**

**HOW TO OBTAIN AN INDUSTRIAL WASTE PERMIT**

To obtain an industrial waste permit you must submit a completed and approved **application and pay the associated application fee(s)**. **Permit applications are reviewed and** processed by Fire Prevention Bureau or Public Works Maintenance Services (Food Service Establishments/FOG) staff to establish discharge limitations, monitoring, and reporting requirements.

Upon receipt of the permit application, staff will:

- verify that the information provided in the permit application is complete and accurate;
- sign and stamp the application form for processing;
- identify all wastewater generating processes, methods of wastewater conveyance, and pretreatment systems;
- direct the applicant to the Permit Services Center for payment processing and issuance of the permit.

The permit conveys the conditions, obligations, and responsibilities under which an industrial user is permitted to discharge industrial wastewater to the sewer system. The industrial user should read and fully understand the permit requirements.

Permit requirements are determined based on the type and volume of industrial wastewater discharged. For example, some facilities are required to periodically sample and monitor the wastewater and submit reports, which may include technical reports, notification of discharges, and periodic compliance reports.

The City of Glendale Industrial Waste Control Ordinance and the 40 CFR 403 Federal Pretreatment Regulations contain a list of prohibited wastes, which must not be discharged to the sewer in any amount. Examples of prohibited wastes include flammable, reactive, explosive, corrosive, toxic, infectious, noxious, solid, or radioactive substances.

A permit application and related materials are included with this application packet. All applicants must complete sections 1, 2, 3 and 9. Depending upon your business type, complete one of the following sections only: 4, 5, 6, 7 or 8.

**PLEASE NOTE:** Industrial wastewater permits are not transferable. Whenever a change in ownership or name of a business occurs, the new company must submit a new permit application.

Enclosures: Industrial Waste Permit Application  
Instructions for Industrial Waste Permit Application  
Industrial Waste Permit Conditions  
Industrial Waste Requirements for Specific Facilities  
Dental Facility Best Management Practices Requirements

**CITY OF GLENDALE  
FIRE PREVENTION BUREAU  
INDUSTRIAL WASTE PROGRAM**

**INDUSTRIAL WASTE PERMIT APPLICATION**

---

**SECTION 1. PROPOSED POINT OF DISCHARGE**

☐ Public Sewer ☐ Other \_\_\_\_\_

---

**SECTION 2. REASON FOR APPLYING**

A. ☐ Change of Ownership

B. ☐ Construction: New or Remodeling

C. ☐ Existing Un-permitted Facility

D. ☐ Other: \_\_\_\_\_  
(Please describe – i.e., change of use)

Previous Company Name \_\_\_\_\_

Previous Permit # \_\_\_\_\_

---

**SECTION 3. COMPANY INFORMATION**

**A. Facility Location**

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Fax # \_\_\_\_\_ e-mail \_\_\_\_\_

**B. Company Name (DBA)** \_\_\_\_\_

**C. Legal Business Name** (Legal Owner's Name) \_\_\_\_\_

**D. Billing Address** ☐ check here if same as 3 A. above

\_\_\_\_\_

Name (Legal) \_\_\_\_\_

Address or PO Box # \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Attention Name \_\_\_\_\_ Title \_\_\_\_\_

Rev. 06/2018

**E. Mailing Address** ☐ check here if same as 3 A. above ☐ check here if same as 3 F. above

Name (Legal) \_\_\_\_\_  
Address or PO Box # \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Attention Name \_\_\_\_\_ Title \_\_\_\_\_

**F. Business Operations**

- Date operation began/or will begin (mm/dd/yy) \_\_\_\_\_
  - Number of Employees \_\_\_\_\_ Number of Shifts: \_\_\_\_\_
  - Hours of operation from \_\_\_\_\_ AM / PM to \_\_\_\_\_ AM / PM Hours per day \_\_\_\_\_
  - Days per week: S M T W Th F S (circle all that apply)
  - Estimated Flow to Sewer: \_\_\_\_\_ gpd (gallons per day)
  - Describe pretreatment system: \_\_\_\_\_  
(Clarifier, Grease Interceptor, Grease trap, Plaster trap, Silver recovery, Sand/Oil Interceptor, Screening, Filtration, etc.)
  - GWP water meter(s)? Yes or No CVWD water meter(s)? Yes or No
- Meter address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

**G. Standard Industrial Classification (SIC) Code:** \_\_\_\_\_

-----  
**SECTION 4. FOOD SERVICE ESTABLISHMENT (FSE) DESCRIPTION**

Type of Business \_\_\_\_\_  
(restaurant, coffee shop, pizza parlor, donut shop, bakery, fast food, ice cream, market/grocery, banquet hall, hospital, care facility, school, etc.)

-----  
**SECTION 5. AUTO REPAIR / SERVICE**

Type of Business \_\_\_\_\_  
(auto repair, auto body shop, auto detail shop, car wash, tires, car rental, auto sales, auto parts, etc.)

-----  
**SECTION 6. COMMERCIAL USER DESCRIPTION**

- A. List of products or services: \_\_\_\_\_
- B. List of chemicals used: \_\_\_\_\_
- C. Type and amount of raw materials processed: \_\_\_\_\_
- D. List of product by discharger type, amount and rate: \_\_\_\_\_
- E. Describe wastewater process: \_\_\_\_\_  
(Groundwater, Cooling Tower Bleed-off, Equipment Washing, Car Washing, Parts Cleaning, Laboratory Waste, Laundry, etc.)
- F. Does the facility have a discharge flow measurement device(s)? Yes or No  
If yes, indicate the make, model, serial number and location: \_\_\_\_\_
- G. Does the facility have a rain diversion valve(s)? Yes or No  
If yes, indicate the type, automatic or manual, and location: \_\_\_\_\_
- H. Other environmental permits or licenses: \_\_\_\_\_

-----  
**SECTION 7. LAUNDRY / DRY CLEANING WASHER INVENTORY**

- A. Number of washers \_\_\_\_\_
- B. Washer size in pounds \_\_\_\_\_
- C. Number of dry cleaning machines \_\_\_\_\_
- D. Machine size in pounds \_\_\_\_\_
- E. Type of dry cleaning solvent \_\_\_\_\_  
(PERC, hydrocarbon, glycol ethers, Brominated Solvents, liquid silicone, etc.)

-----  
**SECTION 8. DENTAL OFFICE, CLINIC OR LAB DESCRIPTION**

A. Describe Type of Business: ☐ Office of Dentists  
☐ Dental Laboratory  
☐ Other \_\_\_\_\_

B. Describe Operations: \_\_\_\_\_  
\_\_\_\_\_

---

## SECTION 9. SIGNATORY REQUIREMENT

**This Application must be signed by a company authorized representative** (see Definitions). **Signatures of designers, architects or contractors are only accepted as a construction contact.**

I certify under penalty of law that the document and all the attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who managed the system or those persons directly responsible for gathering the information in submitted is, to the best of my knowledge and belief, true accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

---

**NAME OF AUTHORIZED REPRESENTATIVE**

---

**SIGNATURE**

---

**DATE**

---

## SECTION 10. DEPARTMENTAL APPROVAL

**THIS INDUSTRIAL WASTE PERMIT APPLICATION HAS BEEN REVIEWED AND FOUND TO BE COMPLETE AND ACCURATE AS OF:**

**DATE:** \_\_\_\_\_

**AUTHORIZED INSPECTOR/SPECIALIST:** \_\_\_\_\_  
(not valid without departmental stamp)

---

**Annual permit fee:** \_\_\_\_\_

**Operating permit/Inspection/Sampling fee:** \_\_\_\_\_

**Total due:** \_\_\_\_\_

**Make check payable to "City of Glendale" and return to the address below:**

City of Glendale  
Permit Services Center  
633 E. Broadway, Room 101  
Glendale, CA 91206

For additional assistance, please call (818) 548-4030  
fpbinfo@glendaleca.gov  
www.glendalefire.org

---

### FOR OFFICE USE

Received Date: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_

Permit No.: \_\_\_\_\_

Inspection Category: ☐ SIU ☐ FOG ☐ Commercial

# **INSTRUCTIONS FOR INDUSTRIAL WASTE PERMIT APPLICATION**

For additional assistance please call (818) 548-4030

## **SECTION 2 – REASON FOR APPLYING**

2 A-D. Indicate reason for applying for an Industrial Waste Permit.

Provide the current or former Industrial Waste Permit Number if the application is being filed due to change in ownership.

## **SECTION 3 – COMPANY INFORMATION**

3 A. Location address describes the business location that is to be permitted to discharge wastewater to the City sewer. Provide Unit # or Suite # when applicable.

The City of Glendale representatives may require supporting documents such as the following:

- Copy of the Articles of Incorporation accepted and stamped by the Secretary of State
- Fictitious name statement
- Agent for service of process
- List of Officers and Directors
- Partnership agreement listing general partners

3 D. Billing address for billing purposes.

3 E. Mailing address used for mailing general information and correspondence.

3 F. Provide the following business operation information:

- Indicate the date business operations began or the date operations will begin.
- Indicate the number of employees and the number of shifts.
- Indicate the hours and the days of the week the facility operates
- Indicate the flow to the sewer in Gallons per Day (provide a copy of the water bills for 1 year).
- Describe the pretreatment system device(s)
- List GWP or CVWD water meter, and the corresponding meter address. (located on bill)

## **SECTION 4 – FOOD SERVICE ESTABLISHMENT DESCRIPTION**

Describe the type of business and service activities conducted.

## **SECTION 5 – AUTO REPAIR / SERVICE**

Describe the type of auto repair business.

## **SECTION 6 – COMMERCIAL USER DESCRIPTION**

A. List products manufactured or services rendered.

B. List of chemical used or stored; attach the Material Safety Data Sheet (MSDS) for any chemical used and stored.

C. List the type and amount of raw materials processed.

D. List of product by discharger type, amount and rate.

E. Describe generated wastewater discharge, activities and facilities.

F. Indicate if the facility has flow meter for the sewer flow. If there is a flow meter, indicate make, model, serial number and the location of the flow meter(s). Specify if the meter is a totalizer.

G. Indicate if the facility has a Rain Diversion Valve. If yes, specify if it is an automatic or manual valve.

H. Other Environmental Permits such Air Quality Management District (AQMD) permit.

## **SECTION 7 – LAUNDRY / DRY CLEANERS ONLY**

A. Indicate the number of washing machine.

B. Indicate the capacity and/or size of washers in pounds for a laundry facility.

C. Indicate the number of dry cleaning machines for a dry cleaning facility.

D. Indicate the capacity and/or size of washers in pounds for a dry cleaning facility.

E. Indicate the type of solvent used for a dry cleaning facility. Please attach Material Safety Data Sheet (MSDS).

## **SECTION 8 – DENTAL OFFICE, CLINIC OR LAB DESCRIPTION**

A. Describe type of business

B. Describe business operations

## **SECTION 9 – SIGNATORY REQUIREMENT**

Authorized representative is a business officer legally responsible for operation of the company discharging wastewater or a company employee (manager, accountant) authorized in writing to sign documents for the business officer. Business officer titles include: owner, partner, managing partner, president, vice-president, secretary, treasurer, CEO, and CFO. The following do not qualify as authorized representatives: Contractors, designers and architects.

## **DENTAL FACILITY BEST MANAGEMENT PRACTICES REQUIREMENTS**

All Dental Related Facilities must comply with the Best Management Practices (BMP) requirements described below.

### **A. DENTAL AMALGAM MANAGEMENT**

1. Collect and store all dental amalgam in the designated airtight container(s) for recycling as universal waste, or management as hazardous waste. Check with the recycler if there is a requirement to separate containers for placement of the non-contact and contact dental amalgam.
2. Collect and store the entire contents of broken or unusable dental amalgam capsules in the appropriate dental amalgam container.
3. Separate excess dental amalgam that is retrieved during placement with gauze and place in the appropriate dental amalgam container.
4. Use chair side traps to capture dental amalgam and discard these traps in the amalgam container.
5. Clean dental amalgam traps daily and never rinse dental amalgam traps or filters over drains.
6. Remove dental amalgam particulates on instruments prior to ultrasonic cleaning.
7. Replace the vacuum pump filter in accordance with the manufacturer's requirement.
8. Do not discard dental amalgam into the garbage or with medical wastes or into the sewer.
9. Keep a logbook to track the disposal and recycling of dental amalgam.

### **B. HAZARDOUS WASTE AND RECYCLABLE MATERIAL MANAGEMENT**

1. Secure an EPA Generator ID Number if hazardous waste is generated at the facility. Recycling dental amalgam and silver in photographic fixer does not require an EPA Generator ID Number.
2. Amalgam waste that is not recycled must be managed as a hazardous waste.
3. Store all hazardous and dental amalgam wastes in tightly closed containers.
4. Containers of dental amalgam designated for recycling/reclaiming must be labeled as "Universal Waste Dental Amalgam."
5. Containers that store hazardous waste must be labeled as "Hazardous Waste."
6. Maintain all copies of receipts and manifests for the recycling or disposal of hazardous waste. Keep these records for a minimum of five (5) years.

### **C. PHOTOCHEMICAL WASTE MANAGEMENT**

1. Photo processing solutions must meet the City's local discharge standards before discharging to the sewer. If photo processing solutions do not meet the City's local discharge standards, the solutions must be hauled offsite for recovery or disposal.
2. Do not dispose of untreated fixer down the drain. Treat fixer on-site to have less than 5 mg/l silver, or use a licensed photo processing waste firm for off-site management.
3. When recovering silver from fixer, check the silver recovery unit daily for leaks, spills, and overflows.
4. Do not dispose of developer solutions down the drain because it likely exceeds the City's local discharge standards for pH and organics.

### **D. DISINFECTANT AND PRESERVATIVE WASTE MANAGEMENT**

1. Do not dispose of untreated waste solutions containing disinfectants or preservatives into the sewer.
2. Treated solutions of disinfectants or preservatives cannot be discharged into the sewer unless the following requirements are met:
  - a. Solution must be non-hazardous;
  - b. Solution must have a flash point no less than 140 F;
  - c. Solution must have a pH between 5.5 and 11.0; and
  - d. Solution must meet the City's local discharge standards for all pollutants.
3. The technology used to treat disinfectants or preservatives must be a treatment technology certified by the California Department of Toxic Substances and Control (DTSC).

### **E. MEDICAL WASTE MANAGEMENT**

1. Do not place dental amalgam or chair side traps containing dental amalgam with medical waste (infectious waste or red bags).
2. Medical wastes are to be managed and disposed of according to the requirements set by the Medical Waste Management Program of the Department of Health Services.

### **F. TRAINING**

1. Train employees regarding the importance of pollution prevention.
2. Develop, and keep current, a Spill Response Plan. The plan must be available to employees at all times.
3. Train employees to read and be aware of the Material Safety Data Sheet (MSDS).



## **Industrial Waste Permit Conditions**

### **GREASE TRAP CONDITIONS:**

1. The permit holder shall comply with all rules and regulations pertinent to this grease trap or interceptor.
2. A cleaning log must be maintained to show the frequency that the grease trap is being cleaned of grease and other solid material.
3. A waste manifest logbook must be maintained on site as proof of legal disposal of waste grease with previous three (3) years records.
4. Grease and solid material shall not be in excess of 25% of the volume of the grease trap/interceptor.
5. Baffle plates and flow controllers shall be present and in proper working order for all grease traps.
6. Do not discharge waste liquids into the grease trap/interceptor in excess of 140 degrees Fahrenheit.
7. Tools must be kept on site for maintenance and inspection of grease trap/interceptor.
8. A training program for all employees to ensure Best Management Practices (BMP) is in place to address spill cleanup and stormwater pollution prevention.
9. The permit holder shall comply with all rules and regulations pertinent to this grease trap/interceptor.
10. I certify under penalty of law that this document and all the 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.
11. 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.
12. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

### **GREASE INTERCEPTOR CONDITIONS:**

1. The permit holder shall comply with all rules and regulations pertinent to this grease trap or interceptor.
2. A cleaning log must be maintained to show the frequency that the grease trap is being cleaned of grease and other solid material.
3. A waste manifest logbook must be maintained on site as proof of legal disposal of waste grease with previous three (3) years records.
4. Grease and solid material shall not be in excess of 25% of the volume of the grease trap/interceptor.
5. Inverted elbows shall be present and in proper working order for all grease interceptors.
6. Do not discharge waste liquids into the grease trap/interceptor in excess of 140 degrees Fahrenheit.
7. Tools must be kept on site for maintenance and inspection of grease trap/interceptor.
8. A training program for all employees to ensure Best Management Practices (BMP) is in place to address spill cleanup and stormwater pollution prevention.
9. The permit holder shall comply with all rules and regulations pertinent to this grease trap/interceptor.
10. I certify under penalty of law that this document and all the 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.
11. 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.
12. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

### **CLARIFIER CONDITIONS:**

1. The permit holder shall comply with all rules and regulations pertinent to this clarifier.
2. A waste manifest log book must be maintained on site as proof of legal disposal of waste sludge and oil with previous three (3) years records.
3. Inverted elbows shall be present and in proper working order.
4. Sludge and solid material shall not be in excess of 25% of the volume of the clarifier.
5. Floating oil shall not exceed one (1) inch of depth on top of water.
6. Tools must be kept on site for maintenance and inspection of clarifier.
7. A training program for all employees to ensure Best Management Practices (BMP) is in place to address spill cleanup and stormwater pollution prevention.
8. Pursuant to the City of Glendale Municipal Code 13.40.310, you are hereby authorized to operate the equipment and/or processed described above subject to the following conditions: This permit does not authorize the operation of this equipment in a manner that is otherwise contrary to law.
9. I certify under penalty of law that this document and all the 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.
10. 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.
11. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

### **JEWELRY MANUFACTURING CONDITIONS:**

1. The pH of the wastewater leaving the facility shall be between 5.5 and 11.0.
2. All other constituents in the wastewater shall meet the City of Glendale discharge limits.
3. Plaster traps shall be installed at all sink locations where plaster casting may occur.
4. The sample box shall be accessible to Fire Department personnel at all times.
5. A training program for all employees to ensure Best Management Practices (BMP) is in place to address spill cleanup and stormwater pollution prevention.
6. The permit holder shall comply with all rules and regulations pertinent to Industrial Waste discharge from jewelry manufacturing.
7. I certify under penalty of law that this document and all the 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.
8. 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.
9. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

## **Industrial Waste Requirements for Specific Facilities**

### **Automotive Repair Facilities**

1. Provide a sewer connected 3-compartment clarifier with a sample box. Clarifier should be 2" above grade and sloped away if located in an outside paved area or 6" above grade if located in an outside unpaved area [GMC 13.40.310 (B)(1)(a)(iii), 13.40.330 (A)(12), 13.40.350].
2. Provide a covered, bermed and secured storage area for all hazardous materials [GMC 13.40.310 (B)(60), 13.40.330 (A)(12)].
3. Provide spill and drainage control for all repair and service areas [GMC 13.40.310 (B)(1)(a)(iii), 13.40.310 (A)(12)].
4. Outside drains shall not be connected to the sewer system unless protected against rainwater [GMC 13.40.330 (A)(12)].

### **Food Service Establishments**

1. Provide a grease trap (def. UPC pg. 20) to serve the pot sink, wok station and self-cleaning hood only [GMC 13.40.310 (B)(1)(a)(iii), 13.40.310 (2)(a)(i)].
2. Provide a grease interceptor to serve the pot sink, wok station, mop sink, self-cleaning hood and floor drains only [GMC 13.40.310 (B)(1)(a)(iii), 13.40.310 (2)(a)(i)].
3. Provide a mat and can wash area or a mop sink [GMC 13.40.310 (B)(1)(a)(iii), 13.40.330 (A)(12)].
4. Unless specifically required or permitted by the Administrative Authority, no food waste disposal unit or dishwasher shall be connected to or discharge into any grease trap [GMC 13.40.310 (B)(1)(a)(iii), 13.40.310 (B)(2)(d)].

### **Medical/Dental Facilities**

1. Provide a silver recovery unit to serve the film processing machine, or provide satisfactory quantities laboratory proof that the fixer and/or waste streams do not exceed the instantaneous maximum discharge limit of 5 mg/l [GMC 13.40.310 (2) (a)(i)].
2. Provide a sewer connected floor sink to serve the film processing machine if connected to water supply [GMC 13.40.350].
3. Provide a plaster trap to serve as a laboratory sink or where plaster is used [GMC 13.40.310 (B)(1)(a)(iii)].