



AUTOMOTIVE - PERMIT APPLICATION/QUESTIONNAIRE

1. Facility Name _____
2. SIC No. _____
3. Facility Address _____
4. Facility Manager _____
5. Facility Owner _____
6. Average No. of Employees _____
7. Days/Hours of Operation _____
8. Brief description of activities conducted at this facility:

9. Business Activities at this Facility (Check all that apply):

<input type="checkbox"/> Acid Cleaning	<input type="checkbox"/> Parts/Supplies
<input type="checkbox"/> Auto Body Repair	<input type="checkbox"/> Parts Washing
<input type="checkbox"/> Auto Washing	<input type="checkbox"/> Quickie Oil/Lube
<input type="checkbox"/> Auto Repair/Maintenance	<input type="checkbox"/> Radiator Repair
<input type="checkbox"/> Customizing	<input type="checkbox"/> Refrigerant Recharging
<input type="checkbox"/> Dealership	<input type="checkbox"/> Rust Removal
<input type="checkbox"/> Detailing	<input type="checkbox"/> Service Station
<input type="checkbox"/> Grinding	<input type="checkbox"/> Steam Cleaning
<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Varnishing
<input type="checkbox"/> Milling and Machining	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Motor Repair	<input type="checkbox"/> Welding
<input type="checkbox"/> Painting	<input type="checkbox"/> Other _____
<input type="checkbox"/> Paint Removal and Preparation	

10. Average amount of water purchased from the City of Napa (per water bill):
_____ gallons per month.

a) Water account number _____

b) Source of water obtained from other source(s) other than the City of Napa (i.e. well) _____

c) Chemicals/Fuel used at your facility (Check all that apply):

- | | | | |
|----------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Absorbent | <input type="checkbox"/> Cutting Oils | <input type="checkbox"/> Refrigerant | <input type="checkbox"/> Engine Oil |
| <input type="checkbox"/> Carb. Cleaner | <input type="checkbox"/> Paint | <input type="checkbox"/> Trans. Oil | <input type="checkbox"/> Detergents |
| <input type="checkbox"/> Solvents | <input type="checkbox"/> Anti-Freeze | <input type="checkbox"/> Thinner | <input type="checkbox"/> Waxes |
| <input type="checkbox"/> Gasoline | <input type="checkbox"/> Battery Acid | <input type="checkbox"/> Grease | <input type="checkbox"/> Degreasers |
| <input type="checkbox"/> Diesel | <input type="checkbox"/> Brake Fluid | <input type="checkbox"/> Caustics | <input type="checkbox"/> None |
| <input type="checkbox"/> Other _____ | | | |

11. Name, Address, Facility Contact, Phone Number, and Permit Number of firm that hauls spent oil, anti-freeze, or other wastes from your facility.

12. Location of discharge(s): Describe process discharges for each:

Sewer _____
Storm _____
Landscape _____

13. Is there a sand/oil separator connected to sanitary sewer?

yes no permanently sealed Other _____

At what process location in the facility: _____
E.g. service area, auto washing, auto body repair area, parts.

14. Are there floor drains at your facility?

yes no permanently sealed

At what location in this facility? _____
E.g. service area, auto washing, auto body repair area, parts.

15. Where are chemicals stored?

- | | | | |
|-----------------------------------|-----------------------------------|----------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> indoors | <input type="checkbox"/> outdoors | <input type="checkbox"/> covered | <input type="checkbox"/> uncovered |
| <input type="checkbox"/> concrete | <input type="checkbox"/> asphalt | <input type="checkbox"/> soil | <input type="checkbox"/> locked <input type="checkbox"/> unlocked |

16. Are MSDS available for all materials at the facility?

yes no

17. Is emergency equipment available in case of a spill?

yes no

Please list:_____

18. Are good housekeeping procedures in effect?

yes no

19. Are incompatible chemicals/materials being stored properly?

yes no

20. Do you have a written waste minimization/pollution prevention plan?

yes no

21. Has a waste minimization/pollution prevention audit been performed at this site?

yes no

CERTIFICATION:

"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 and imprisonment for knowing violations."

Signature_____ Date_____

Name (type or print)_____ Title_____