

TRUCKED INDUSTRIAL WASTE GENERATOR PERMIT APPLICATION

Return to: City of San Diego - Industrial Wastewater Control Program
 9192 Topaz Way - San Diego, Ca 92123
 Ph: 858-654-4100 FAX: 858-654-4110

1) Business Name of Applicant: _____ Phone: _____ Email: _____

2) Contact Person: _____ Title: _____

3) Facility Address: _____

4) Mailing Address: _____

5) Requested duration of permit: Start Date: _____ End Date: _____ Estimated number of Gallons to be discharged: _____ Gallons

6) Name of Primary Waste Hauler: _____ Optional: Name of Secondary Waste Hauler: _____
 Permit Number of Primary Waste Hauler: PMT- Permit Number of Secondary Waste Hauler: PMT-
All Haulers must have an active Industrial Waste Hauler permit.

7) Name of facility and location where waste is generated: _____

8) Description of Waste: _____

9) Is wastewater receiving any form of pretreatment before disposal?
 NO YES, Describe: _____

10) Is wastewater generated by processes subject to federal categorical regulation?
 NO YES, Describe: _____

11) Indicate constituents known or expected to be present in this wastewater based on generator knowledge:
 Caustics/Acids Pesticides/PCBs Saltwater Mud, Sand, Silt Other, List: _____
 Flammable substances Radioactive Substances Oil or Grease Solvents, List: _____
 Metals (circle those that apply) Cadmium, Copper, Chromium, Lead, Nickel, Mercury, Selenium, Silver, Zinc

12) Attach a copy of the lab analysis. Include all analyses performed using EPA approved methods. Lab Name: _____ Analysis Number: _____

Permittee's Certification: I hereby certify that the information found in this application is familiar to me and is complete and accurate to the best of my knowledge. I certify that the wastes that will be discharged under this permit are not hazardous wastes as defined in the Federal Resource Conservation and Recovery Act (RCRA) and by state or local regulations. I have read both the Trucked Waste Requirements & Procedures and the CAL EPA/DTSC Hazardous Waste Generator Requirements, and I agree to comply with the policies and requirements set forth therein. I certify that the wastes that will be discharged under this permit meet applicable Federal and local limits.

13) Print Name: _____ Title: _____

14) Signature: _____ Date: _____

TO BE COMPLETED BY THE CITY

The following constituent limitations are applicable to this permit: <input type="checkbox"/> pH 5-12.5 <input type="checkbox"/> Zinc 24 mg/L <input type="checkbox"/> COD N/A <input type="checkbox"/> Oil/Grease 500 mg/L <input type="checkbox"/> Cadmium 1 mg/L <input type="checkbox"/> TSS N/A <input type="checkbox"/> Copper 11 mg/L <input type="checkbox"/> Chromium 5 mg/L <input type="checkbox"/> _____ <input type="checkbox"/> Lead 5 mg/L <input type="checkbox"/> Nickel 13 mg/L <input type="checkbox"/> _____ <i>Self-monitoring for the constituents listed above is required _____</i> The first self-monitoring report is due _____	PIMS AR#	Approved By
	TWRP	Effective
	RCRA	Expires
	Facility Number: <u>FAC-</u> <input type="checkbox"/> Renewal Permit Number: <u>PMT-</u> <input type="checkbox"/> New	