



# Public Utilities Department Industrial Wastewater Control Program

9192 Topaz Way, MS 901D, San Diego, California 92123-1119  
Phone (858) 654-4100 - Fax (858) 654-4110

## File Review Request

Requestor: \_\_\_\_\_ Organization: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Requested Appointment Date: \_\_\_\_\_ Requested Appointment Time: \_\_\_\_\_

Purpose of Review if Known: \_\_\_\_\_

**For Internal Use Only:** Received By \_\_\_\_\_ Date: \_\_\_\_\_ Inspector \_\_\_\_\_ Received: \_\_\_\_\_

Confirmed Appt. Date(s): \_\_\_\_\_ Confirmed Appt. Time(s): \_\_\_\_\_

Facility 1		
For Internal Use	Facility/Site Information	Files Located
<i>Inspector</i> _____ <input type="checkbox"/> Analysis History <input type="checkbox"/> Confidential <input type="checkbox"/> AL-Confidential <i>Clerical:</i> _____ <input type="checkbox"/> AL-File <input type="checkbox"/> File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known): _____	_____ _____ _____ _____
Facility 2		
For Internal Use	Facility/Site Information	Files Located
<i>Inspector</i> _____ <input type="checkbox"/> Analysis History <input type="checkbox"/> Confidential <input type="checkbox"/> AL-Confidential <i>Clerical:</i> _____ <input type="checkbox"/> AL-File <input type="checkbox"/> File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known): _____	_____ _____ _____ _____
Facility 3		
For Internal Use	Facility/Site Information	Files Located
<i>Inspector</i> _____ <input type="checkbox"/> Analysis History <input type="checkbox"/> Confidential <input type="checkbox"/> AL-Confidential <i>Clerical:</i> _____ <input type="checkbox"/> AL-File <input type="checkbox"/> File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known): _____	_____ _____ _____ _____
Facility 4		
For Internal Use	Facility/Site Information	Files Located
<i>Inspector</i> _____ <input type="checkbox"/> Analysis History <input type="checkbox"/> Confidential <input type="checkbox"/> AL-Confidential <i>Clerical:</i> _____ <input type="checkbox"/> AL-File <input type="checkbox"/> File Copy	Facility/Site Name: _____ Facility/Site Address: _____ City and Zip Code: _____ Owner/Operator (if known): _____	_____ _____ _____ _____

**Statement of Responsibility for Use of IWCP Records**  
(Original Signature required at time of review)

I understand and agree to the procedures and rules listed in the Notice dated October 1, 1999, "Procedures for Review of Industrial Wastewater Control Program Files". I further understand that any infraction of the rules may result in restricted access to IWCP records.

Signature: _____  Review Date: _____	<b>Returned From:</b>	<b>Return To:</b>
	Co: _____	Office Manager San Diego IWC Program
	Dept: _____	Phone # (858) 654-4100
	Fax #: _____	Fax # (858) 654-4110



**PUBLIC UTILITIES DEPARTMENT**  
**INDUSTRIAL WASTEWATER CONTROL PROGRAM**  
**SAN DIEGO, CALIFORNIA**

9192 Topaz Way, MS 901D, San Diego, CA 92123-1119  
Telephone: (858) 654-4100 Fax: (858) 654-4110

**NOTICE**

**PROCEDURES FOR  
REVIEW OF INDUSTRIAL WASTEWATER CONTROL PROGRAM FILES**

**Effective:** October 1, 1999

Industrial Wastewater Control Program (IWCP) records and files are available for review by the public at the Industrial Wastewater Control Program Office at 9192 Topaz Way, MS 901D, San Diego. The hours for review of files and records are as follows:

Monday .....	1:00 p.m. - 4:00 p.m.
Tuesday and Wednesday .....	9:00 a.m. - 12 noon & 1:00 p.m. - 4:00 p.m.
Thursday .....	1:00 p.m. - 4:00 p.m.
Friday .....	9:00 a.m. - 12 noon & 1:00 p.m. - 4:00 p.m.

The Industrial Wastewater Control Program office has an area designated for public file review. **Appointments are required.** You may contact staff either by mail or by telephone to request a File Review Request form and an appointment to review information from our files. Staff is required to respond within 10 working days to requests for information or for appointments to review files. The general telephone number of the office is (858) 654-4100.

Once at the office all persons reviewing files and records must sign a Statement of Responsibility for the Use of IWCP Records.

**RULES FOR THE PUBLIC FILE REVIEW AREA**

- The designated Public File Review Area is located at a desk in the common area of the Industrial Wastewater Control Program Office.
- No file or record may be removed from the file review area.
- No bags or briefcases are permitted in the file review area; please leave these in your vehicle.
- No pens are permitted; only pencils are allowed.
- Files may not be marked in any manner. Paper clips and Post-it-notes may be used for temporary referencing and removed when review and/or copying is completed.
- **Files may not be taken apart.**
- No more than four (4) files may be reviewed at any one time.

Any infractions of these rules may result in restricted access to IWCP records.

Staff will make every effort to accommodate requests for review of files. Not all files, however, will be available at all times for review. Availability of staff is also a factor in accommodating requests. Staff will pull four (4) files at time for review; following review of those files, four (4) more files may be pulled, if necessary. Be aware that files may not be complete. If you have questions about the content of any file, please contact the technical staff person assigned to the specific industry.

### PHOTOCOPYING

To protect the integrity of the IWCP files and records, all photocopying must be done by IWCP staff or a bonded copy service approved by the Program Manager. To indicate which pages you wish copied, use post-it notes and paper clips and clip each page on the outside of the page, not at the top or bottom of the page. ***Do Not Take Any File Apart.***

## Review of IWCP Files

October 1, 1999

**COPYING BY STAFF:** If the number of copies of is ten (10) or less, staff will make every effort to make these copies while you wait. If, however, the office photocopier machine is being used or staff is not available, this service may not be possible. If eleven (11) or more copies are requested, staff will take your name and address and the copying will be included in the office workload and prioritized with other tasks. You should receive the copied material within ten (10) working days of your request.

Photocopies made by IWCP staff will be charged at a rate of twenty-cents per copy (20¢/copy). The first ten (10) copies are free. Payment can be by cash or check, payable to the City Treasurer. If a billing receipt is needed, please make arrangements with staff. If it is necessary for staff to have a volume of work sent out to a commercial copying service, the actual cost for doing so will be charged.

**COPYING BY AN APPROVED, BONDED COPYING SERVICE:** You may also make arrangements, at your expense, with a bonded photocopying service to come to our office and make copies on their equipment. The bonded copying service must be approved by the Program Manager. Please have an approved copying service contact us for an appointment.

**OBTAINING APPROVAL AS A BONDED COPYING SERVICE:** A bonded copying service seeking approval status must file with the IWCP office a copy of the bond document and a Statement of Responsibility for the Use of IWCP Records. Infractions of the rules stated above for the public file review area and the statement of responsibility may result in restricted access to IWCP records.