

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: From _____ To: _____ (Start Date) (End Date)		6) Name of Waste Hauler: _____	
Estimated number of Gallons to be discharged: _____		Permit Number of Waste Hauler: 25- _____ (Must have 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: <input type="checkbox"/> Caustics/Acids <input type="checkbox"/> Pesticides/PCBs <input type="checkbox"/> Saltwater <input type="checkbox"/> Mud, Sand, Silt <input type="checkbox"/> Other, List: _____ <input type="checkbox"/> Flammable substances <input type="checkbox"/> Radioactive Substances <input type="checkbox"/> Oil or Grease <input type="checkbox"/> Solvents, List: _____ <input type="checkbox"/> 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 received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, 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"/> Cadmium 1 mg/L <input type="checkbox"/> Oil/Grease 500 mg/L <input type="checkbox"/> Chromium 5 mg/L <input type="checkbox"/> Copper 11 mg/L <input type="checkbox"/> Nickel 13 mg/L <input type="checkbox"/> Lead 5 mg/L <input type="checkbox"/> _____ <input type="checkbox"/> Zinc 24 mg/L <input type="checkbox"/> _____ Self-monitoring for the constituents listed above is required _____ The first self-monitoring report is due _____	PIMS AR# _____	Approved By _____
	TWRP _____	Effective _____
	RCRA _____	Expires _____
	Permit Number 25- _____ <input type="checkbox"/> Renewal <input type="checkbox"/> New	