

<b>TRUCKED INDUSTRIAL WASTE GENERATOR PERMIT APPLICATION</b>		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
<b>1) Business Name of Applicant:</b>	<b>Phone:</b>	<b>Email:</b>
<b>2) Contact Person:</b>		<b>Title:</b>
<b>3) Facility Address:</b>		
<b>4) Mailing Address:</b>		
<b>5) Requested duration of permit:</b> Start Date: _____ End Date: _____		<b>Estimated number of Gallons to be discharged:</b> _____ Gallons
<b>6) Name of Primary Waste Hauler:</b> _____		<b>Optional: Name of Secondary Waste Hauler:</b> _____
Permit Number of Primary Waste Hauler: <u>PMT-</u>		Permit Number of Secondary Waste Hauler: <u>PMT-</u>
<i>All Haulers must have an active Industrial Waste Hauler permit.</i>		
<b>7) Name of facility and location where waste is generated:</b>		
<b>8) Description of Waste:</b>		
<b>9) Is wastewater receiving any form of pretreatment before disposal?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, Describe: _____	<b>10) Is wastewater generated by processes subject to federal categorical regulation?</b> <input type="checkbox"/> NO <input type="checkbox"/> YES, Describe: _____	
<b>11) Indicate constituents known or expected to be present in this wastewater based on generator knowledge:</b> <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		
<b>12) Attach a copy of the lab analysis. Include all analyses performed using EPA approved methods.</b> Lab Name: _____    Analysis Number: _____		
<b>Permittee's Certification:</b> 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.		
<b>13) Print Name:</b>	<b>Title:</b>	
<b>14) Signature:</b>	<b>Date:</b>	

**TO BE COMPLETED BY THE CITY**

<b>The following constituent limitations are applicable to this permit:</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> pH    5-12.5         </div> <div style="width: 33%;"> <input type="checkbox"/> Zinc    24 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> COD    N/A         </div> <div style="width: 33%;"> <input type="checkbox"/> Oil/Grease    500 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> Cadmium    1 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> TSS    N/A         </div> <div style="width: 33%;"> <input type="checkbox"/> Copper    11 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> Chromium    5 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> _____         </div> <div style="width: 33%;"> <input type="checkbox"/> Lead    5 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> Nickel    13 mg/L         </div> <div style="width: 33%;"> <input type="checkbox"/> _____         </div> </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">PIMS AR#</td> <td style="padding: 5px;">Approved By</td> </tr> <tr> <td style="padding: 5px;">TWRP</td> <td style="padding: 5px;">Effective</td> </tr> <tr> <td style="padding: 5px;">RCRA</td> <td style="padding: 5px;">Expires</td> </tr> </table>	PIMS AR#	Approved By	TWRP	Effective	RCRA	Expires
PIMS AR#	Approved By						
TWRP	Effective						
RCRA	Expires						
<b>Self-monitoring for the constituents listed above is required</b> _____ <b>The first self-monitoring report is due</b> _____	<b>Facility Number:</b> <u>FAC-</u> <input type="checkbox"/> Renewal <b>Permit Number:</b> <u>PMT-</u> <input type="checkbox"/> New						