City of San Diego Public Utilities Department
Industrial Wastewater Control Program
Request for Batch Discharge Authorization to Discharge Potable Pipe Flushing Water to Sewer

Return Completed Application to: Industrial Wastewater Control Program 9192 Topaz Way, MS 901D - San Diego, CA 92123 *Phone (858) 654-4100*	*For IWCP Use Only:* PIMS bill volume:_____ Bill date: _____ Bill ID#: _____ SAP summary inv #: _____

City Project Information and Flow Approval

1. Project or Facility Name:	2. Resident Engineer:

3. Project Description: Water pipe flushing

4. Project Street Address:

5. Approved Maximum Flow Rate: _____ gallons/minute	6. Approved Start Date:	7. Approved Hrs of discharge:

8. Discharge restrictions: Cease discharge during wet weather; if ≥ 0.25 inch of rainfall occurs wait until 24 hours after end of rain event before resuming discharge.

9. Approved discharge point:

Flow approval by:	Approval email date:

Permittee/Discharger Information – Complete, return, and wait for authorization prior to discharge.

10. Applicant Company Name:

11. Mail Address Street:	City:	State:	Zip:

12. Person to contact regarding this application:

Title:	Phone:	email:

13. How will discharges above the maximum approved flow rate be prevented?

14. Meter S/N: Meter Read Units: ☐ Gallons ☐ HCF

Certification: I certify that 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. I further certify that all flush water discharged to sewer from this project will comply with the terms and requirements of the approved Batch Discharge Authorization.

Print Name:	Phone:	Date:
Title	Signature:	

Permittee Final Report - complete at end of project and FAX to program at (858) 654-4110

Actual date(s) of discharge:	Begin read:	End Read:	Total Discharged (gallons):

Certification: I certify that 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.

Print Name:	Phone:	Date:
Title	Signature:	

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Batch Discharge Authorization Approved by:
Supervising Inspector: Date: Activity#:

RE signature approving begin and end meter reads: Date: