

**INITIAL INDUSTRIAL DISCHARGE PERMIT APPLICATION
SOURCE CONTROL PROGRAM**



Pretreatment Program
450 Civic Center Plaza, Richmond, CA 94804
(510) 621-1269 FAX: (510) 307-8116

- Regular Discharger (Conditional Permit will be issued)** ***One Time Discharger (this application will be your permit)**

This questionnaire should describe activities as they occurred during the past calendar year. If you require assistance completing the application, contact the Pretreatment Program (telephone number: 412-2009). Keep a copy of the completed form, and mail one copy to the above address.

1. *Business Name: _____
2. *Address: _____
3. *Site Manager: _____ Telephone number: _____
4. *Description of business activity: _____
5. Parcel Number: _____ (Available through C.C. County Tax Assessor: 925-313-7400)
 - a. Name of property owner (if different from #1): _____
 - b. Address of property owner (if different from #2): _____
6. SIC CODE(s): _____ (Available through <http://www.osha.gov/oshstats/sicscr.html>)
7. Number of employees: _____
8. Water purchased from EBMUD for immediate past calendar year. (Please convert gallons to cubic feet) List all water accounts by number and amounts of water: (To calculate cubic feet of water, read the following):
 1. Add the total amount of gallons on all water bills for the past year.
 2. Multiply this by 0.1337
 3. Put this number on the line(s) below.
 4. Include any notes/explanations as to how values were obtained.
*For example: Total amount of water purchased from East Bay MUD = 3,500,000 gallons
3,500,000 gallons x 0.1337 cubic feet per gallon = 467,950 cubic feet
I would then write 467,950 cubic feet on the line(s) below.*_____

9. *Source and amount of water entering the sewer in addition to EBMUD in cubic feet (i.e. storm water): _____
10. Add item #8 and item #9 (total): _____
11. *Uses of water (i.e. irrigation, rinsing floors, vehicle washing, bathrooms, process use) Please include known amounts per use:

12. Amount of water not entering the sewer in cubic feet per year: _____
(Please attach any notes/explanations as how values were obtained)
13. Subtract item #12 from item #10: _____
14. City=s Allowance for domestic sewage (item #7 x 700 cubic feet): _____
15. Subtract item #14 from item #13: _____
16. *Completed by (Please Print): _____ Date: _____
17. *Managing Official (Please Print/sign): _____
(Include email address) ***One Time Discharger
City Representative Approval by (& date):**
18. Name of Alternative Representative: _____