PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY Permit No.:

1955 Workman Mill Road, Whittier, CA

Mailing Address: P.O. Box 4998, Whittier, California 90607-4998 Facility I.D.:

(562) 699-7411

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 01 | CHECK ONE: | | | | | | | | New Sewer Connection | | | | | | | | | | | | | | | | | | Existing Sewer Connection | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 | Applicant | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Legal Company Name) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | Check one and fill in appropriate information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Corporation/LLC/LP | | | | | | | | | | | | | Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | Year Formed | | | | | | | |  | | | | | | | State of Formation | | | | | | | | |  | | | | | | | | | CA Entity Number | | | | | | |  | |
|  | | | | General Partnership | | | | | | | | | | | | | Name | | | | |  | | | | | | | | | | | | | | | | | | Partners | | | | |  | | | | | | | | | | | | | |
|  | | | | Sole Proprietor | | | | | | | | | | | | | Name | | | | |  | | | | | | | | | | | | | | | | Business Names | | | | | | | | | | |  | | | | | | | | | |
| 04 | Situs Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Street) (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Mailing Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Street) (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 | Point of Discharge | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | Number of years applicant has been in business at present location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | |  | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (years) | | | | | | | | | |  | | | (months) | | | | | | | |
| 08 | Name of Property Owner | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Address of Property Owner | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | |
|  | (Street) (City) (Zip) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Telephone Number) | | | | | | | | |
| 09 | Assessors Map Book No. | | | | | | | | | | | | | | |  | | | | | | | | | | | | | Page No. | | | | |  | | | | | | | | | | | | | | | Parcel No. | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Type of Industry | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | |
| (General Description) (Federal SIC Nos.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Number of Employees (Full Time) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | (Part Time) | | | | | | | | |  | | | | | | | | | | | | | | |
| 12 | Raw Materials Used | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | (General Description – Add Additional Sheets as Needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Daily Amount Used) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Products Produced | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | (General Description – Add Additional Sheets as Needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Daily Amount Produced) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Wastewater Producing Operations | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (Full Description – Add Additional Sheets as Needed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Time of Discharge | | | | | | | | | |  | | | | | | | AM PM | | | | | | |  | | | | | AM PM, Shifts per day | | | | | | | | | | | | | | | |  | | | | | Days per Week | | | | | | | M T W Th  F Sa Su |
| 16 | Wastewater Flow Rate | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | Gallons per day | | | | | | | | |  | | | | | | | | | | | | | | | | | | Gallons per Minute |
|  | | | | | | | | | | | | | | | | | | (Average) | | | | | | | | | | | | |  | | | | | | | | | | | | (Peak) | | | | | | | | | | | | | | |  |
| 17 | Constituents of Wastewater Discharge | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (General Description – Attach Chemical Analysis Results to the Application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Person in company responsible for industrial wastewater discharge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | |
| (Name) | | | | | | | | | | | | | | | | | | | | | | |  | | | (Position) | | | | | | | | | | | | | | | | | | | | | | | | | (Telephone Number) | | | | | | |
| I affirm that all information furnished is true and correct. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | |  | | | | | | | | | | | | | | | , 20 |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | Signature for Applicant | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | |
| (Company Administrative Official) | | | | | | | | | | | | | | | | | | | | (Name) | | | | | | | | | | | | | | | | | (Position) | | | | | | | | | | | | | | | | | | | |
| 20 | | Approved/Reviewed by City or County Official | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Approved by Sanitation Districts of Los Angeles County | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date | | |  | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | |  | | | | | | | | | | | | | | | | | | | |
| L.A. County Department of Public Works | | | | | | | | | | | | | | | | | | | | | | | | | | Expiration Date | | | | | | | | | | | | | |  | | | | | | | | | | | |
| City of | | | |  | | | | | | | | | | | | | | | | | | | | | | Robert C. Ferrante, Chief Engineer and General Manager | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | | | | | | | By | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Position | | | | |  | | | | | | | | | | | | | | | | | | | | | Position | | | | | | | | |  | | | | | | | | | | | | | | | | |

**Note**: Please submit application first to the applicable City or County agency in which the point of discharge is located. Please contact the local agency for the required permit-processing fee. Submit the **original application** (Do not send copies).

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