

PERMIT FOR INDUSTRIAL WASTEWATER DISCHARGE  
 COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY  
 1955 Workman Mill Road / Whittier, CA  
 Mailing Address: P.O. Box 4998 / Whittier, California 90607-4998  
 (562) 699-7411

PERMIT NO: \_\_\_\_\_

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 Incorporated \_\_\_\_\_ State of Incorporation \_\_\_\_\_ ID# \_\_\_\_\_  
 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 \_\_\_\_\_  
 (yrs) (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 No.)

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 \_\_\_\_\_  
 (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 \_\_\_\_\_  
 (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 and that the applicant will comply with the conditions stated on the back of this permit form.

Date \_\_\_\_\_, 20 \_\_\_\_\_

19 Signature for Applicant \_\_\_\_\_  
 (Company Administrative Official) (Name) (Position)

20 Approved/Reviewed by City or County Official Date _____ <input type="checkbox"/> L.A. County Department of Public Works City of _____ Name _____ Position _____	Approved by Sanitation Districts of Los Angeles County Date _____ Expiration Date _____ Robert C. Ferrante, Chief Engineer and General Manager By _____ Position _____
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**Note:** Please submit the **original application** (Do not send copies) 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.

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Fill in forms can be located on our website at <https://www.lacsd.org/> for your convenience.