



WASTEWATER DISCHARGE PREVENTION PERMIT
Terms and Conditions
APPLICANT INFORMATION

PERMIT NUMBER _____

FACILITY INFORMATION

Applicant Business Name	_____	Industrial Category	_____
Street Address	_____	City	_____
Contact Person	_____	Telephone Number	_____
		Electronic Mail Address	_____

GENERAL CONDITIONS

The above named facility consistently complies with Standard Terms and Conditions.

OPERATING REQUIREMENTS

The above named facility does not discharge to the sanitary sewer:

1. Any regulated industrial process wastewater,
2. Any hazardous waste, as defined in Section 25117 of the Health and Safety Code,
3. Any wastewater in violation of the EBMUD Wastewater Control Ordinance.

PREMISES OR OPERATIONS INFORMATION

In the space provided below, or on attached sheets, provide information regarding wastewater operations, pretreatment and recycling/disposal method.

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, 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.

NAME OF RESPONSIBLE CORPORATE OFFICER (TYPE OR PRINT)	_____	TITLE	_____
SIGNATURE OF RESPONSIBLE CORPORATE OFFICER	_____	DATE	_____
Mailing Address	_____	City	_____
		State	_____
		Zip Code	_____
Electronic Mail Address	_____	Telephone Number	_____
		Facsimile Number	_____