



The “Applicant Information” form in this file must be completed when applying for a “Zero Discharge” Wastewater Discharge Permit for industrial facilities. Please send the applicant information form to:

EBMUD Environmental Services
Division P. O. Box 24055, MS#702
Oakland, CA 94623-1055
FAX: 510-287-0621

Questions? Please call the Environmental Services information line at (510) 287-1651.



WASTEWATER DISCHARGE PREVENTION PERMIT
Terms and Conditions
APPLICANT INFORMATION

PERMIT NUMBER _____

FACILITY INFORMATION		
Applicant Business Name		40CFRPart
Street Address	City	Zip Code
Contact Person	Telephone Number	

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 wastewater federally regulated under 40 CFR Part 405 through Part 471,
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.

WASTEWATER OPERATIONS, PRETREATMENT, RECYCLING/DISPOSAL METHOD
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