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| --- | --- | --- |
|  | UNION SANITARY DISTRICT  5072 BENSON ROAD  UNION CITY, CA 94587  (510) 477-7500 | **WASTEWATER DISCHARGE PERMIT**  **PART A — APPLICATION/PERMIT**  Please use typewriter or computer |

SECTION 1 — APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A1.** | | Applicant Business Name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Permit No.: | | | | | |  | |
| **A2.** | | Address of Premises Discharging Wastewater: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | City: | |  | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | Zip: | |  | | | | | |
| **A3.** | | Business Address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | City: | |  | | | | | | | | | | | | | | | State: | | | | |  | | | | | | | Zip: | |  | | | | | |
| **A4.** | | Mailing Address (PRCC’s, Correspondence, etc.): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | City: | | | | | | | | |  | | | | | | | | State: | | | | | | |  | | | | | Zip: | | | |  | | | |
|  | | Attention: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A5.** | | Chief Executive Officer: | | | | | | | | |  | | | | | | | | | | | | | | Title: | | |  | | | | | | | | | | | |
|  | | Mailing Address: | | | | | | | | |  | | | | | | | City: | |  | | | | | | | | | | State: | |  | | | | Zip: | |  | |
|  | | Phone: | | | | | | | | |  | | | | | | | Fax**:** | |  | | | | | | | | | | | | | | | | | | | |
| **A6.** | | Person to be contacted about this application: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Title: | | |  | | | | | | | | | | | Phone**:** | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | E-Mail Address: | | | | |  | | | | | | | | | | | | | Fax**:** | | | | | |  | | | | | | | | | | | | |
| **A7.** | | Person to be contacted on **routine inspection**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | |  | | | | | | | Title: | | |  | | | | | | | | | | | | | Day Phone**:** | | | | |  | | | | | |
| Alternate Contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name | | |  | | | | | | | Title: | | |  | | | | | | | | | | | | | Day Phone: | | | | |  | | | | | |
|  | | Person to be contacted in case of **an emergency**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | | |  | | | | | | Title: | | |  | | | | | | | | | | | | | Day Phone: | | | | |  | | | | | |
|  | | Night Phone: | | | |  | | | | | | E-Mail Address: | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **A8.** | | **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 the 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. I further certify that the sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges and conform to EPA 40 CFR 136 requirements.

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| --- | --- | --- | --- |
|  | Signature |  | Title |
|  |  |  |  |
|  | Print Name |  | Date |