

**CITY OF SAN BERNARDINO WATER DEPARTMENT
WATER RECLAMATION PLANT
RESTAURANT USER PERMIT APPLICATION**



PERMIT/CONTROL NO. _____ NEW/RENEWAL DATE: _____

1) **BUSINESS NAME:** _____
BUSINESS ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____ **FAX:** _____
MAILING ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____ **FAX:** _____

2) **APPLICANT NAME:** _____
APPLICANT BILLING ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE:** _____ **FAX:** _____

3) **AUTHORIZED REP.:** _____ **TITLE:** _____
EMAIL: _____ **PHONE:** _____

4) **WATER PURVEYOR:** SAN BERNARDINO, EAST VALLEY, LOMA LINDA, OTHER: _____

5) **TYPE OF FOOD SERVICE FACILITY:** _____
OPERATING HOURS: _____
IS INDUSTRIAL WASTEWATER DISCHARGED TO THE SEWER SYSTEM? YES OR NO
IF YES, DESCRIBE WASTEWATER GENERATING PROCESSES (ATTACH ADDITIONAL SHEETS AS NEEDED)
 General Facility Cleanup General Kitchen Cleanup Food Preparation
 Washing of Cookware/Utensils Cleaning of Cooking Equipment Washing of Serving Plates/Utensils
 Other _____

6) **CHANGE OF OWNERSHIP?** YES NO **CHANGES PROPOSED TO EXISTING PLUMBING?** YES NO

7) **EQUIPMENT INVENTORY:**

	<u>YES</u>	<u>NO</u>	<u>QUANTITY:</u>	<u>QTY. TO GREASE:</u>	<u>QTY TO SANITARY:</u>
DISHWASHER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
GARBAGE GRINDER(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
3-COMPARTMENT SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
2-COMPARTMENT SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
1-COMPARTMENT SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
HAND SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
MOP SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
FLOOR SINK(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
FLOOR DRAIN(S)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

8) **OIL & GREASE INTERCEPTOR ON SITE OR PROPOSED?** YES OR NO **INT. SIZE:** _____ **GAL**
LOCATION: _____ **SAMPLE BOX?** YES OR NO
WASTE HAULER: _____
WATER SOFTENER ON SITE OR PROPOSED? YES OR NO
IF YES: EXCHANGE OR SELF REGENERATING
WATER SOFTENING EXCHANGE COMPANY: _____

9) "I certify under penalty of law that this document and all attachments are 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 fines and imprisonment for knowing violations."

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISIONS OF THE CITY OF SAN BERNARDINO MUNICIPAL CODE ORDINANCE 13.32.

PRINT NAME: _____ SIGNATURE: _____
Authorized Rep. signature required

TITLE: _____ DATE: _____

MAIL APPLICATION TO:

**SAN BERNARDINO WATER RECLAMATION PLANT
 ATTN: ENVIRONMENTAL CONTROL SECTION
 399 CHANDLER PLACE
 SAN BERNARDINO CA 92408
 PHONE NO. 909 453-6250
 FAX 909 453-6394**

LOCAL DISCHARGE LIMITS, mg/L

CONSTITUENT	LIMIT	SAMPLE	CONSTITUENT	LIMIT	SAMPLE	CONSTITUENT	LIMIT	SAMPLE
ARSENIC	0.9		FLUORIDE	3.8		SODIUM	495	
BOD	N/A		LEAD	2.2		SULFATE	382	
BORON	1.0		MERCURY	0.1		TOTAL SUSPENDED SOLIDS	N/A	
CADMIUM	0.2		NICKEL	2.3		ZINC	8.4	
TOTAL CHROMIUM	2.3		OIL & GREASE	250				
COPPER	7.4		pH	5 - 11		FIELD TEST		
CYANIDE	1.5		PHENOL	2.13		EC		
CHLORIDE	990		SILVER	2.5		pH	5 - 11	

ENVIRONMENTAL CONTROL SECTION REVIEW

PRETREATMENT REQUIREMENTS: _____ INTERCEPTOR SIZE: _____ GAL.

AREA: NORTH OR SOUTH ISSUE DATE: _____ EXPIRATION DATE: _____ NAICS: _____

ENVIRONMENTAL CONTROL PERSONNEL: _____ DATE: _____

ENVIRONMENTAL CONTROL OFFICER: _____ DATE: _____