

**CITY OF SAN BERNARDINO WATER DEPARTMENT  
WATER RECLAMATION PLANT  
INDUSTRIAL 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 INDUSTRIAL FACILITY:** \_\_\_\_\_  
**IS INDUSTRIAL WASTEWATER DISCHARGED TO THE SEWER SYSTEM?**  YES OR  NO  
**IF YES, DESCRIBE WASTEWATER GENERATING PROCESSES (ATTACH ADDITIONAL SHEETS AS NEEDED):**

<input type="checkbox"/> Automatic Car Wash	<input type="checkbox"/> Multi-Bay Car Wash	<input type="checkbox"/> Photo/X-Ray Processing
<input type="checkbox"/> General Facility Cleanup	<input type="checkbox"/> Food Grade Manufacturing	<input type="checkbox"/> Plastics Manufacturing
<input type="checkbox"/> Metals Manufacturing	<input type="checkbox"/> Floor Scrubber Discharge	<input type="checkbox"/> Boiler Blowdown
<input type="checkbox"/> Other: _____		

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

7) **DESCRIBE THE MATERIALS AND/OR CHEMICALS USED AT THE FACILITY:** \_\_\_\_\_  
**DESCRIBE THE SPILL CONTAINMENT SYSTEM AT THE FACILITY TO PREVENT ANY SLUG LOADS OF MATERIALS, PRODUCTS OR CHEMICALS FROM BEING DISCHARGED TO THE SEWER SYSTEM:**  
 \_\_\_\_\_  
**DESCRIBE TYPES OF HAZARDOUS WASTE HAULED OFFSITE:**

<input type="checkbox"/> Waste Oil	<input type="checkbox"/> Waste Filters	<input type="checkbox"/> Parts Cleaner Solution	<input type="checkbox"/> Silver Waste
<input type="checkbox"/> Waste Antifreeze	<input type="checkbox"/> Waste Paint/Solvents	<input type="checkbox"/> Waste Liquid Absorbant	
<input type="checkbox"/> Other: _____			

8) **PRETREATMENT EQUIPMENT ON SITE OR PROPOSED?**  YES OR  NO **SIZE:** \_\_\_\_\_ **GAL.**  
**IF YES, INDICATE TYPE:** (SAND/OIL INTERCEPTOR, GREASE INTERCEPTOR, pH ADJUSTMENT, SILVER RECOVERY, ETC.)  
**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.

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**

CONSTITUENT	mg/L	SAMPLE	CONSTITUENT	mg/L	SAMPLE	CONSTITUENT	mg/L	SAMPLE
ARSENIC	0.9		FLUORIDE	3.8		SODIUM	495	
BOD			LEAD	2.2		SULFATE	382	
BORON	1.0		MERCURY	0.1		TOTAL SUSPENDED SOLIDS		
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: \_\_\_\_\_