

**Santa Fe Springs**  
**Department of Fire-Rescue**  
 Environmental Protection Division  
 11300 Greenstone Ave., Santa Fe Springs, CA 90670  
 Telephone (562) 944-9713 Fax (562) 941-1817

*To be completed by EPD*

Inspector \_\_\_\_\_

Date Approved \_\_\_\_\_

Fee Amount \$ \_\_\_\_\_ Date Paid \_\_\_\_\_

Received by \_\_\_\_\_

**APPLICATION FOR INDUSTRIAL WASTE DISPOSAL PERMIT**

CHECK ONE:  New permit  Permit revision  Non-use permit  Change of ownership Effective Date \_\_\_\_\_

PERMITTEE (Legal Company Name) \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

LOCATION ADDRESS street \_\_\_\_\_ unit \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS street \_\_\_\_\_ unit \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF INDUSTRY general description \_\_\_\_\_ Federal SIC Number \_\_\_\_\_

PROPERTY OWNER/ADDRESS \_\_\_\_\_

NUMBER OF EMPLOYEES (Full Time) \_\_\_\_\_ (Part Time) \_\_\_\_\_ Lot Size (SQ. FT.) \_\_\_\_\_

**GENERAL DESCRIPTION:** Describe each disposal method. Multiple disposal methods may require separate permits. Attach additional sheets if necessary. A minimum of three sets of plans are required.

Method of Disposal:  Public sewer  Haul to legal disposal point  Other \_\_\_\_\_

Raw materials used (attach MSDS's, where appropriate): \_\_\_\_\_

Products produced: \_\_\_\_\_

Wastewater producing operations (describe): \_\_\_\_\_

Constituents of waste and/or waste discharge: \_\_\_\_\_

Hours of plant operation: \_\_\_\_\_ to \_\_\_\_\_ Days per week:  M  T  W  Th  F  Sa  Su

Average daily wastewater flow rate (gal per day): \_\_\_\_\_ Time of discharge: \_\_\_\_\_ to \_\_\_\_\_

Estimated five-minute peak wastewater flow rate (gal per min): \_\_\_\_\_

Type of wastewater pretreatment equipment (e.g. clarifier, sample box):  New  Existing

Indicate daily, monthly, and/or seasonal variation, if any: \_\_\_\_\_

**PERSON RESPONSIBLE FOR INDUSTRIAL WASTE DISPOSAL:**

AS A CONDITION OF THE ISSUANCE OF THE PERMIT HEREIN APPLIED FOR, THE APPLICANT AGREES TO SUBMIT ADDITIONAL INFORMATION AS MAY BE REQUIRED BY THE DIRECTOR OF ENVIRONMENTAL PROTECTION. PERMITS MAY BE SUBJECT TO ADDITIONAL CONDITIONS AND LIMITATIONS. AN ANNUAL FEE MAY BE REQUIRED UPON PERMIT ISSUANCE. I AFFIRM THAT ALL INFORMATION FURNISHED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

RETURN THIS APPLICATION, REQUIRED PLANS, SUPPORTING INFORMATION, AND AN APPLICATION/PLAN REVIEW FEE (CHECK FOR FEE AMOUNT) OF:

**\$**

*Payable to:*

**CITY OF SANTA FE SPRINGS**