CITY OF PALMDALE

BUILDING AND SAFETY DEPARTMENT

INFORMATION FOR INDUSTRIAL WASTE DISPOSAL PERMIT

NOTE: Plans and documents will be submitted electronically through Project Dox.

CHECK ONE: ☐ New Permit ☐ Permit Revision ☐ Non-Use Permit

☐ Change of Ownership (Effective Date: _____)

PERMITTEE (OPERATOR) _____ Tel. _____
(Legal Company Name) ☐ Corporation ☐ Partnership ☐ Individual

APPLICANTS EMAIL ADDRESS _____
(Required for Electronic Submittal through Project Dox)

LOCATION OF SYSTEM TO BE INSPECTED_____

LOCATION ADDRESS _____
Street Unit City ZIP+4

MAILING ADDRESS _____ Fax _____
Street City State ZIP+4

TYPE OF INDUSTRY _____ _____
(General Description) (Federal SIC Number)

PROPERTY OWNER/ADDRESS_____Tel._____
(Name) (Address)

ASSESSOR'S PARCEL IDENTIFICATION: _____

NUMBER OF EMPLOYEES: (FULL TIME) _____ (PART TIME) _____ LOT SIZE (SQ. FT.) _____

GENERAL DESCRIPTION: Describe each disposal method. Multiple disposal methods may require separate permits.

Method of Disposal:

☐ Public Sewer (which sewer agency?): _____ ☐ Private underground disposal system

☐ Haul to legal disposal point ☐ Surface waters, stream or storm drain (provide NPDES Permit, if required) ☐ Other (Attach)

Subject to Standard Urban Stormwater Mitigation Plan (SUSMP) approval? ☐ Yes ☐ No If yes, approved Q_{PM} (cfs): _____

Raw materials used (submit MSDS's, where appropriate):_____

_____

Products produced: _____

_____

Wastewater producing operations (describe): _____

_____

Constituents of waste discharge: _____

_____

Hours of plant operation: _____ to _____ Days per week (Circle Days) 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): _____ Days per week: M T W Th F Sa Su

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

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