



UNION SANITARY DISTRICT
5072 BENSON ROAD
UNION CITY, CA 94587
(510) 477-7500

**WASTEWATER DISCHARGE PERMIT
PART A — GENERAL INFORMATION**

INDUSTRIAL USER PERMIT APPLICATION

A1. Discharging Facility Name: _____ Permit No.: _____

A2. Legal Business Name: _____

A3. Discharging Facility Address:

A4. Business Mailing Address:

A5. Executive Officer Name: _____

Title: _____

Office Phone: _____

Email: _____

A6. Executive Officer Address: _____ Check if same address as in A4:

A7. Designated Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

A8. Designated Contact Address: _____ Check if same address as in A4:

A9. Site Inspection Contact: _____ Check if same as Designated Contact in A7 (Skip to A10):

Title: _____

Office Phone: _____

Email: _____

Mobile Phone: _____

A10. Alternate Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

A11. Alternate Contact's Address: _____ Check if same address as in A4:

A12. Emergency Contact: _____

Title: _____

Day Phone: _____

Night Phone: _____

PERMIT APPLICATION 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 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.

Signature

Date

Print Name

Title