



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:  
[Empty Box]

A4. Business Mailing Address:  
[Empty Box]

A5. Executive Officer Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

A6. Executive Officer Address: \_\_\_\_\_ *Check if same address as in A4:*   
[Empty Box]

A7. Designated Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Office Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

A8. Designated Contact Address: \_\_\_\_\_ *Check if same address as in A4:*   
[Empty Box]

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:*   
[Empty Box]

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  
\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Title