CITY OF SAN BERNARDINO WATER DEPARTMENT WATER RECLAMATION PLANT RESTAURANT USER PERMIT APPLICATION



PERMIT/CONTROL NO	NEW/RI	ENEWAL	DATE:
1) BUSINESS NAME:			
BUSINESS ADDRESS:STATE:	ZIP·	PHONE:	FAX·
MAILING ADDRESS:		1101(2)	
MAILING ADDRESS:STATE:	ZIP:		FAX:
2) APPLICANT NAME:			
APPLICANT RILLING ADDRESS:		· · · · · · · · · · · · · · · · · · ·	
APPLICANT BILLING ADDRESS:_ CITY:STATE:	ZIP:	PHONE:	FAX:
		11101112.	
3) AUTHORIZED REP.:		TITLE:	
EMAIL:		PHONE:	
4) WATER PURVEYOR: ☐ SAN BERNA	 RDINO. □ EAST	VALLEY. □ LOMA LIN	 IDA. □ OTHER:
5) TYPE OF FOOD SERVICE FACILITY:			
OPERATING HOURS:			
IS INDUSTRIAL WASTEWATER DISC	CHARGED TO TI	HE SEWER SYSTEM?	☐ YES OR ☐ NO
IF YES, DESCRIBE WASTEWATER G	ENERATING PR	OCESSES (ATTACH AD	DITIONAL SHEETS AS NEEDED)
☐ General Facility Cleanup ☐	General Kitch	en Cleanup 🔲 🛚	Food Preparation
☐ Washing of Cookware/Utensils ☐	Cleaning of Co	oking Equipment	Washing of Serving Plates/Utensils
Other			
6) CHANGE OF OWNERSHIP? ☐ YES ☐	INO CHANCES	PROPOSED TO EXIST	
o) change of ownershin: a resi	INO CHANGES	TROI OSED TO EXIST	INGTEOMBING: LITES LINO
7) EQUIPMENT INVENTORY:			
	S NO QUA	NTITY: QTY. TO GR	REASE: QTY TO SANITARY:
$\begin{array}{cc} \underline{\text{YE}} \\ \text{DISHWASHER(S)} \end{array}$			•
GARBAGE GRINDER(S) \Box			
3-COMPARTMENT SINK(S) □			
2-COMPARTMENT SINK(S)			
1-COMPARTMENT SINK(S)	□		
HAND SINK(S)	<u> </u>		
MOP SINK(S) □			
FLOOR SINK(S) FLOOR DRAIN(S)			
FLOOR DRAIN(S)			
OH & CDEACE INTERCEDTOR ON CO	TTE OD DDODOG		INT. SIZE: GAL
8) OIL & GREASE INTERCEPTOR ON SI LOCATION:	IL OK PKUPUS		SAMPLE BOX?
WASTE HAULER:			
WATER SOFTENER ON SITE OR PRO			
IF YES: \square EXCHANGE OR \square SELF		(G	
WATER SOFTENING EXCHANGE CO	MPANY:		

accordance with a system designed to assure that quali Based on my inquiry of the person or persons who ma information, the information submitted is, to the best	and all attachments are prepared under my direction or supervision in field personnel properly gather and evaluate the information submitted nage the system, or those persons directly responsible for gathering the of my knowledge and belief, true, accurate, and complete. I am awars are information, including the possibility of fines and imprisonment for
I AGREE TO ACCEPT AND ABIDE BY ALL PROVISIONS OR REGULATION NO. 26.	OF SAN BERNARDINO MUNICIPAL WATER DEPARTMENT RULE AND
PRINT NAME:	SIGNATURE:
	Authorized Rep. signature required
TITLE:	DATE:
MAII	L APPLICATION TO:
ATTN: ENVIRO	O WATER RECLAMATION PLANT NMENTAL CONTROL SECTION
	CHANDLER PLACE
	ERNARDINO CA 92408 NE NO. 909 453-6250
_	FAX 909 453-6394
-	

LOCAL DISCHARGE LIMITS, mg/L

CONSTITUENT	LIMIT	SAMPLE	CONSTITUENT	LIMIT	SAMPLE	CONSTITUENT	LIMIT	SAMPLE
ARSENIC	0.9		FLUORIDE	3.8		SODIUM	495	
BOD	N/A		LEAD	2.2		SULFATE	382	
BORON	1.0		MERCURY	0.1		TOTAL SUSPENDED SOLIDS	N/A	
CADMIUM	0.2		NICKEL	2.3		ZINC	8.4	
TOTAL CHROMIUM	2.3		OIL & GREASE	250				
COPPER	7.4		pН	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: GAI	L.
AREA: NORTH OR SOUTH ISSUE DATE:	_EXPIRATION DATE:NAICS:	_
ENVIRONMENTAL CONTROL PERSONNEL:	DATE:	_
ENVIRONMENTAL CONTROL SUPERVISOR:	DATE:	_