



BMP APPLICATION

Mail completed and signed application to:

Encina Wastewater Authority
6200 Avenida Encinas
Carlsbad, CA 92011
Phone: (760) 438-3941

Permit No. _____
Reviewer _____
Date _____

SECTION A – GENERAL INFORMATION

1. Company/Applicant Name: _____

2. Facility Address: _____
Street City Zip
 Corporation Partnership Sole Proprietor

3. Corporate/Owner(s) Names: _____

4. Head Office Address: _____
Street City Zip

5. Persons to contact concerning this application:
(Indicate at which address contact may be reached: HO – Head Office, F – Facility)

Administration	Title	Phone No.	Ext.	Address
_____	_____	_____	_____	_____
Inspection/Sampling	Title	Phone No.	Ext.	Address
_____	_____	_____	_____	_____

6. Facility generating wastewater is: Existing Proposed Start Date: _____

7. Sewer Agency: Buena Sanitation District City of Vista
 City of Carlsbad Leucadia County Water District
 City of Encinitas Vallecitos Water District

8. SIC Codes: _____

9. Brief description of the main products or services: _____

10. Hours of operation: Su _____ M _____ T _____ W _____ Th _____ F _____ Sa _____

11. Average number of on-site employees: _____

12. Purchased water: Carlsbad Municipal Water District San Dieguito Water District
 City of Escondido Vallecitos Water District
 Vista Irrigation District Olivenhain Municipal Water District
 Other _____ City of Oceanside

Water service account numbers: _____

Are meters shared with any other facilities? Yes No

What is the average consumption per work/production day averaged over the past 12 months? _____ gpd

SECTION B – WASTEWATER INFORMATION

1. Complete the following using average daily flows in gallons per day (gpd).

Wastewater Source	Estimated Volume (gpd)	Discharged to Sewer	Treated Prior to Discharge
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

2. Type of pretreatment:
 Sump Clarifier Neutralization Precipitation & Settling Filtration Evaporation NA

Other: _____

SECTION C – CHEMICAL STORAGE AND WASTE DISPOSAL

1. Attach a diagram showing chemical storage areas and drains leading to the sanitary sewer or storm drain.
2. Describe all precautions taken to prevent accidental discharge of chemicals to the sewer or storm drain (e.g. berms, secondary containment, spill clean-up kits, employee training).

3. List the type and volume of liquid waste hauled off-site along with the hauler information.

Description	Volume (gallons/month)	Hauler Name & Address

SECTION D – CERTIFICATION

I certify that the information above is true and correct to the best of my knowledge.

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____