



SOURCE CONTROL PROGRAM INFORMATION REQUEST

Complete top
portion and
return to:

Encina Wastewater Authority
6200 Avenida Encinas
Carlsbad, CA 92011

Phone: (760) 438-3941
Fax: (760) 476-9852

SECTION A – REQUESTER INFORMATION:

1. Name _____
2. Company _____
3. Address _____

4. Phone _____ Fax _____

SECTION B – SITE INFORMATION:

1. Company _____
2. Address _____

(If more than one site is requested, please make copies of this form and submit one for each address)

SECTION C – FOR EWA USE ONLY:

A search of our records was conducted, and the following information about the above site was found:

1. Permit Number _____ Issued ____/____/____
2. Member Agency _____
3. Permittee Name _____
4. Category _____ Permitted flow _____
5. General description of permitted operations: _____

6. Violations: _____
7. Other information: _____
8. _____ The above permit was inactivated on ____/____/____ due to ownership change, facility closure, or other significant changes in operation.
9. _____ No permit on file.

Inspector _____

Date ____/____/____

File location

Rev. 01/25/10