



DISCHARGE APPLICATION FOR AUTOMOTIVE FACILITIES

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. Brief description of the main products or services: _____

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

10. Average number of on-site employees: _____

11. 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
Car Washing		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Parts Washing		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Engine Degreasing/Steam Cleaning		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Floor Washdown		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Other:		<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 system:

- Sump 2-chamber clarifier 3-chamber clarifier Elbow Sample Box Filtration

Inspection frequency: _____ Cleaning frequency: _____

Cleaned by: _____

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
Oil		
Antifreeze		
Parts Washer Solution		
Sump Sludge		
Other:		

SECTION D – CERTIFICATION

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

SIGNATURE _____ TITLE _____

PRINT NAME _____ DATE _____