



NON-DOMESTIC WASTEWATER DISPOSAL PERMIT

Instructions: Fill out the white areas of this application, sign and return it, along with attached invoice and payments, to

City of Covina, Environmental Services, 125 E College Street, Covina, CA 91723

Questions? Call 626-384-5480 M - Th, 7 am - 6 pm

Check One: <input type="checkbox"/> New Permit <input type="checkbox"/> Annual Renewal <input type="checkbox"/> Change of Ownership		To be completed by Covina DPW only:	
Business Name:		Permit #:	Class:
Business Address:		Date Received:	Amount Due:
Business Phone:		Date Entered:	Amount Paid:
Business Fax:		NPDES Permit: Y / N #	
Contact Name:		City of Covina Business Licence Number: SIC Code	
Contact Title:		Is business location owned or leased?	
Contact Email:		<input type="checkbox"/> Owned <input type="checkbox"/> Leased	
Describe the business activities at this location.		If leased, provide owner name:	
What are the primary uses of water at this location?		Owner phone number:	
		Method of disposal of waste materials:	
		<input type="checkbox"/> Public Sewer <input type="checkbox"/> Septic Tank <input type="checkbox"/> Storm Drain <input type="checkbox"/> Disposal Pickup Service <input type="checkbox"/> Haul to disposal location Company Name(s): _____ Location Name: _____ <input type="checkbox"/> Other (describe) _____	
Does location have a grease interceptor / grease trap / clarifier or other treatment system? Where is/are equipment located? How often is it cleaned?			
Is the califier / interceptor or other treatment system shared with any other business?			
I affirm that all information furnished herein is true and correct to the best of my knowledge and that items 1-11 on the back of this page are agreed to.			
Name (print) _____		Signature _____	
Title _____		Phone _____	

AREA BELOW TO BE COMPLETED BY COVINA INSPECTOR ONLY

Exempt?: Y N	Inspection 1	Inspection 2	Inspection 3
Class: _____ Reason: _____	Inspector: _____	Inspector: _____	Inspector: _____
Equipment on site: _____	Date: _____	Date: _____	Date: _____
Location: _____	Last Maintained: _____	Last Maintained: _____	Last Maintained: _____
Size: _____	1	1	1
Maintenance Schedule: _____	2	2	2
	3	3	3
	4	4	4
	5	5	5
Inspection 1 Notes	Corrections Required:		Follow-Up:
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		
Inspection 2 Notes	Corrections Required:		Follow-Up:
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		
Inspection 3 Notes	Corrections Required:		Follow-Up:
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		
	<input type="checkbox"/> Maintenance Documentation <input type="checkbox"/> Equipment/Treatment Installation <input type="checkbox"/> To enforcement for: _____		