

**INLAND EMPIRE UTILITIES AGENCY\***  
\*A Municipal Water District

**DOMESTIC WASTE DISCHARGE PERMIT APPLICATION**

New Permit: \_\_\_ Renewal: \_\_\_

**I. GENERAL INFORMATION**

Name of Applicant (Company Name): \_\_\_\_\_

Applicant's Authorized Representative: \_\_\_\_\_

Business License No.: \_\_\_\_\_ Issuing City: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel. No.: (\_\_\_\_) \_\_\_\_\_  Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

Check preferred contact telephone no.

Fax No. :(\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**II. TYPES OF SANITARY WASTES (Check all that apply)**

Septic Tanks \_\_\_\_\_ Cesspools \_\_\_\_\_ Seepage Pits \_\_\_\_\_

Other \_\_\_\_\_ (Please specify) \_\_\_\_\_

Chemical Toilets \_\_\_\_\_ (If checked, complete the following information)

Name(s) of chemical(s) added\*: \_\_\_\_\_

\_\_\_\_\_

Amount added: \_\_\_\_\_

\*Attach Material Safety Data Sheet (MSDS) for each chemical added.

**III. VEHICLE INFORMATION**

**A. Septic Tanks**

Vehicle DMV License No.	San Bernardino Health Dept. Permit No.*	San Bernardino Health Dept. Vehicle Tag No.	Vehicle Waste Capacity (gallons)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

\*Attach copy of all applicable permits.

**VEHICLE INFORMATION**

**B. Chemical Toilets**

Vehicle DMV License No.	San Bernardino Health Dept. Permit No.*	San Bernardino Health Dept. Vehicle Tag No.	Vehicle Waste Capacity (gallons)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

\*Attach copy of all applicable permits.

**IV. INSURANCE REQUIREMENTS**

The applicant must be covered by the following insurance requirements to gain access to the disposal site. The applicant must provide current copies of the following insurance certificates issued by the insurance company and/or update as needed.

1. Comprehensive general liability insurance, with IEUA as a certificate holder (see exhibit A)
2. General automobile insurance, with IEUA as a certificate holder (see exhibit B)
3. Workers compensation, with Waiver of Subrogation for IEUA (see exhibit C)

Failure to provide insurance certificates will not result in the denial of a permit issuance, but will result in temporary suspension of access to the disposal site. It is the applicants' responsibility to provide current copies of all insurance certificates to IEUA. Failure to comply with this condition will result in a non-compliance penalty as per current Domestic Waste Hauler Rate Resolution.

**V. Processing Fees:**

NEW PERMIT	Per Domestic Waste Hauler Rate Resolution*
PERMIT RENEWAL	
NON-COMPLIANCE FEE FOR THE REINSTATEMENT OF ELAPSED OR EXPIRED INSURANCE REQUIREMENTS	

\*Rate Resolution in effect as of date of application submittal

Please submit this form along with the required permit processing fees and attachments to:

Pretreatment & Source Control  
 Inland Empire Utilities Agency  
 P.O. Box 9020  
 Chino Hills, CA 91709.

(If you prefer, you can hand deliver them to our office at 6075 Kimball Avenue, Chino, CA 91708, which is located between Euclid Avenue and El Prado Road)

**VI. AUTHORIZED REPRESENTATIVE CERTIFICATION AND SIGNATURE**

I have personally examined all requirements of this permit application and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that this information was obtained in accordance with the requirements of the Regional Wastewater Ordinance. Moreover, based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*\*\*\*\*

**Permit Application Check List:**

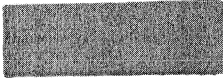
- Fill out this application
- Certificate of current general liability insurance with additional holder
- Certificate of current general automobile insurance with additional holder
- Certificate of current worker's compensation insurance with endorsement
- Copy of Business license
- Copy of SB County wastewater hauler permit
- Permit application fee

PERMIT  
NON-TRANSFERABLE

Expires: 12/31/2006

This permit may be suspended or revoked by the Department of Public Health for cause. This permit is granted on the condition that the permittee will comply with the laws, ordinances, and regulations that are now or may hereafter be in force by the United States Government, the State of California, and the County of San Bernardino pertaining to the below mentioned business. Penalty fees are assessed on permits renewed 30 days after expiration date indicated above, or for failure to obtain new permit in case of transfer of ownership.

The Business Owner is responsible for timely renewal. Not receiving a renewal notice for any reason does not mitigate responsibility for timely payment. If not paid within 30 days of the expiration date shown, a 25% penalty will be imposed. Failure to correct violations cited on an inspection report, by the noted compliance date, shall necessitate an additional re-inspection at a charge of \$90.00/hr.



OWNER OF RECORD : [Redacted]

REGULATED FACILITY : [Redacted]

FACILITY LOCATION : [Redacted]

Item #	Prog. Element	General Health Program Description	Permit #	Program #	PR# Barcode
1	4206	Liq Wst Hauling/Disposal Vehicle	[Redacted]	[Redacted]	[Barcode]

TOTAL FEE PAID: [Redacted]

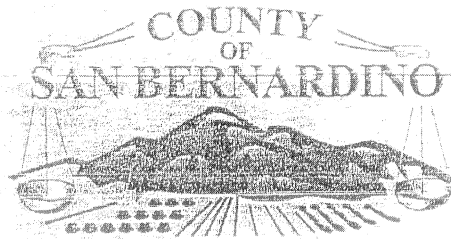
MUST BE POSTED IN A CONSPICUOUS PLACE AT THE PERMITTED FACILITY. ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL. FOOD FACILITIES MUST POST ENTIRE PAGE.

THIS IS NOT AN INVOICE.

*[Signature]*  
Director  
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF ENVIRONMENTAL HEALTH SERVICES

385 N. Arrowhead Ave., Second Floor, San Bernardino, CA 92415-0160 - (909) 884-4056 - FAX (909) 387-4323 - www.sbcounty.gov/dehs



Did you know that San Bernardino County restaurant grades are on-line? Visit our website at [www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs) and check out your favorite eatery.

ACCORD, CERTIFICATE OF LIABILITY INSURANCE

SAMPLE ATTACHMENT B-1

INSURER  
 [REDACTED]  
 [REDACTED]

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC#
INSURER A: COLONY INSURANCE COMPANY	ESL1B
INSURER B: FINANCIAL INDEMNITY COMPANY	
INSURER C:	
INSURER D:	
INSURER E:	

TERMS

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR IN PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUP GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> LOSS	[REDACTED]	12/09/04	12/09/05	EACH OCCURRENCE: \$500,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence): \$100,000.00 MED EXP (Any one person): \$5,000.00 PERSONAL & ADV INJURY: \$500,000.00 GENERAL AGGREGATE: \$500,000.00 PRODUCTS - COMPROP AGG: \$500,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	[REDACTED]	12/09/04	12/09/05	COMBINED SINGLE LIMIT (Ea accident): \$1,000,000.00 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY: EA ACC: \$, AGG: \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUP <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE: \$ RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/SERVANT OR MEMBER EXCLUDED? If yes, describe below: If no, provide the name of the carrier				E.L. EACH ACCIDENT: \$ E.L. DISEASE - EA EMPLOYEE: \$ E.L. DISEASE - POLICY LIMIT: \$

Accepted As To Form  
 Date: 12-15-04  
 By: [Signature]  
 Risk Manager

LOCATION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

IDENTITY OF INSURANCE

TRIGATE HOLDER  
 [Signature]  
 INLAND EMPIRE UTILITY AGENCY  
 6075 KIMBALL AVE BLDG#A  
 CHINO CA 91710

CANCELLATION  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 [Signature]

RECEIVED

DEC 14 2004

RISK MANAGER  
 HUMAN RESOURCES DEPT

SAMPLE ATTACHMENT B-2

CERTHOLDER COPY


SU

**STATE**  
COMPENSATION  
INSURANCE  
**FUND**

P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 11-08-2006

GROUP:  
POLICY NUMBER:   
CERTIFICATE ID: 60  
CERTIFICATE EXPIRES: 12-31-2006  
12-31-2005/12-31-2006

INLAND EMPIRE UTILITIES AGENCY  
PO BOX 9020  
CHINO HILLS CA 91709-0902

SU

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

*James Neary*  
AUTHORIZED REPRESENTATIVE

*J. Andor*  
PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #1600 - MARGARET MADEWELL SEC. TRES - EXCLUDED.

ENDORSEMENT #2085 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 12-31-2001 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

ENDORSEMENT #2570 ENTITLED WAIVER OF SUBROGATION EFFECTIVE 2006-11-08 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. THIRD PARTY NAME:  
INLAND EMPIRE UTILITIES AGENCY

Accepted As To Form  
Date: 11/8/06  
By: *J. Frazee*  
Risk Manager

EMPLOYER



SU

[JLS,CN]  
PRINTED : 11-08-2006