

Date_____

**City of Ontario Engineering Department
303 East B Street
Ontario, CA 91764**

ATTENTION: Yvonne Elliott

SUBJECT: NON-STORM WATER DISCHARGE NOTIFICATION FORM

Project Name:_____

Project Location:_____

Contact Name(s):_____

Contact Daytime Telephone Number:_____

Type of proposed discharge (i.e. disinfection of water line or reservoir, dewatering of trench, fire hydrant testing or flushing): _____

Proposed dates and times of discharge:_____

Estimated average and maximum daily flow rates:_____

Proposed treatment (i.e. Sand Bag Barriers, Sediment Trap, Dechlorinating Agent):_____

Describe the path from the point of initial discharge to the nearest storm drain inlet (or attach map):_____

Please mail or fax this form to the Engineering Department 5 days prior to any planned discharges to the City storm drain system. Accidental discharges need to be reported as soon as possible. If you have any questions about this form or require further information, please call Yvonne Elliott at (909) 395-2143 , Steve Wilson at (909) 395-2389 or your Project Manager.