

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.**