



WASTEWATER DISCHARGE PERMIT APPLICATION COMMERCIAL USER

GENERAL INFORMATION

- ❖ Facility/Business Name: _____
- ❖ Business License # : _____ DBA (if applicable): _____
- ❖ Phone number and Physical Address of Facility/Business **Discharging** Wastewater: _____

- ❖ Property is: Owned Leased If leased:
Owner Name: _____ Owner Phone: _____
Leasing Agency: _____ Lease Expires: _____
- ❖ Authorized representative of the Facility/Business:
 - If corporate owned, a responsible corporate officer (president, vice president, or secretary-treasurer) in charge of a principal business function
 - If local owned, a general partner or proprietor (if the Facility is a partnership or sole proprietorship)Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip _____
Email: _____ Phone: _____
- ❖ Primary Contact (person responsible for receiving and responding to all forms of communication from the City regarding the Wastewater Discharge Permit or other environmental subjects):
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip _____
Phone: _____ Night/Emergency Phone: _____
Email: _____
- ❖ Local Contact (person staffed at the Facility/Business physically located in American Canyon who is responsible for receiving and responding to all forms of communication from the City regarding the Wastewater Discharge Permit or other environmental subjects):
Name: _____ Title: _____
Address: _____ City: _____ State: _____ Zip _____
Phone: _____ Night/Emergency Phone: _____
Email: _____



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SITE INFORMATION

- ❖ Business Description: _____
- ❖ Business Type: Manufacturing Wholesale Retail Service
- ❖ Products produced or services rendered: _____
- ❖ SIC Code: _____ EPA identification # : _____
- ❖ Business Activity (Summarize the activities conducted at Business/Facility that generate wastewater, including, but not limited to, primary business functions and cleaning):

Wastewater Generating Activity Description	Time of Day of Activity	Days of Week of Activity	Frequency of Activity (i.e. daily, weekly, monthly)	Anticipated Volume of Water Produced (gallons per day)

- ❖ Identify constituents/contaminants expected in the wastewater discharged (Baseline monitoring may be required to verify concentrations comply with these or other Local Limits):

Constituent/contaminant	Yes	If yes, expected concentration	No
Ammonia			
Metals			
Sulfide			
Acid			
Caustic			
Oil & Grease			
Total Suspended Solids (TSS)			
Biochemical Oxygen Demand (BOD)			
Salinity			
Other			
Other			



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SITE INFORMATION

❖ Check any pretreatment of wastewater performed:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Holding Tank |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Grease Interceptor |
| <input type="checkbox"/> Sedimentation | <input type="checkbox"/> Oil/Water Separator |
| <input type="checkbox"/> pH Adjustment | <input type="checkbox"/> Biological Treatment |
| <input type="checkbox"/> Other: _____ | |

❖ Identify business activities performed that use water, but that water is not eventually discharged to the sanitary sewer system (include estimated volume and disposal method of that wastewater):

❖ Does Facility have discharge to storm drains or channel other than rainwater and irrigation? No Yes
If yes, describe: _____

❖ Identify all raw materials and chemicals used or stored at Facility in quantities of 5 gallons or larger:

Chemical Name	Maximum Volume Stored On-Site	Chemical Used For

❖ Does Facility/Business have a Hazardous Materials Storage Permit from CUPA? No Yes
If yes, permit number: _____

❖ Provide a schematic drawing of Facility, including location of: area in which process activities are performed, process tanks, baths, and equipment, all fixtures connected to the sanitary sewer (i.e. sinks, floor drains, dishwashers, interceptors, grease traps, etc.), and chemical storage (including hazardous waste).



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SPECIFIC BUSINESS/INDUSTRY QUESTIONS

Please complete the section related to your business type only:

MEDICAL

❖ Type of Business: (check all that apply)

- Physician Chiropractor Morgue/Mortuary
 Veterinarian Other: _____

❖ Services: (check all that apply)

X-Ray: Yes No

Film processing on site? Yes No If yes, name of film processor: _____

Silver Recover System in use? Yes No If yes, serviced by: _____

Laboratory: Yes No

Chemical Recycling? Yes No If yes, name of recycler: _____

Medical Waste Disposition (explain): _____

Sharps & Pharms disposal? Yes No If yes, waste hauler name: _____

Casting: Yes No

Plaster/Solids Trap? Yes No

Serviced/Maintained by: _____

AUTOMOTIVE

❖ Sales: New Used Leasing: Yes No

❖ Service and/or Repair of: (check all that apply)

- Engine Auto Body & Paint Wheel & Brake Tire
 Electric Transmission Radiator

❖ Car Wash: (check all that apply) Automotive Fleet Detail Shop



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- ❖ **Machine Shop:**
Fabrication: Yes No
If yes, what: _____

- ❖ **Hazardous Waste:**
Does your facility have any waste off-hauled? Yes No
If yes, please describe the waste and provide name of company used to pick-up and dispose of waste.

FOOD SERVICE

- ❖ **Type of Business:**
Food Manufacturing: Wholesale Retail
Restaurant: Seating capacity: _____ Dishwasher: Yes No

- ❖ **Wastewater Pretreatment:** Check the type of grease removal device (GRD) or treatment used:

Grease Trap: Yes No If yes: Inside Outside Size/Type: _____ How many: _____
Interceptor: Yes No If yes: Inside Outside Size: _____ Type: _____
How often is GRD cleaned/maintained? _____
Who performs cleaning/maintenance? _____
Other type of treatment or GRD (explain): _____

- ❖ Are all employees trained on proper cleaning and maintenance procedures to prevent excess fats, oils, and grease from entering the sewer? Yes No

- ❖ Are all employees trained on proper disposal of fats, oils, and grease? Yes No

DENTAL

- ❖ **Dental Practice Specialty:** _____
Number of dentists practicing at Facility: _____ **Names:** _____



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- ❖ Services: (Check all that apply)
 - X-ray Casting/Molds Laboratory Other: _____
- ❖ Dental Amalgam Separator Equipment:

Manufacturer's Name: _____

Equipment Model: _____ Installation Date: _____

Maintenance Schedule: _____

Serviced by: _____

Waste off-hauled by: _____

CERTIFICATION STATEMENT

I, the undersigned, certify that no changes have been made to this facility's process or operation since the last Wastewater Discharge Permit Application. I agree to notify the Water Reclamation Facility of any changes to my process or operation that occur. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I, the undersigned, certify that this Facility's operation and its resultant wastewater discharge will achieve consistent compliance with the City of American Canyon Sewer Use Ordinance, permit requirements, and applicable Federal and State discharge regulations and requirements. If the wastewater discharge does not meet all the applicable regulations, I am responsible for modifying manufacturing equipment, limiting or halting the production facility causing non-compliance, installing wastewater pretreatment equipment, or performing whatever is necessary to meet the waste discharge requirements. I am aware that there are significant penalties for violation of the regulations, requirements and conditions of this permit, the City of American Canyon Sewer Use Ordinance, and the State and Federal Government, including the possibility of fine and imprisonment.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Representative

Date

Print Name

Print Title

REMIT APPLICATION TO:

jjuricevic@cityofamericancanyon.org

OR

City of American Canyon
Environmental Services Division
151 Mezzetta Ct. American Canyon, CA 94503