



**WASTEWATER DISCHARGE PERMIT APPLICATION**  
**ZERO DISCHARGE**

**GENERAL INFORMATION**

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❖ Facility/Business Name: \_\_\_\_\_ Business License # : \_\_\_\_\_

❖ DBA (if applicable): \_\_\_\_\_

❖ 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 Zero 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 Zero 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	Supply		Discharged To					Frequency of Activity (i.e. daily, weekly, monthly)	Anticipated Volume of Water Produced (gallons per day)
	City	Well	Sewer	Storm Drain	Septic	Recycled	Off Hauled/ Trucked		
Sanitary									
Production Processes									
Boiler									
Cooling									
Washing									
Irrigation									
Other:									
Other:									



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- ❖ 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, interceptors, etc.), and chemical storage (including hazardous waste).



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### CERTIFICATION STATEMENT

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This document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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**Signature of Responsible Person**

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**Date**

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**Print Name**

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**Print Title**

**This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein, and becomes liable for any and all future enforcement actions.**

### REMIT APPLICATION TO:

jjuricevic@cityofamericancanyon.org

OR

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