

FOR OFFICE USE ONLY
APPLICATION #
PERMIT #



**CITY OF FONTANA
16489 ORANGE WAY, FONTANA, CALIFORNIA 92335
COMMERCIAL/INDUSTRIAL WASTEWATER SURVEY AND PERMIT APPLICATION**

1. Company name, mailing address, and telephone number:

Phone _____ Fax _____

2. Address of production or manufacturing facility (Check if same _____)

Phone _____ Fax _____

3. Person authorized to represent above named firm in official dealings with the City:

Name _____ Title _____
Phone _____ Email _____

4. Alternate person to contact concerning information provided herein:

Name _____ Title _____
Phone _____ Email _____

5. Type of business (auto repair, machine shop, electroplating, warehousing, painting, meat packing, food processing, etc.): _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Section 26-23.7 of the City Code, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and Section 26-23.8 of the City Code. Should a discharge permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent application for Wastewater Discharge Permit will be used by the City in developing a wastewater discharge permit.

This is to be signed by an authorized official of your firm after completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe 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.

Date

Signature of Official

Printed Name

Title

6. Provide a brief detailed description of the manufacturing, production, or service activities your firm conducts.

6a. Standard Industrial Classification Code(s) (SIC) for your facility. _____

7. Types of wastes generated: _____ Maximum gallons per day _____

1. Domestic wastes, restroom _____ estimated measured
2. Cooling water, non-contact _____ estimated measured
3. Boiler/tower blowdown _____ estimated measured
4. Cooling water, contact _____ estimated measured
5. Process waste (Ex: grease/oil) _____ estimated measured
6. Food processing waste(cleaning food) _____ estimated measured
7. Equipment/facility washdown _____ estimated measured
8. Air pollution control unit _____ estimated measured
9. Storm water runoff _____ estimated measured
10. Other _____ estimated measured

TOTAL WASTES GENERATED _____

8. Where wastes are discharged: _____ Maximum gallons per day _____

1. Sanitary sewer (all wastewater) _____ estimated measured
2. Storm drain or channel _____ estimated measured
3. Street _____ estimated measured
4. Ground _____ estimated measured
5. Surface water _____ estimated measured
6. Groundwater _____ estimated measured
7. Wastehauler(s) (grease/oil collected) _____ estimated measured
8. Evaporation _____ estimated measured
9. Other _____ estimated measured

TOTAL WASTES DISCHARGED _____

(Must equal total wastes generated)

9. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? Attach copies of manifests or bill of ladings for liquid waste control.

Yes No

10. Name, address and phone # of landlord/ property owner/ management Company: _____

11. Attach site and/or floor plan of facility showing details of process plumbing, sewer lines, appurtenances, etc.

12. Attach a copy of the last 4 water bills (If new business, send a copy of the first four water bills).

SECTION B - FACILITY OPERATIONS CHARACTERISTICS

B.1. Number of shifts per 24-hour day: _____
B.2. Starting time of each shift: _____ AM/PM, _____ AM/PM, _____ AM/PM
B.3. Total number of employees per shift: _____, _____, _____

SECTION C - WASTEWATER INFORMATION

C.1. Pretreatment devices or processes used for treating wastewater or sludge (check as many as appropriate):

Clarifier, Size _____, Number of compartments _____, Sample chamber _____
 Grease or Oil Separation, Type _____
 Grease Trap, Size _____, Sample chamber _____
 Other, Type _____

C.2. Provide Name and Address of Pumping Service:

C.3. How often are pretreatment devices cleaned? (i.e. daily, monthly, qrtly):

FACT SHEET

Business Activity Description: A detailed description of all business activities must be provided to sustain the information listed on the permit application. This description should specify the types and quantities of new materials used and waste materials generated during the course of daily business activities. Describe storage measures and methods of disposal for waste materials, including non-domestic wastewater, e.g., discharge to sewer, stored and/or hauled, type and size of storage containers, etc.