

FOR OFFICE USE ONLY
PERMIT #

CITY OF FONTANA
8353 SIERRA AVE., FONTANA, CALIFORNIA 92335
COMMERCIAL WASTEWATER PERMIT APPLICATION



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

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

Phone _____ Email _____
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. Name, address and phone number of landlord/ property owner/ management Company:

6. Type of business (auto repair, auto painting, auto body, car wash, car dealership, machine shop, etc.): _____

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and Fontana Municipal Code (FMC) Section 23-7, 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 FMC Section 23-8. 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.

To be signed by business authorized 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

Print Name

Title

7. Provide a brief detailed description of the service activities your business conducts.
- _____
- _____
- 7a. Standard Industrial Classification Code(s) (SIC) for your facility. _____
- 7b. North American Industry Classification System Code(s) (NAICS) for your facility. _____
- 7c. Does your facility have a Septic Tank? Yes / No (If yes, stop here)
8. Types of wastes generated: Maximum gallons per day
- | | | | |
|---|-------|------------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> Domestic wastes, restroom* | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 2. <input type="checkbox"/> Process waste water | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 3. <input type="checkbox"/> Equipment/facility washdown | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| 4. <input type="checkbox"/> Other _____ | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| TOTAL WASTES GENERATED | | _____ | |
9. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? ☐ Yes ☐ No
- 9a. Attach copies of manifests or bill of lading for liquid waste control.
10. Attach floor and plumbing plan(s) of new or remodeled facility showing details of process plumbing, sewer lines, appurtenances, etc.
11. 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):
- ☐ Sand/Oil Interceptor/Separator, Size _____, Sample chamber Yes / No
- ☐ Clarifier, Size _____, Sample chamber Yes / No
- ☐ Other, Type _____, Number of compartments _____, Sample chamber Yes / No
- C.2. Provide Name and Address of Pumping Service:
- _____
- _____
- _____

*18 gallons per employee per 8-hour shift.

FACT SHEET

Provide a full description of all business activities. This description should specify the types and quantities of new materials used and waste materials generated during 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.)