



**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: \_\_\_\_\_



**WASTEWATER DISCHARGE PERMIT APPLICATION**  
COMMERCIAL USER

**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			



**WASTEWATER DISCHARGE PERMIT APPLICATION**  
COMMERCIAL USER

**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).



**WASTEWATER DISCHARGE PERMIT APPLICATION  
COMMERCIAL USER**

**SPECIFIC BUSINESS/INDUSTRY QUESTIONS**

---

Please complete the section related to your specific business 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



**WASTEWATER DISCHARGE PERMIT APPLICATION**  
COMMERCIAL USER

- ❖ 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: \_\_\_\_\_  
\_\_\_\_\_



**WASTEWATER DISCHARGE PERMIT APPLICATION**  
COMMERCIAL USER

- ❖ 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**

**SEND APPLICATION TO:**

mguillen@cityofamericancanyon.org

**OR**

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