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:

_____
_____
_____
Zip Code _____ Telephone Number _____Fax _____

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

_____
Zip Code _____ Telephone Number _____Fax_____

3. Person authorized to represent above named firm in official dealings with the City:
Name _____ Title _____
Telephone Number _____ Fax _____

4. Alternate person to contact concerning information provided herein:
Name _____ Title _____
Telephone Number_____ Fax _____

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 and address of waste hauler(s): _____

_____

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 _____