

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

8. Where wastes are discharged: Maximum gallons per day

	_____	
1. <input type="checkbox"/> Sanitary sewer (all wastewater)	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
2. <input type="checkbox"/> Storm drain or channel	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
3. <input type="checkbox"/> Street	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
4. <input type="checkbox"/> Ground	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
5. <input type="checkbox"/> Surface water	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
6. <input type="checkbox"/> Groundwater	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
7. <input type="checkbox"/> Wastehauler(s) (grease/oil collected)	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
8. <input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> estimated <input type="checkbox"/> measured
9. <input type="checkbox"/> Other _____	_____	<input type="checkbox"/> estimated <input type="checkbox"/> 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 is Grease Interceptor Cleaned (i.e. daily, monthly, qrtly):

\_\_\_\_\_