Town of Windsor
CALIFORNIA

INSTRUCTIONS FOR WASTEWATER DISCHARGE PERMIT APPLICATION
GENERAL

PART A APPLICATION / PERMIT

A1. Applicant Business Name: Use Corporation or DBA name

A2. Address of Premise Discharging Wastewater: Include both sanitary and kitchen/process waste, if located at different addresses.

A3. Mailing Address: Complete *only if different* than premise address.

A4. Chief Executive Officer:
a. Name and title of person in charge of total operation (could be owner)
b. Mailing address of officer

A5. Reference Data:
a. **Business License Number**: If your business is within the Town of Windsor, call 707-838-1000 for license information.
b. **Fire Permit Number**: Call 707-838-1170 for permit information.
c. **Premise Owned or Leased**: If you own the building occupied by your business, you only need to check the "owned" box. If you are leasing the building, enter the date the lease expires.
d. **EPA Generator ID#**: Provide type and number. Also include a copy of Hazardous Materials Storage Permit Application
e. **Sewer/Water Account Numbers**: The account number is available on your sewer/water bill. If it is a new business or a new building, the account number will not be available until the new water meter is installed and your account is opened. If the landlord pays the sewer/water bill, *contact the landlord for the account number and the water meter number.*

A6. Primary Contact Person:
Person to be contacted about this application, or in case of emergency. List person who would easily be accessible to our staff.

Submit to:

Town of Windsor
Attn: Adrienne Cibor, Environmental Program Manager
8400 Windsor Road, Windsor, CA 95492
acibor@townofwindsor.ca.gov (707) 838-1219

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PART B BUSINESS DESCRIPTION

B1. **Type of Business:** General description of activity. Check if applicable and describe specifically the products and services of your business.

B2. **Hours of Operation:** Enter hours of operation and check days of operation.

B3. **Number of Employees:** Enter number of employees.

B4. **Water Use/Disposition:** Identify the source and discharge location for each water process. Include estimated volumes in gallons per day (gpd).

B5. **Wastewater Pretreatment:** Check the type of treatment, if any, given wastewater from this building sewer before it is discharged to the community sewer.

PART C BUILDING LAYOUT

Make a sketch of your facility and / or submit blueprints showing the location of water meters, wells, storm drains, sewer lines, cleanouts, sumps and oil/water separators.

CERTIFICATION STATEMENT
An unsigned application will be rejected as incomplete.

The Town of Windsor partners with the Sonoma County Water Agency Environmental Compliance Section. Sonoma Water staff provides industrial waste and pretreatment inspection and review services in Windsor and several other areas of Sonoma County.

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Town of Windsor
WASTEWATER DISCHARGE PERMIT APPLICATION
GENERAL

PART A APPLICATION / PERMIT

A1. Applicant Business Name _____

A2. Address of Premise <u>Discharging</u> Wastewater _____

City _____ State _____ Zip _____

A3. Mailing Address _____

City _____ State _____ Zip _____

A4. Chief Executive Officer _____

a. Title _____

b. Mailing Address _____

City _____ State _____ Zip _____

A5. a. Business License # _____

b. Is Premise: **Owned** ☐ **Leased** ☐ Lease Expires _____

c. **Sewer/Water Account #** _____ **Water Meter #** _____

Shared With Other Business? _____

A6. Primary Contact Person _____

Title _____ Day Phone (____) _____

Night Phone (____) _____ Emergency Phone (____) _____

Email Address _____

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PART B BUSINESS DESCRIPTION

Purpose: ***The Business Description is primarily used to determine the substances that may enter into the wastewater discharge from the Business Activity. The production quantities are necessary for State and Federal Reports.***

B1. Type of Business:

Service ☐ Wholesale ☐ Manufacturing ☐ Retail ☐

Products Produced or Services Rendered: _____

_____

Federal SIC Number(s): _____

B2. Hours of Operation:

From _____ **To** _____ (check) ☐S ☐M ☐T ☐W ☐T ☐F ☐S

B3. Total Number of Employees (part-time and full-time): _____

B4. Water Use/Disposition:

Water Used for	Supply from Town	Supply from Well	Discharged to Sewer	Discharged to Other	Discharged to Septic
Sanitary					
Processes					
Boiler					
Cooling					
Washing					
Irrigation					
Other					

B5. Wastewater Pretreatment: Check the type of treatment, if any, given wastewater from this building sewer before it is discharged to the community sewer.

NONE ☐ Grease Trap ☐ Sedimentation ☐ Holding Tank ☐ Grinding ☐
Chlorination ☐ Screening ☐ Oil/Water Separator ☐ PH Adjustment ☐
Biological Treatment ☐
Other (explain): _____

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PART C BUILDING LAYOUT

Purpose: ***The Building Layout shows wastewater generating operations that contribute to each building sewer. This building layout will also enable the Agency and the applicant to select suitable sampling locations for determining and verifying wastewater constituents.***

BUILDING LAYOUT

Draw to scale the location of each building on the premises. Show the location of all water meters, storm drains, pretreatment facilities, grease traps, interceptors, and each building sewer connected to the community sewers. Number each building sewer and show possible sample locations. Plumbing with equipment locations indicated are acceptable.

This document must be signed by the most responsible person of the company This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein and becomes liable for any and all future enforcement actions related to this information.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. 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 am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Responsible Person	**Date**
Print Name	**Title**

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