INSTRUCTIONS FOR WASTEWATER DISCHARGE PERMIT APPLICATION
RESTAURANTS / FOOD SERVICE

PART A APPLICATION/PERMIT

A1. **Applicant Business Name**: Use Corporation or DBA name.

A2. **Address of Premise Discharging Wastewater**: Include both sanitary and/or kitchen process waste. Indicate building numbers; if any.

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) 838-5361 for license information.
b. **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.
c. **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 sewer / water bill is paid by the landlord, *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 an emergency. List person who would be easily accessible to our staff.

INSTRUCTIONS FOR WASTEWATER DISCHARGE PERMIT APPLICATION
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PART B BUSINESS DESCRIPTION

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

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

B3. **Water Source:** Check if city or well water, and if metered. State community which provides sewer, or indicate if private septic.

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 and grease traps.

CERTIFICATION STATEMENT
An unsigned application will be rejected as incomplete

The Town of Windsor has requested and is obtaining assistance from staff from the City of Santa Rosa Utilities' Environmental Compliance Section. Santa Rosa staff provides the same services to other agencies including the cities of Santa Rosa, Rohnert Park, Cotati, Sebastopol and Sonoma County South Park Sanitation District.

Submit to:

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

Town of Windsor
WASTEWATER DISCHARGE PERMIT
RESTAURANTS / FOOD SERVICE

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 _____

Submit to:

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Town of Windsor
WASTEWATER DISCHARGE PERMIT
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PART B - BUSINESS DESCRIPTION

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

B1. **Type of Business:**

Restaurant ☐ **Food Manufacturing** ☐ **Wholesale** ☐ **Retail** ☐

Products Produced or Services Rendered_____

_____

Seating Capacity (Restaurants) _____

Dishwasher	**Yes**	☐	**No**	☐
Garbage Grinder	**Yes**	☐	**No**	☐
Grease Removal Device	**Yes**	☐	**No**	☐

If yes, type_____ size_____

B2. **Hours of Operation:**

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

B3. **Water Source:**

Town Water ☐ **Well** ☐ **Well Meter**: **Yes** ☐ **No** ☐

Sewer ☐ **Septic** ☐

Submit to:

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PART C - BUILDING LAYOUT

Purpose: ***The Building Layout shows wastewater generating operations which 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.***

KITCHEN / FOOD PREPARATION LAYOUT

Show the location of all sinks (hand, pots & pans, prep), floor drains, dishwashers and disposals including sewer plumbing diagram. Also indicate location and plumbing plans for all grease removal equipment (grease traps / interceptors). Building plumbing blueprints with equipment location indicated are acceptable.

This document and any 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____ _____

Signature of Responsible Person **Date**

_____ _____

Print Name **Title**

This document must be signed by the most responsible person of the organization applying for the discharge permit. 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.

Submit to:

Town of Windsor
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