



**INDUSTRIAL WASTEWATER
DISCHARGE PERMIT APPLICATION**

The completed and signed application
Is to be mailed, E-mailed, or delivered to:

Date : _____

City of Buellton
Public Works Department
107 West Highway 246
Buellton, CA 93427
(805) 686-0137
Rose Hess, City PW Director RoseH@cityofbuellton.com
Bill Callahan, Env. Comp. BillC@wallacegroup.us

FOR COB USE ONLY

IWDP NO. _____

REVIEWER _____

DATE: _____

1. Business Name: _____

2. Mailing Address: _____

3. Facility Address: _____

4. Contact Person: _____

Address: _____

Telephone: _____

5. Property Owner: _____

Address: _____

Telephone: _____

6. Principal Business Activity Conducted at the Facility _____

7. (a) Days & Hours of Operations: _____

(b) Average Number of Employees: _____

8. Mark Any of the Following Process(es) Which Are Applicable to Your Operation:

- | | |
|--------------------------------|-------------------------------------|
| Y Sanitary | Y Printing |
| Y Food Preparation | Y Other (explain) _____ |
| Y Laboratory | _____ |
| Y Dry Cleaning | Y Other (explain) _____ |
| Y Laundry (coin op/commercial) | _____ |
| Y Equipment Washdown | Y Other (explain) _____ |
| Y Food Processing/Packaging | _____ |
| Y Photographic Processing | Y None (no water usage in building) |

9. Describe the Wastewater Generating processes Previously Marked on Question Number 8 (attached additional sheets is necessary): _____

10. Describe Any Pretreatment Devices You Have for the Wastewater Generating Processes Described in Question 9 (attach additional sheets if necessary): _____

11. Size and Location of These Pretreatment Devices: _____

12. List All Environmental Permits Held By the Facility:

<u>TITLE</u>	<u>ISSUING AGENCY</u>	<u>PERMIT #</u>	<u>EXPIRATION DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Source(s) of Your Water (mark all applicable sources):

Y City Water

Y Private Well

Y Other _____

(a) Your Water Service Account Number(s): _____

(b) Average Monthly Use: _____

14. If Water/Sewer Charges are Paid by Someone Other Than Your Business, Please List the Name, Address, and Telephone Number of the Responsible Party:

15. What Percentage of Your Total Water Consumption is Used for Each of the Following (total numbers should add up to 100 %):

_____ Kitchens & Restrooms

_____ Irrigation, Landscape

_____ Main Process of the Business

_____ Washdown/Cleanup

_____ Contained in Product

_____ Other (explain) _____

16. List Chemicals/Fuels Stored at This Facility (attach additional sheets if necessary): _____

- (a) Container Types: Y Drums Y Tanks Y Bottles Y Other
(b) Quantity: Y Drums Y Tanks Y Bottles Y Other
(c) Material: Y Waste Y Process Additive Y Product
 Y Other (explain) _____

(d) Waste Disposal Method (if a waste hauler is used, give name, address, and telephone number): _____

List Any Chemicals Which May Be Carried Into the Sewer System from Processes, Floor Drains, Rinse Water, Clean Up, Etc. (attach additional sheets if necessary): _____

17. Hold and Haul – If holding and hauling winery waste for offsite disposal; identify the name, address, and phone number of the person or entity accepting and disposing of this waste. Provide evidence (signed letter) that this site is licensed and/or permitted to accept and dispose of winery waste. (attach additional sheets if necessary):

"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 ensure 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."

Completed By (please print): _____

Title: _____

Signature: _____

Telephone Number: _____ Date: _____