

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION (CLASS A)

The completed and signed application and application fees are to be delivered or mailed to:

City of Oxnard
 Technical Services Program- Source Control
 6001 Perkins Road
 Oxnard, CA 93033
 (805) 271-2200

SIC CODE _____

FOR TSP-SC USE ONLY	
IWDP NO.	_____
DATE	_____
REVIEWER	_____
Permit Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Fee	\$100
Processing Fee	<u>\$100</u>
TOTAL FEE:	\$200

1. BUSINESS NAME: _____
2. FACILITY ADDRESS: _____
3. MAILING ADDRESS: _____
4. CONTACT PERSON: _____
 TELEPHONE: _____
5. BUSINESS OWNER: _____
 ADDRESS: _____
 TELEPHONE: _____
6. PROPERTY OWNER: _____
 ADDRESS: _____
 TELEPHONE: _____
7. BUSINESS ACTIVITY(S) CONDUCTED AT THIS FACILITY (check all that apply):

<input type="checkbox"/> AUTO PARTS	<input type="checkbox"/> AUTO REPAIR	<input type="checkbox"/> AUTO SALES
<input type="checkbox"/> BODY REPAIR/PAINTING	<input type="checkbox"/> ENGINE RECONDITIONING	<input type="checkbox"/> GAS STATION
<input type="checkbox"/> MACHINE SHOP	<input type="checkbox"/> STEAM CLEANING	<input type="checkbox"/> TIRES
<input type="checkbox"/> VEHICLE WASHING	<input type="checkbox"/> WAREHOUSE	
<input type="checkbox"/> OTHER (specify): _____		
8. DAYS AND HOURS OF OPERATION: _____
9. CHEMICAL(S) USED OR STORED AT THIS FACILITY (check all that apply)

<input type="checkbox"/> ANTIFREEZE	<input type="checkbox"/> CAUSTICS (acids/bases)	<input type="checkbox"/> GASOLINE/DIESEL
<input type="checkbox"/> DETERGENTS	<input type="checkbox"/> HOT TANK CHEMICALS	<input type="checkbox"/> GREASE INTERCEPTOR
<input type="checkbox"/> MACHINE COOLANT/CUTTING OIL	<input type="checkbox"/> OIL/GREASE	<input type="checkbox"/> SOLVENTS
<input type="checkbox"/> OTHER (specify) _____		
10. FIXTURES AT THIS FACILITY (check all that apply):

<input type="checkbox"/> FLOOR DRAIN(S)	<input type="checkbox"/> GRAVITY SEPARATOR	<input type="checkbox"/> OIL/WATER SEPARATOR
<input type="checkbox"/> PIT	<input type="checkbox"/> SAMPLING WELL	<input type="checkbox"/> SUMP
<input type="checkbox"/> OTHER (specify) _____		
11. APPLICATION COMPLETED BY: _____

(Signature)

(Name and Title – please print)