

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: ☐ Yes ☐ No

Permit Fee \$100

Processing Fee \$100

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)