

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION (CLASS L)

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):

☐ CLOTHES WASHING

☐ DRY CLEANING

☐ FLOOR WASHING

☐ CLOTHES DRYING

☐ STEAM CLEANING

☐ GARBAGE CAN CLEANING

☐ OTHER (specify): _____

8. DAYS AND HOURS OF OPERATION: _____

9. CHEMICAL(S) USED OR STORED AT THIS FACILITY (check all that apply)

☐ DETERGENTS

☐ CAUSTICS (acids/bases)

☐ AMMONIA

☐ SOLVENTS

☐ OXIDIZERS

☐ OIL/GREASE

☐ OTHER (specify) _____

10. FIXTURES AT THIS FACILITY (check all that apply):

☐ FLOOR DRAIN(S)

☐ GRAVITY SEPARATOR

☐ LINT TRAP

☐ SINK

☐ SAMPLING WELL

☐ SUMP

☐ OTHER (specify) _____

11. APPLICATION COMPLETED BY: _____

(Signature)

(Name and Title – please print)