

**INDUSTRIAL WASTEWATER DISCHARGE PERMIT  
APPLICATION  
(CLASS D)**

The completed and signed application is to be mailed or delivered 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  
 Processing Fee: \$100  
 Permit 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. THIS FACILITY IS A DENTAL DISCHARGER (SUBJECT TO RULE 40 CFR PART 441) AND IT PLACES OR REMOVES DENTAL AMALGAM:

YES  NO

- 8. DAYS AND HOURS OF OPERATION: \_\_\_\_\_

- 9. TOTAL NUMBER OF CHAIRS: \_\_\_\_\_

ARE ALL CHAIRS AT WHICH AMALGAM MAY BE PRESENT IN THE RESULTING WASTEWATER CONNECTED TO A DEVICE:

YES  NO

- 10. DESCRIPTION OF AMALGAM SEPARATOR OR EQUIVALENT DEVICE:

- 11. APPLICATION COMPLETED BY: \_\_\_\_\_

(Signature)

(Name and Title – please print)