

# 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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit Fee:	\$100
Processing Fee:	<u>\$100</u>
<b>TOTAL FEE:</b>	<b>\$200</b>

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"/> CLOTHES WASHING	<input type="checkbox"/> DRY CLEANING	<input type="checkbox"/> FLOOR WASHING
<input type="checkbox"/> CLOTHES DRYING	<input type="checkbox"/> STEAM CLEANING	<input type="checkbox"/> GARBAGE CAN CLEANING
<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"/> DETERGENTS	<input type="checkbox"/> CAUSTICS (acids/bases)	<input type="checkbox"/> AMMONIA
<input type="checkbox"/> SOLVENTS	<input type="checkbox"/> OXIDIZERS	<input type="checkbox"/> OIL/GREASE
<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"/> LINT TRAP
<input type="checkbox"/> SINK	<input type="checkbox"/> SAMPLING WELL	<input type="checkbox"/> SUMP
<input type="checkbox"/> OTHER (specify) _____		
11. APPLICATION COMPLETED BY: \_\_\_\_\_

(Signature)

\_\_\_\_\_  
 (Name and Title – please print)