



777 Cypress Ave.  
Redding CA 96001  
(530) 225-4013 – Fax (530) 225-4360

# WASTEWATER DISCHARGE SURVEY/APPLICATION 1

TYPE OR PRINT CLEARLY.  
ATTACH ADDITIONAL SHEETS IF NECESSARY.

**City P.C. No.:** \_\_\_\_\_ **County P.C. No.:** \_\_\_\_\_

<b>A Site Address:</b>		City:	Assessor Parcel No(s):	
Company Name:				
Business Owner or Partner:		Mailing Address:		City, State, Zip:
Telephone: ( )	Fax: ( )	E-Mail address:		
Contact Person:		Mailing Address:		City, State, Zip:
Telephone: ( )	Fax: ( )	E-Mail address:		
Property Owner:		Mailing Address:		City, State, Zip:
Telephone: ( )	Fax: ( )	E-Mail address:		
Emergency Contact Person:		Title:	Daytime Phone:	Night Phone:
Correspondence to be sent to: <input type="checkbox"/> Business Owner <input type="checkbox"/> Contact Person <input type="checkbox"/> Property Owner				
<input type="checkbox"/> Other - List Name(s), Telephone, Fax & E-Mail:				

**B We have read this survey/application and the attached material. The provided information is accurate and complete.**

<b>BUSINESS OWNER/PARTNER</b> Date: _____	<b>CONTACT PERSON</b> Date: _____
Signed: _____	Signed: _____
Print Name: _____	Print Name: _____
Title: _____	Title: _____

**C Description of business activity (attach sheets if necessary):**

Would you like to receive source reduction information for your type of business?  YES  NO

	EMPLOYEE INFORMATION				PRODUCTION							
	OFFICE		Day Shift		Swing Shift		Swing Shift		Part-time & Delivery			
	No.	Hours	No.	Hours	No.	Hours	No.	Hours	No.	Hours		
Weekdays		to		to		to		to		to		
Saturday		to		to		to		to		to		
Sunday		to		to		to		to		to		

Delivery personnel: \_\_\_\_\_

Describe any seasonal operations: \_\_\_\_\_

**Water Use/Wastewater Generation**

D	Water Use		Wastewater Generation				
	CCF/Day	Source	CCF/Day	Pretreatment	B	C	Discharge Location
Domestic							
Boiler							
Cooling							
Washing							
Irrigation ( sq ft)							
Product Processes							
Other							
<b>Total</b>							

**Chemical Storage/Disposal Information**

<b>E</b>	<b>In general, what types and quantities of materials are stored on your premises?</b>
List type of container(s). (Attach additional sheets if necessary.)	
List any environmental control permits held by this facility:	
Has a spill prevention control plan been prepared for this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EPA I.D. Number:	
Hazardous Waste Codes	Description
Do you have a backflow prevention device on your water service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Notes:	

<b>F</b>	<b>Cumulative quantities of RCRA hazardous wastes (40 CFR 261) discharged to the sanitary sewer (see attached information):</b>
Acutely hazardous wastes (Waste Codes F020, F021, F022, F023, F026, F027, all under 261.33(e): <input type="checkbox"/> None <input type="checkbox"/> Any Amount	
Other hazardous waste under 40 CFR 251: <input type="checkbox"/> None to < 15 kg/mo. <input type="checkbox"/> >15 kg/mo. but < 100 kg/mo. <input type="checkbox"/> >100 kg/mo.	

**For Office Use Only**

<b>G</b>	SIC Code(s)	Use Permit No(s).			Bldg Plan Check No(s)	Business License No.	
Received by	Date Received	WWTP	CC	S	WWD Permit No.	Issue Date	Expiration
User Class	Manhole No.	Business Type			Business License Code	Co. HM Handler I.D. No.	
Maximum Flow		EPA Category			Filing Fee	Permit Fee	
Utility Account Numbers		Utilities Billed to Each			Water Use (12MT, WDA, TDA)		
SAMPLE POINT:							
NOTES:							

**Required Supplemental Information**

<b>H</b>	<input type="checkbox"/> Plumbing Plans	<input type="checkbox"/> Separate Water Meter	<input type="checkbox"/> T.O.M.P.	<input type="checkbox"/> Backflow Prevention
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Production Rates	<input type="checkbox"/> Waste Disposal	<input type="checkbox"/> Source Reduction
	<input type="checkbox"/> Floor Plan	<input type="checkbox"/> Material Storage	<input type="checkbox"/> Sample Point	<input type="checkbox"/>
	<input type="checkbox"/> Process and Water Flow	<input type="checkbox"/> Business Plan	<input type="checkbox"/> RCRA Brochure	<input type="checkbox"/>
	<input type="checkbox"/> Pretreatment Facilities	<input type="checkbox"/> Spill Control Plan	<input type="checkbox"/> RCRA Notification	<input type="checkbox"/>
OTHER:				
NOTES:				
Date Requested	Date Received	Approved by (WWT)		Date