

APPLICATION FOR WASTEWATER DISCHARGE PERMIT



Instructions: For the City of Healdsburg (COH) to properly evaluate and process a Wastewater Discharge Permit, the applicant must provide a complete permit application. Discharging without a valid permit is a violation of Healdsburg Municipal Code 13.20 and may be subject to administrative fines and/or physical termination of sewer service.

- The Permit Application Form must be filled out completely. Your application will be returned to you if there is any missing information. **Please write N/A if the information being requested does not apply.**
- The Permit Application must be signed by an official company representative. COH will return your permit application if it is not signed by the proper company official.
- All required drawings and Information listed below must be submitted with this application. COH will return your permit application if the below information is not submitted with your application.
 1. Brief description of the facility operations, pretreatment operations and typical discharge characteristics
 2. Detailed or Rough drawing of all the building discharge piping and pretreatment equipment
 3. Technical specifications for the chemicals used to pretreat (MSDS, or GHS sheets)
- COH will not process incomplete permit applications, clearly print or type the information requested.

Section I – General Information

A Applicant _____
Corporation or Establishment Name

B Doing Business as _____
Establishment Name used at Sewer Service Address Listed Below

C Sewer Service Address _____
Street City State Zip Code

D Phone Number () _____ Fax Number () _____ E-mail Address _____

E Is your establishment a sole proprietorship? partnership? corporation?

F Name of Owner, a General Partner, or Chief Executive Officer

Name Title

Street City State Zip Code

Phone Number Fax Number

G Name of Designated Representative and Signatory for the facility who can be served with notices and is responsible for signing all correspondence and reports. **All correspondence, including certified mail, will be sent to this representative:**

Please check if this is the same person identified in Line F or provide the information below:

Name		Title	
Street	City	State	Zip Code
Phone Number		Fax Number	

H Facility Contact During Inspections

Name		Title	
Phone Number			

Section II – Facility Operational Characteristics

I Check descriptions that represent your facility.

Type of Establishment		Location	
<input type="checkbox"/> Tasting Room	<input type="checkbox"/>	<input type="checkbox"/> Stand-alone Building	<input type="checkbox"/>
<input type="checkbox"/> Bottle Facility	<input type="checkbox"/>	<input type="checkbox"/> Strip Mall Attached	<input type="checkbox"/>
<input type="checkbox"/> Barreling Facility	<input type="checkbox"/>	<input type="checkbox"/> Company/Office Building	<input type="checkbox"/>
<input type="checkbox"/> Distillery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Food Processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____

J Indicate each item that you currently have in your facility and the quantity of each.

Pre-Treatment Equipment	
	Qty
<input type="checkbox"/> Screening	_____
<input type="checkbox"/> Solids Separator	_____
<input type="checkbox"/> pH Control	_____
<input type="checkbox"/> Monitoring Manhole	_____
<input type="checkbox"/> Equalization Tank	_____
<input type="checkbox"/> Neutralization Chamber	_____
<input type="checkbox"/> Other: _____	_____

K Please indicate operating schedule:

Days of Operation	Hours of Operation			
Monday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Tuesday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Wednesday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Thursday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Friday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Saturday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed
Sunday	Start: _____	Stop: _____	Start: _____	Stop: _____ or <input type="checkbox"/> 24 Hours or <input type="checkbox"/> Closed

L Please provide the following discharge characteristic information regarding your operations:

Discharge Amounts and Characteristic Information			
Daily Discharge Amounts (Gallons per Day)		Average BOD	
Monthly Discharge Amounts (Gallons per Month)		Average TSS	
Annual Discharge Amounts (Gallons per Year)		Average pH	

Section III - Facility Information

M Are you currently operating your business from the sewer address indicated? Yes No

If the answer is No, indicate the date you plan to begin operation: _____

O Property Owner

Name _____

Street _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Section IV - Certification

I have personally examined and am familiar with the information submitted in the attached document, and I hereby certify under penalty of law that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of administrative fines and/or physical termination of sewer service.

I certify that upon issuance of the permit, this firm's operation and its resultant wastewater discharge will achieve consistent compliance with the Healdsburg Municipal Code and applicable Federal, State and Local wastewater discharge requirements. If the wastewater discharge does not meet all the applicable regulations, the company will modify its operations, install wastewater pretreatment equipment, or do whatever is necessary to meet discharge requirements.

P Certification of Owner, a General Partner, or Chief Executive Officer

Name	Title
Signature	Date

Section V – Contact Information for this Application

Q Name of the person to contact concerning information provided in this application

Name	Phone		
Street	City	State	Zip Code

Section VI – Mailing Information

**Mail or Fax the completed application to:
City of Healdsburg
Municipal Utilities Department/Wastewater
401 Grove St.
Healdsburg, CA 95448-4723
707-431-3346
Fax: 707-431-3140**