



CITY OF DIXON
WASTEWATER DISCHARGE PERMIT APPLICATION
 600 EAST A STREET, DIXON, CA 95620
 TELEPHONE (707) 678-7030



This permit is for Industrial, Commercial, Automotive Related, Other wastewater discharge use

Name of Business/Discharger: _____
Business/Discharge Facility Address: _____
Business Owner: _____ Address (if not same as above): _____
Mailing Address (if not same as above): _____
Telephone: _____
(24hr) Emergency Contact Person: _____
(24hr) Emergency Contact Phone: _____ Cell Phone: _____
Application Date: _____
Date operation began (or will begin) at facility address: _____

City of Dixon Official Use Only

Date Permit Issued: _____ Date Permit Expires: _____
Permit Number: _____
<input type="checkbox"/> Approved With Special Conditions <input type="checkbox"/> Approval With FOG WDP Application (Page 5) <input type="checkbox"/> Approved <input type="checkbox"/> Approved With Special Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Additional Information Needed (identify above)
Reason for Denial: _____
Wastewater Operations Comments: _____
Collections Division Comments: _____
Recommended By: _____ Date: _____
Name (Print): _____ Title: Associate Civil Engineer
Approved By: _____ Date: _____
Name (Print): _____ Title: City Engineer / Public Works Director
High / Special Strength User Yes <input type="checkbox"/> No <input type="checkbox"/> High Flow Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes to either see attached "Wastewater Discharge Permit Monitoring Requirements"
In compliance with Chapter 14 of the Dixon Municipal Code, permission is hereby granted to the Permittee to discharge <input type="checkbox"/> Industrial, <input type="checkbox"/> Commercial, <input type="checkbox"/> Automotive Related, <input type="checkbox"/> Other wastewater from the above listed business at the above location into the City's Wastewater Treatment Plant Facility.

PLEASE ANSWER THE FOLLOWING QUESTIONS

- 1. Please indicate if this Wastewater Discharge Application is part of:
 Annual Application and/or
 Building Permit Application (Building Permit No. if applicable)
 Other Please Explain: _____

- 2. **IF YOU HAVE AN EXISTING WWDP NUMBER BEGINNING WITH 15 - ##### AND THERE ARE NO CHANGES TO YOUR APPLICATION THEN STOP HERE AND SUBMIT PAGE 1 ONLY**

- 3. Briefly describe any new construction or remodeling that is part of this Wastewater Discharge Application (attach additional page if necessary): _____

- 4. Activities that apply to this facility (check all that apply):
 Retail Sales Office Work Apartments Education Auto Service Factory
 Health Care Car/Truck Wash Water Softening Equipment
 Food Service **(Page 5 required to be filled out)**
 Other, please describe: _____

- 5. Are there other special activities that result in wastewater discharge to the City sewer?
 Yes No, If yes, please describe: _____

- 6. How is wastewater discharged into the City sewer system?
 Intermittent/Batch, and/or Continuous

- 7. Number of employees: _____ Permanent _____ Temporary _____ Seasonal
If seasonal, during which months: _____

- 8. Hours of operation:
Monday _____ Wednesday _____ Friday _____ Sunday _____
Tuesday _____ Thursday _____ Saturday _____

- 9. Number of floor drains: _____ Number of restrooms: _____

- 10. Sources of water supplied to the facility (check all that apply)
 City (previously DSMWS) Cal Water Private Well Other
If other, please describe: _____

- 11. List any wastewater or supply water treatment equipment or processes in use at this facility (currently or in the future): _____

- 12. Are any of the following in use (or will be in the future) at this facility? (Check all that apply):

<input type="checkbox"/> Metal finishing process	<input type="checkbox"/> Wash racks	<input type="checkbox"/> Printing (not copying)
<input type="checkbox"/> Steam cleaning	<input type="checkbox"/> Photo processing	<input type="checkbox"/> Grease traps
<input type="checkbox"/> X-Ray technology	<input type="checkbox"/> Hazardous waste storage	<input type="checkbox"/> Cooling Tower
<input type="checkbox"/> Oil & Sand Separator Sumps	<input type="checkbox"/> Chemical storage	<input type="checkbox"/> Boiler
<input type="checkbox"/> Vehicle Maintenance	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Other, please describe:

13. Is water used for any of the following? (check all that apply)
 Cooling Boiler feed Contained in product Comes in contact with product
 Other nondomestic water use, please describe: _____

14. Estimated volume of wastewater discharge flow in gallons/cubic feet:
Daily: _____ Weekly: _____ Monthly: _____

15. Methods of wastewater discharge and/or disposal used at this facility (check all that apply):
 Discharge to City sewer Discharge to septic tank
 Collected by a waste hauler Discharge to storm drain or natural outlet

16. Is there a spill and/or sludge prevention and/or countermeasure plan for this facility? (flow rate or concentration which could cause a violation of the discharge standards in Section 14.01.240 of The Dixon Municipal Code):
 Yes No, If Yes, please attach a copy to this form. If No, How are spills and/or sludge handled?

17. Is there a hazardous materials inventory filed with Solano County OES for this facility?
 Yes No, If yes, please attach a copy to this form for City files.

18. In case of an emergency at this facility, the City of Dixon shall contact the person named on page one of this application. List below additional (24hr) emergency contacts.

Name: _____ Title: _____

Daytime Phone: _____ Email: _____

Evening Phone: _____ Cellular: _____

BUILDING LAYOUT: A sketch on at least 8-1/2" X 11" paper depicting the following minimum elements

SITE PLAN ATTACHED

- a. Property lines
- b. Building outline
- c. Site storm drain lines, inlets & manholes
- d. Site sewer lines, entry points & manholes (show sewer system to City main line or septic systems)
- e. Grease traps, interceptors, separators, etc.

WASTEWATER FLOW: describe the flow of water from the time it enters the facility until it is discharged into the City wastewater system. Include additional information on building sketch as necessary for clarity. Also, describe any chemicals added to the water or any form of treatment introduced into the water before being discharged. Give approximate volumes of water & chemicals used and wastewater discharged:

LIST ALL CHEMICALS TO BE USED AT THE DISCHARGE FACILITY:

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____

Continued on Next Page:

ATTACHMENTS: Attach additional pages, as necessary, providing the for mentioned information

SPECIAL NOTE:

WASTEWATER DISCHARGE OWNER IS CHARGED RESPONSIBLE FOR UNDERSTANDING AND COMPLYING WITH ALL PROVISIONS OF THE DIXON MUNICIPAL CODE, CHAPTER 14 RELATING TO WASTEWATER DISCHARGE REQUIREMENTS. THE CITY RESERVES THE RIGHT TO REQUEST MORE INFORMATION AS NECESSARY BEFORE PROCESSING THIS PERMIT APPLICATION. THE APPLICANT MAY OBTAIN A COPY OF THE DIXON MUNICIPAL CODE CHAPTER 14 FOR A NOMINAL ADMINISTRATIVE FEE OR ONLINE AT WWW.CL.DIXON.CA.US.

- A. Compliance with this wastewater discharge permit does not relieve the Permittee of response for compliance with Chapter 14 of The Dixon Municipal Code and all Federal and State Pretreatment Standards and Pretreatment Regulations, including those which become effective during the terms of this wastewater discharge permit.
- B. This wastewater discharge permit is issued to the Permittee only for a specific industrial or commercial operation. This permit may not be reassigned, transferred or sold to a new owner, new user, different premises, or a new or changed operation.
- C. Civil and criminal penalties apply for violations of Chapter 14. Permittee is hereby notified of the provisions contained in Pretreatment of Wastewater Section 14.01.910, "Civil Penalties" and Section 14.01.920, "Criminal Prosecution."
- D. Terms used in this permit shall have the meaning ascribed in Chapter 14 of The Dixon Municipal Code.

CERTIFICATION: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name

Title

Signature

Date