

CITY OF SIMI VALLEY
Environmental Compliance Division
2929 Tapo Canyon Road, Simi Valley CA 93063
(805) 583-6420
www.simivalley.org

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

All businesses in Simi Valley are required to complete an Industrial Wastewater Discharge Permit application. Use current operating data, if available, or your best estimate based on similar types of businesses. Please answer all questions.

1. Business Name: _____
2. Facility Address: _____
3. Mailing Address: _____
4. Facility Contact: Mr. Mrs. Ms. _____ Phone: _____
5. Emergency Contact: _____ Phone: _____
6. Email Address: _____ Website: _____
7. Building Owner/Building Management Company: _____ Phone: _____
8. Describe Principal Business Activity at this Facility: _____
_____ SIC Code: _____ NAICS Code: _____
9. Best time of the day for Environmental Compliance staff to visit your facility (am/pm): _____ to _____.
10. Average number of Employees: _____ Number of Shifts per Day: _____
11. Days of Operation: S M T W Th F S Hours of Operation: _____
12. Facility Water Usage:
 - a. Average amount of water purchased (per water bill): _____
 - b. Waterworks District No. 8: Golden State Water Co.: Water Acct Number: _____
(Please attach copy of water bill)
 - c. If water or sewer charges are paid by someone other than your business, give name, address and phone number: _____
13. Estimated percentage of total water consumption used for each of the following:

<u> </u> Kitchens & Restrooms	<u> </u> Irrigation
<u> </u> Consumed in Product	<u> </u> Industrial/Process Wastes
<u> </u> Other (clean-up, etc.)	<u> </u> 100% Total
14. Facility Wastewater Discharge:
 - a. Estimated wastewater discharge flow per day: _____
 - b. List the wastewater sources at the facility (e.g., restrooms, cooking, car wash, electroplating, etc.): _____

 - c. Do you have floor drains, floor sinks, or any other connection(s) to the sewer system? Yes No
 - d. Describe any alternate disposal methods used (i.e., recycle, waste hauler, etc.): _____

 - e. Do you have a sand/oil/grease trap or clarifier? _____ Location: _____
 - f. Describe the processes that generate wastewater at this facility: _____

- g. What type of wastewater treatment system is being used at this facility? _____

15. Do you have, or will you use, a grease rendering service? Yes _____ No _____
 Name and address of service provider: _____
16. Hazardous Materials:
- List all hazardous materials, i.e., chemicals, fuels, corrosives, etc., and the approximate quantities that are stored at this facility. (Attach additional sheet(s) if needed): _____

 - Do you generate and/or dispose of hazardous waste? Yes ___ No ___
 - Do you use on-site recycling, reclamation, or recovery of the hazardous materials used? Yes ___ No ___
 - Do you use an off-site recycling service or hazardous waste hauling and disposal service? Yes _____ No _____
 Name of recycling service or waste hauler: _____
17. Are there any outdoor business activities that may be exposed to stormwater? Yes _____ No _____
18. Does this facility store materials outdoors that may come into contact with stormwater? Yes _____ No _____
19. Are any stormwater treatment devices or Best Management Practices (BMP) installed on site? Yes _____ No _____
20. Are you familiar with and follow the requirements in the City's Sewer Use Ordinance? Yes _____ No _____

The Sewer Use Ordinance is available at www.simivalley.org/environmentalcompliance.

If you have any questions or would like help completing this application please call the Pretreatment Program Coordinator at (805) 583-6412.

By signing this application, the applicant certifies the above information is true and correct.

Completed by (Please Print): _____

Title: _____ Date: _____

Signature: _____ Phone: _____

Please Return To:
City of Simi Valley
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