



MUNICIPAL UTILITIES DEPARTMENT
REGIONAL WASTEWATER CONTROL FACILITY
2500 NAVY DRIVE (209) 937-8750 PHONE
STOCKTON, CA 95206 (209) 937-8702 FAX

**SPECIAL APPLICATION/WASTEWATER DISCHARGE PERMIT
PART A – APPLICATION**

A1. Applicant Business Name: _____

A2. Address of premise discharging wastewater:

Street City Zip

A3. Business/Mailing Address:

Business Address City Zip

Mailing Address City Zip

A4. Chief Executive Officer:

Name Title

Mailing Address City State Zip

Phone (Office) Phone (Cell) Phone (Fax)

A5. Person to be contacted about this application:

Name Title

Phone (Office) Phone (Cell) Phone (Fax)

A6. Person to be contacted in case of emergency:

Name Title

Day Phone Night Phone

A7. CERTIFICATION: I certify that the information above and on the following parts are true and correct to the best of my knowledge.

Signature (Original Signature Required) Date

Print Name Title



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**SPECIAL APPLICATION/WASTEWATER DISCHARGE PERMIT
PART B – BUSINESS DESCRIPTION/DISCHARGE INFORMATION**

B1. Business Activity – (Complete a separate Part B for each major business activity occurring on the premise.)

ACTIVITY _____ SIC
(a) Product: _____

TYPE OF PRODUCTS (Brand Name)	QUANTITIES			
	PAST CALENDAR YEAR		EST THIS CALENDAR YEAR	
	Amount	Units	Amount	Units
	Avg	Max	Avg	Max

(b) Description – Describe the wastewater generating operations. Indicate variations in production and operations during the year (Use additional sheets as necessary).

(c) Substances Proposed to be Discharged – Give common and technical names of any materials or project proposed to be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product. Attach MSDS sheets for each.

NAME	DESCRIPTION

B2. Discharge Period

(a) Discharge occurs daily: from _____ to _____
(b) Circle the days of the week that the discharge occurs: S M T W T F S

B3. Variation of Operation

Indicate whether the business activity is:
Continuous throughout the year, or
Seasonal – Circle the months of the year during which discharge occurs:
J F M A M J J A S O N D

Comments: _____

B3. If Batch Discharge, Indicate:

- a. Number of batch discharges: _____ per month.
- b. Time of batch discharges: _____, _____, _____, at _____, _____, _____.
(Days of Week) (Hours of Day)
- c. Average quantity per batch: _____ gallons.
- d. Flow Rate: _____ gallons/minute.

**PART B – BUSINESS DESCRIPTION/DISCHARGE INFORMATION
(Continued)**

B4. Wastewater Constituents – Indicate if any of the following constituents, characteristics or substances is or can be present (X) in your wastewater discharge as a result of your operations.

CODE	CONSTITUENTS		CODE	CONSTITUENTS		CODE	CONSTITUENTS	
ALGC	Algicides*		FORMA	Formaldehyde		RAD	Radioactivity*	
AL	Aluminum		HC	Hydrocarbons*		SE	Selenium	
NH3N	Ammonia		I-	Iodide		AG	Silver	
SB	Antimony		FE	Iron		NA	Sodium	
AS	Arsenic		PB	Lead		SOLV	Solvents*	
BA	Barium		MG	Magnesium		SO4	Sulfate	
BE	Beryllium		MN	Manganese		S=T	Sulfide	
B	Boron		HG	Mercury		SO3	Sulfite	
BR-	Bromide		MO	Molybdenum		MBAS	Surfactants MBAS	
CD	Cadmium		NI	Nickel		TEMP	Temperature	
CA	Calcim		O&G M	Oil & Grease (Min Orig)				
CL2	Chlorine		O&G T	Oil & Grease (Total)		TI	Thallium	
CL-	Chloride		PESTC	Pesticides*		SN	Tin	
CR	Chromium		PH	pH Increase (+)		V	Vanadium	
CO	Cobalt		PH	pH Decrease (-)		TVA	Volatile Acids	
CU	Copper		PHENL	Phenols		ZN	Zinc	
CN	Cyanide		P	Phosphorus		N	Total Nitrogen	
F-	Fluoride		K	Potassium		C	Cresols*	

*Identify the Chemical Compounds or Elements

Comments: _____
