



**MUNICIPAL UTILITIES DEPARTMENT  
 REGIONAL WASTEWATER CONTROL FACILITY  
 2500 NAVY DRIVE (209) 937-8700 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)

E-mail: \_\_\_\_\_

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).

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(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

B3. Variation of Operation

- (a) Discharge occurs daily: from \_\_\_\_\_ to \_\_\_\_\_
- (b) Circle the days of the week that the discharge occurs: S M T W T F S
- (c) Proposed start date \_\_\_\_\_

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	Calcium	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

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Comments: 

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