



CITY OF HEALDSBURG
Municipal Utilities Department

401 Grove Street
 Healdsburg, CA 95448-4723
 Phone (707) 431-3346
 Fax: (707) 431-3576
 Visit us at www.ci.healdsburg.ca.us

Application for Wastewater Discharge Permit

Instructions: For the City of Healdsburg (City) to properly evaluate and process a Wastewater Discharge Permit, the applicant must provide a complete permit application.

- ▶ 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. All required Drawings and Information described in the information brochure must be submitted with this application. Complete the checklist provided to ensure that all requirements are satisfied.
- ▶ The Permit Application must be signed by an official company representative. Your permit application will be returned denied if it is not signed by the proper company official.
- ▶ The permit fee is due at the time the permit application is submitted. An application received without remittance will be returned. **THE FEE IS WAIVED AT THIS TIME.**
- ▶ The City will NOT process incomplete Permit Applications. Please refer to Appendix A of the information brochure for detailed instructions for completing this Application Form. Clearly print or type the information requested.

SECTION I – GENERAL INFORMATION

A) Business Name _____
 Corporation or Food Service Establishment Name

B) Business Address _____
 Street City State Zip Code

Phone/Fax/Email _____

C) Please check one: Property Owner OR Property Tenant

D) Name of Business Owner, a General Partner, or Chief Executive Officer

Name Title _____

Street City State Zip Code _____

Phone Number Fax Number _____

E) Name of Property Owner

Please check if this is the same person identified in Line D, if so proceed to F.

Name		Title	
Street	City	State	Zip Code
Phone Number		Fax Number	

F) Name of Designated Representative and Signatory for the facility that 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 (this person must meet the requirements detailed in the instructions provided in Appendix A):

Please check if this is the same person identified in Line E, proceed to H.

Name		Title	
Street	City	State	Zip Code
Phone Number		Fax Number	

G) Facility Contact During Inspections

Please check if this is the same person identified in Line E, proceed to section II.

Name	Title
Phone Number	

SECTION II – FACILITY OPERATIONAL CHARACTERISTICS

H) Check descriptions that represent your facility.

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

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

Pre-Treatment Equipment	
Type	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: _____	_____

J) 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

K) 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

L) Are you currently operating your business at the address indicated? Yes No

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

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 City of 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.

M) Certification of Owner, a General Partner, or Chief Executive Officer

Name	Title
Signature	Date

SECTION V – CONTACT INFORMATION FOR THIS APPLICATION

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

Name	Phone		
Street	City	State	Zip Code

SECTION VI – MAILING INFORMATION

Mail the completed application to:
City of Healdsburg
Municipal Utilities Department - Wastewater
401 Grove St.
Healdsburg, CA 95448-4723