



INSTRUCTIONS: Return completed application to 101 W. Jack London Boulevard Livermore, CA 94551.
Incomplete applications will not be processed. A copy of this application will be returned when the permit is issued.

A1. Applicant Business Name: \_\_\_\_\_

A2. Address of Facility Discharging Wastewater:
Street \_\_\_\_\_
City \_\_\_\_\_ Zip \_\_\_\_\_

A3. Business Mailing Address:
Street \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A4. Chief Executive Officer:
Name \_\_\_\_\_ Title \_\_\_\_\_
Mailing Address \_\_\_\_\_
Email \_\_\_\_\_

A5. Person to be contacted about this application:
Name \_\_\_\_\_ Title \_\_\_\_\_
Email \_\_\_\_\_ Phone \_\_\_\_\_

A6. Person to be contacted in case of an emergency:
Name \_\_\_\_\_ Title \_\_\_\_\_
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_
Email \_\_\_\_\_

A7. The "responsible corporate officer"1 must sign the following certification statement:

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the 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.

Signature

Date

Print Name

Title

1 A "responsible corporate officer" is a president, secretary, treasurer or vice president of the corporation in charge of a principle business function, or any other person who performs similar policy, or decision-making functions for the corporation.1

B1. Type of Washing Operation (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Bus Wash             | <input type="checkbox"/> Landscape Equipment         |
| <input type="checkbox"/> Car/Truck Dealership | <input type="checkbox"/> Self Service Coin Operation |
| <input type="checkbox"/> Drive-Thru           | <input type="checkbox"/> Truck Wash                  |
| <input type="checkbox"/> Heavy Equipment      | <input type="checkbox"/> Other (Specify): _____      |

B2. Wastewater Pretreatment Equipment (Check all that apply)

- Sand and Oil Interceptor: Capacity \_\_\_\_\_ gallons
- Water Recycler with Oil/Solids Removal:

Vendor: \_\_\_\_\_

Model Name: \_\_\_\_\_

- Other (Specify):

B3. Maintenance Schedule for Equipment Identified in Section B2

Maintenance Service Provider information:

Name	Phone Number

Describe maintenance performed and detail service schedule (i.e. interceptor pumped/cleaned quarterly):

- Waste hauling and/or service records associated with pretreatment equipment identified in Section B2 for the previous year are attached.

B4. Water Source: Identify facility's source of water (check one):

- |   |  |
|---|--|
| <input type="checkbox"/> California Water Service | <input type="checkbox"/> Livermore Municipal Water |
| <input type="checkbox"/> Other (Specify): _____   |  |

Daily water usage: \_\_\_\_\_ gallons      Data from:  Meter  Estimate

Volume of daily water usage relating to vehicle/equipment washing: \_\_\_\_\_ gallons

Wash water usage data based on:  Meter Reading  
 Estimate (Explain): \_\_\_\_\_

B5. **Cleaning Chemical Inventory:** Submit a list of all chemicals used in the washing area. Include copies of Material Safety Data Sheets (MSDS) for those listed. Attach inventory list and MSDS to completed application.

B6. **Discharge Period**

Check the days of the week that washing discharges occur:

M  T  W  T  F  Sa  Su

Discharge occurs: From \_\_\_\_\_ To \_\_\_\_\_

Normal hours of operation: \_\_\_\_\_

B7. **Other Discharges:** Are there any other operations at this location that generate wastewater other than household type sanitary sewage:  No  Yes, please describe:

B8: **Other Information:** Provide any other operational information relative to the discharge of wastewater from your business:

In the space below submit a block diagram depicting the flow of chemicals through your processing equipment. Show which chemicals are treated and which go directly to the drain. Include pretreatment equipment, effluent sampling location, and all sanitary sewer drain (floor drains, sinks, etc.) locations.

Check if diagram is included as an attachment.