



**CITY OF DIXON**  
**WASTEWATER DISCHARGE PERMIT APPLICATION**  
 600 EAST A STREET, DIXON, CA 95620  
 TELEPHONE (707) 678-7030



This permit is for  Industrial,  Commercial,  Automotive Related,  Other wastewater discharge use

Name of Business/Discharger: \_\_\_\_\_

Business/Discharge Facility Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Address (if not same as above): \_\_\_\_\_

Mailing Address (if not same as above): \_\_\_\_\_

Telephone: \_\_\_\_\_

(24hr) Emergency Contact Person: \_\_\_\_\_

(24hr) Emergency Contact Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Application Date: \_\_\_\_\_

Date operation began (or will begin) at facility address: \_\_\_\_\_

**City of Dixon Official Use Only**

Date Permit Issued: \_\_\_\_\_ Date Permit Expires: \_\_\_\_\_

Permit Number: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Approved With Special Conditions | <input type="checkbox"/> Approval With FOG WDP Application (Page 5)     |
| <input type="checkbox"/> Approved                         | <input type="checkbox"/> Approved With Special Conditions               |
| <input type="checkbox"/> Denied                           | <input type="checkbox"/> Additional Information Needed (identify above) |

Reason for Denial: \_\_\_\_\_

Wastewater Operations Comments: \_\_\_\_\_

Collections Division Comments: \_\_\_\_\_

Recommended By: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: Associate Civil Engineer

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Title: City Engineer / Public Works Director

High / Special Strength User Yes  No  High Flow Yes  No   
 If Yes to either see attached "Wastewater Discharge Permit Monitoring Requirements"

In compliance with Chapter 14 of the Dixon Municipal Code, permission is hereby granted to the Permittee to discharge  Industrial,  Commercial,  Automotive Related,  Other wastewater from the above listed business at the above location into the City's Wastewater Treatment Plant Facility.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

1. Please indicate if this Wastewater Discharge Application is part of:
  - Business License Application and/or
  - Building Permit Application (Building Permit No. if applicable)
  - Other Please Explain: \_\_\_\_\_
  
2. Briefly describe any new construction or remodeling that is part of this Wastewater Discharge Application (attach additional page if necessary): \_\_\_\_\_
  
3. Activities that apply to this facility (check all that apply):
  - Retail Sales       Office Work    Apartments    Education       Auto Service    Factory
  - Health Care       Car/Truck Wash       Water Softening Equipment
  - Food Service      **(Page 5 required to be filled out)**
  - Other, please describe: \_\_\_\_\_
  
4. Are there other special activities that result in wastewater discharge to the City sewer?
  - Yes    No,   If yes, please describe: \_\_\_\_\_
  
5. How is wastewater discharged into the City sewer system?
  - Intermittent/Batch,   and/or  Continuous
  
6. Number of employees:      \_\_\_\_\_   Permanent      \_\_\_\_\_   Temporary      \_\_\_\_\_   Seasonal  
 If seasonal, during which months: \_\_\_\_\_
  
7. Hours of operation:
 

Monday	_____	Wednesday	_____	Friday	_____	Sunday	_____
Tuesday	_____	Thursday	_____	Saturday	_____		
  
8. Number of floor drains: \_\_\_\_\_   Number of restrooms: \_\_\_\_\_
  
9. Sources of water supplied to the facility (check all that apply)
  - DSMWS       Cal Water       Private Well    Other
  - If other, please describe: \_\_\_\_\_
  
10. List any wastewater or supply water treatment equipment or processes in use at this facility (currently or in the future): \_\_\_\_\_  
 \_\_\_\_\_
  
11. Are any of the following in use (or will be in the future) at this facility?      (Check all that apply):
 

<input type="checkbox"/> Metal finishing process	<input type="checkbox"/> Wash racks	<input type="checkbox"/> Printing (not copying)
<input type="checkbox"/> Steam cleaning	<input type="checkbox"/> Photo processing	<input type="checkbox"/> Grease traps
<input type="checkbox"/> X-Ray technology	<input type="checkbox"/> Hazardous waste storage	<input type="checkbox"/> Cooling Tower
<input type="checkbox"/> Oil & Sand Separator Sumps	<input type="checkbox"/> Chemical storage	<input type="checkbox"/> Boiler
<input type="checkbox"/> Vehicle Maintenance	<input type="checkbox"/> Water Softener	<input type="checkbox"/> Other, please describe:

  
 \_\_\_\_\_  
 \_\_\_\_\_
  
12. Is water used for any of the following? (check all that apply)
  - Cooling       Boiler feed       Contained in product       Comes in contact with product
  - Other nondomestic water use, please describe: \_\_\_\_\_  
 \_\_\_\_\_

13. Estimated volume of wastewater discharge flow in gallons/cubic feet:  
 Daily: \_\_\_\_\_ Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_
14. Methods of wastewater discharge and/or disposal used at this facility (check all that apply):  
 Discharge to City sewer       Discharge to septic tank  
 Collected by a waste hauler       Discharge to storm drain or natural outlet
15. Is there a spill and/or sludge prevention and/or countermeasure plan for this facility? (flow rate or concentration which could cause a violation of the discharge standards in Section 14.01.240 of The Dixon Municipal Code):  
 Yes    No, If Yes, please attach a copy to this form. If No, How are spills and/or sludge handled?  
 \_\_\_\_\_

16. Is there a hazardous materials inventory filed with Solano County OES for this facility?  
 Yes    No, If yes, please attach a copy to this form for City files.

17. In case of an emergency at this facility, the City of Dixon shall contact the person named on page one of this application. List below additional (24hr) emergency contacts.

Name: _____	Title: _____
Daytime Phone: _____	Email: _____
Evening Phone: _____	Cellular: _____

**BUILDING LAYOUT:** A sketch on at least 8-1/2" X 11" paper depicting the following minimum elements

- SITE PLAN ATTACHED**
- Property lines
  - Building outline
  - Site storm drain lines, inlets & manholes
  - Site sewer lines, entry points & manholes (show sewer system to City main line or septic systems)
  - Grease traps, interceptors, separators, etc.

**WASTEWATER FLOW:** describe the flow of water from the time it enters the facility until it is discharged into the City wastewater system. Include additional information on building sketch as necessary for clarity. Also, describe any chemicals added to the water or any form of treatment introduced into the water before being discharged. Give approximate volumes of water & chemicals used and wastewater discharged:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST ALL CHEMICALS TO BE USED AT THE DISCHARGE FACILITY:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Continued on Next Page:

**ATTACHMENTS:** Attach additional pages, as necessary, providing the for mentioned information

**FAT, OIL, AND GREASE QUESTIONNAIRE**  
**(REQUIRED FOR FOOD SERVICE ESTABLISHMENTS ONLY)**

1. Business License Category:
- |   |  |
|---|--|
| <input type="checkbox"/> Bars/Taverns             | <input type="checkbox"/> Restaurant w/o Liquor |
| <input type="checkbox"/> Grocery Stores           | <input type="checkbox"/> Restaurant w/ Liquor  |
| <input type="checkbox"/> Grocery/Gas Combinations |  |
2. Type of Food Service Establishment (check all that apply):
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Full Service Restaurant | <input type="checkbox"/> Coffee Shop       | <input type="checkbox"/> Other, please describe: _____ |
| <input type="checkbox"/> Fast Food Restaurant    | <input type="checkbox"/> Bakery/Donut Shop |  |
| <input type="checkbox"/> Deli Style Restaurant   | <input type="checkbox"/> Supermarket       |  |
3. Seating Capacity: \_\_\_\_\_
4. Do you have a rendering bin/ container for recycling your used cooking oil?
- Yes \_\_\_\_\_ No \_\_\_\_\_
5. Do you have an indoor grease trap or outdoor grease interceptor?
- Indoor Grease Trap       Outdoor Grease Interceptor       Neither
6. Describe the location and capacity of the grease trap or interceptor:
- \_\_\_\_\_
7. How frequently is the grease trap or interceptor cleaned?
- \_\_\_\_\_
8. Who performs the maintenance / cleaning of the grease trap or interceptor?
- \_\_\_\_\_
- \_\_\_\_\_

**SPECIAL NOTE:**

**WASTEWATER DISCHARGE OWNER IS CHARGED RESPONSIBLE FOR UNDERSTANDING AND COMPLYING WITH ALL PROVISIONS OF THE DIXON MUNICIPAL CODE, CHAPTER 14 RELATING TO WASTEWATER DISCHARGE REQUIREMENTS. THE CITY RESERVES THE RIGHT TO REQUEST MORE INFORMATION AS NECESSARY BEFORE PROCESSING THIS PERMIT APPLICATION. THE APPLICANT MAY OBTAIN A COPY OF THE DIXON MUNICIPAL CODE CHAPTER 14 FOR A NOMINAL ADMINISTRATIVE FEE OR ONLINE AT WWW.CLDIXON.CA.US.**

- A. Compliance with this wastewater discharge permit does not relieve the Permittee of response for compliance with Chapter 14 of The Dixon Municipal Code and all Federal and State Pretreatment Standards and Pretreatment Regulations, including those which become effective during the terms of this wastewater discharge permit.
- B. This wastewater discharge permit is issued to the Permittee only for a specific industrial or commercial operation. This permit may not be reassigned, transferred or sold to a new owner, new user, different premises, or a new or changed operation.
- C. Civil and criminal penalties apply for violations of Chapter 14. Permittee is hereby notified of the provisions contained in Pretreatment of Wastewater Section 14.01.910, "Civil Penalties" and Section 14.01.920, "Criminal Prosecution."
- D. Terms used in this permit shall have the meaning ascribed in Chapter 14 of The Dixon Municipal Code.

**CERTIFICATION:** 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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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.

\_\_\_\_\_

**Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**