



State of California
Regional Water Quality Control Board
**APPLICATION/REPORT OF WASTE DISCHARGE
GENERAL INFORMATION FORM FOR
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



I. FACILITY INFORMATION

A. Facility:

| | | | |
|----------------------------|--|-------------------------------|---------------------------------|
| Name: Goofy's Farm | <p style="color: red;">For Confined Animal Application, please enter the following in the Application Number field. For facility name or last name with less than four letters, please use 0 (zero) as place holder(s):</p> <ul style="list-style-type: none"> <u>AA</u> The first four letters of the facility name or individual's last name The Month and Day the application was signed <p style="color: red;">Application Number = <u>AAGOOF0125</u></p> | | |
| Address: 123 Oak Street | | | |
| City: Toon Town | | | |
| Contact Person: Goofy | | | |
| B. Facility Owner: | | | |
| Name: Goofy | | | |
| Address: 123 Oak Street | CA | 92802 | Other: <input type="checkbox"/> |
| City: Toon Town | | | |
| Contact Person: Goofy | Telephone Number: 123-456-7890 | Federal Tax ID: 12-3456789 | |

C. Facility Operator (The agency or business, not the person):

| | | | | |
|------------------------|--------|-----------|---|---|
| Name: Same as owner | | | Operator Type (Check One) | |
| Address: | | | 1. <input type="checkbox"/> Individual | 2. <input type="checkbox"/> Corporation |
| City: | State: | Zip Code: | 3. <input type="checkbox"/> Governmental Agency | 4. <input type="checkbox"/> Partnership |
| Contact Person: | | | 5. <input type="checkbox"/> Other: _____ | |
| | | | Telephone Number: | |

D. Owner of the Land:

| | | | | |
|------------------------|--------|-----------|---|---|
| Name: Same as owner | | | Owner Type (Check One) | |
| Address: | | | 1. <input type="checkbox"/> Individual | 2. <input type="checkbox"/> Corporation |
| City: | State: | Zip Code: | 3. <input type="checkbox"/> Governmental Agency | 4. <input type="checkbox"/> Partnership |
| Contact Person: | | | 5. <input type="checkbox"/> Other: _____ | |
| | | | Telephone Number: | |

E. Address Where Legal Notice May Be Served:

| | | |
|---------------------------|--------|-------------------|
| Address: Same as owner | | |
| City: | State: | Zip Code: |
| Contact Person: | | Telephone Number: |

F. Billing Address:

| | | |
|---------------------------|--------|-------------------|
| Address: Same as owner | | |
| City: | State: | Zip Code: |
| Contact Person: | | Telephone Number: |