



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 Irrigated Land 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>IA</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>IAGOOF0125</u></p>			
Address: 123 Oak Street				
City: Toon Town				
Contact Person: Goofy				
B. Facility Owner:				
Name: Goofy				
Address: 123 Oak Street				
City: Toon Town		CA	92802	5. <input type="checkbox"/> Other: _____
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: