



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: Taylor Farm	<p style="color: red;">For Land Disposal 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>LA</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>LATAYL1021</u></p>		
Address: 123 Barn Street			
City: Farmville			
Contact Person: Tom Taylor			
B. Facility Owner:			
Name: Tom Taylor	State: CA	Zip Code: 92802	Other: _____
Address: 123 Barn Street	Contact Person: Tom Taylor	Telephone Number: 123-456-7890	Federal Tax ID: 12-3456789
City: Farmville			

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: