



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: <b>Jones Winery</b>	<p style="color: red; text-align: center;">For National Pollutant Discharge Elimination System (NPDES) 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"> <li><u>NA</u></li> <li>The first four letters of the facility name or individual's last name</li> <li>The Month and Day the application was signed</li> </ul> <p style="color: red; text-align: center;">Application Number = <u>NAJONE0515</u></p>		
Address: <b>123 Vine Street</b>			
City: <b>Farmville</b>			
Contact Person: <b>Bob Jones</b>			
<b>B. Facility Owner:</b>			
Name: <b>Bob Jones</b>	State: <b>CA</b>	Zip Code: <b>12345</b>	5. <input type="checkbox"/> Other: _____
Address: <b>123 Vine Street</b>	Contact Person: <b>Bob Jones</b>	Telephone Number: <b>123-456-7890</b>	Federal Tax ID: <b>12-3456789</b>
City: <b>Farmville</b>			

**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 Agency
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 Agency
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:	