



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: John Doe Farm		<p style="color: red; text-align: center;">For Cannabis Cultivation Waste Discharge 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>BA</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; text-align: center;">Application Number = <u>BAJOHN0525</u></p>
Address: 564 Red Barn Road		
City: Farmville		
Contact Person: John Doe		
State: CA		
Zip Code: 92802		
Telephone Number: 123-456-1234		
Federal Tax ID: 12-0123456		

B. Facility Owner:

Name: John Doe	
Address: 564 Red Barn Road	
City: Farmville	
State: CA	
Zip Code: 92802	
Telephone Number: 123-456-1234	
Federal Tax ID: 12-0123456	

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:			3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
State:			5. <input type="checkbox"/> Other: _____	
Zip Code:			Telephone Number:	
Contact Person:			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:			3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership
State:			5. <input type="checkbox"/> Other: _____	
Zip Code:			Telephone Number:	
Contact Person:			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: