

**POCATELLO WATER POLLUTION CONTROL DEPARTMENT  
WASTEWATER DISCHARGE PERMIT APPLICATION  
FOR  
VEHICLE AND HEAVY EQUIPMENT SERVICE AND REPAIR  
PAINTING/SAND BLASTING/DETAILING**

**PLEASE COMPLETE ALL QUESTIONS.**

**Return the completed application to:**

**Pretreatment Office  
Water Pollution Control Department  
Pretreatment Supervisor  
P.O. Box 4169  
Pocatello, Idaho 83205-4169**

If there are any questions or concerns, you can contact the Pretreatment Program at 208-234-6256 or visit our web site at [www.pocatello.us/wpc/wpc\\_pretreatment.htm](http://www.pocatello.us/wpc/wpc_pretreatment.htm)

**Facility Name:** \_\_\_\_\_

**Facility Physical Address & Telephone Number:**

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**Facility Mailing address:** CHECK IF SAME AS ABOVE

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**Facility Owner Name, Mailing Address & Phone Number:**

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What is the estimated water usage of this facility? \_\_\_\_\_ **gallons per day**

Operation schedule or purposed operation schedule: **Sun** [  ] **Mon** [  ] **Tues** [  ] **Wed** [  ] **Thurs** [  ] **Fri** [  ]  
**Sat** [  ]

Number of operation hours \_\_\_\_\_ **hrs per day**

**Describe the services that will be performed at this facility.**

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<b>WILL THERE BE OR ARE THERE ANY OF THE FOLLOWING FIXTURES PRESENT IN THE FACILITY</b>				
<b>Check all fixtures present</b>	<b>This fixture is presently or will be plumbed into an interceptor</b>		<b>FIXTURE</b>	<b>NUMBER</b>
	<b>Yes</b>	<b>No</b>		
			<b>Toilets</b>	
			<b>Hand sinks</b>	
			<b>Parts cleaner</b>	
			<b>Automatic wash/rinse/wax</b>	
			<b>Floor drains</b>	
			<b>Water curtains</b>	
			<b>Flow restrictor</b>	
			<b>Other</b>	

<b>INDICATE TYPE OF REPAIRS THAT ARE OR WILL BE DONE AT THIS FACILITY</b>				
<b>Check applicable</b>			<b>TYPE OF REPAIR</b>	<b>DESCRIBE THE DISPOSAL METHOD FOR WASTE</b>
<b>Yes</b>	<b>No</b>	<b>Future</b>		
			Radiators	
			Brakes	
			Engine and/or transmission	
			Oil and lube	
			Tires	
			Paint and body work	
			Auto/Truck washing and/or detailing	
			Other repairs	

**ARE ANY OF THE LISTED CHEMICALS USED OR STORED AT THIS FACILITY?  
ATTACH MSDS SHEETS FOR ALL CHEMICALS USED IN THE FACILITY**

Yes	No	Future	TYPE	USE AND CHEMICAL NAME
			Emulsifiers	
			Bacteria	
			Enzymes	
			High pressure cleaning	
			High temperature cleaning	
			Waxes	
			Caustic soak/hot/stripping tanks	
			Solvents	

**INDICATE TYPE OF VEHICLES THAT ARE OR WILL BE WASHED AT THIS FACILITY**

Check applicable			TYPE OF VEHICLE WASHED	Estimate the number of vehicles washed during peak operation hour
Yes	No	Future		
			Passenger vehicles	
			Inside tankers or trailers	
			Heavy equipment	
			Large commercial hauler trucks	
			Other repairs	

**CUSTOMER LOAD**

**NUMBER**

<b>Estimate the number of passenger vehicles washed per peak hour?</b>	
<b>Estimate the number of heavy equipment or trucks washed per peak hour?</b>	
<b>Estimate the number of trailers washed per peak hour?</b>	

**GENERAL**

N/A	Yes	No	Answer all questions below providing requested information.
			Are there any storm drains on your property?
			Is there or will there be any rag washing at this facility?
			Are any waste materials disposed of offsite or recycled?
			Is there any routine wash down of work areas?

**ACCIDENTAL SPILL PREVENTION PLAN AND PROCEDURES**

YES	NO	Is there a documented accidental spill prevention plan for this facility? If yes, provide an outline.
Provide a floor plan identifying the location of potential spill areas: liquid storage areas, solid material storage areas, truck or rail loading areas, chemical mixing or use areas. Show all floor drains, floor sumps, and location of all storm sewer drain manholes. The plan may be a legible sketch.		
Who is the person accountable for spill prevention, emergency procedures and containment plans?		
NAME	TITLE	PHONE
Who is the person accountable for reporting such incidents?		
NAME	TITLE	PHONE

**DOES OR WILL THE FACILITY HAVE AN OIL\SAND\SILT INTERCEPTOR?**

YES [ ] NO [ ]

If "yes", complete the following.

#1	DESCRIBE ALL INTERCEPTORS	
Size	gals	location
What is the flow rate into the interceptor?		Gpm
Yes	No	Does or will the interceptor have at least 2 compartments?
Describe the cleaning and maintenance schedule and procedures for the interceptor.		
Where is the sludge disposed?		

Please indicate those sections of this application that you wish to remain confidential and your basis for requiring confidentiality.

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"I certify under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

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Signature of Authorized representative

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Date

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Print Name

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Title

**ATTACHMENT A**  
Sewer Connection Plan

**Business Name:**

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Include: Location of facility, property boundaries, adjacent streets, sewers, connections and manholes (sewer and storm).



**ATTACHMENT C**  
Plumbing Drawings

**Business Name:**

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A large, empty rectangular box with a thin black border, intended for the submission of plumbing drawings. The box is currently blank.

Include: all sinks, toilets, floor drains, sumps, grease traps/interceptors, and all other access to the sanitary sewer.