

**POCATELLO WATER POLLUTION CONTROL DEPARTMENT  
WASTEWATER DISCHARGE PERMIT APPLICATION  
FOR  
ALL AUTO RELATED SERVICES**

**PLEASE COMPLETE ALL QUESTIONS.**

**Return the completed application to:**

**City of Pocatello - WPC  
Pretreatment Office  
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.pocateelo.us/wpc/wpc\\_pretreatment.htm](http://www.pocateelo.us/wpc/wpc_pretreatment.htm)

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

**Facility Physical Address & Telephone Number:**

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 FIXTURE PRESENT IN THE FACILITY</b>				
<b>Check all fixtures present</b>	<b>This fixture is presently or will be plumbed into an sand-silt oil 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	
			Paint and body work	
			Interior washing of transport tankers, totes, etc.	
			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/SUBSTANCES USED IN THE FACILITY				
Yes	No	Future	TYPE	USE AND CHEMICAL/SUBSTANCE 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
Estimate the number of passenger vehicles washed per peak hour?	
Estimate the number of heavy equipment or trucks washed per peak hour?	
Estimate the number of trailers washed per peak hour?	

**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 material disposed of off site 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.
Who is the person accountable for spill prevention, emergency procedures and containment plans?		
NAME	TITLE	PHONE

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

**YES [ ] NO [ ]**

If "yes" complete the following.

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

Provide the following information for the company that cleans your sand-silt oil interceptor:

Company name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Company Phone Number: \_\_\_\_\_  
 Company Contact Name: \_\_\_\_\_  
 Frequency waste is picked-up: \_\_\_\_\_

Provide the following information for all waste haulers who pick-up used oils, antifreeze, solvents, and any other waste materials:

Type of Waste Picked Up: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_  
Frequency waste is picked-up: \_\_\_\_\_

Type of Waste Picked Up: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_  
Frequency waste is picked-up: \_\_\_\_\_

Type of Waste Picked Up: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Company Phone Number: \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_  
Frequency waste is picked-up: \_\_\_\_\_

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."

\_\_\_\_\_  
Signature of Authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



# ATTACHMENT B

## Building Layout

**Business Name:**

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A large, empty rectangular box with a thin black border, intended for a hand-drawn floor plan. The box is currently blank.

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, all sinks, toilets, grease traps/sand-silt oil interceptors, and all other access to the sanitary sewer. The plan may be a legible sketch.