

**CITY OF POCATELLO
WATER POLLUTION CONTROL DEPARTMENT
WASTEWATER DISCHARGE PERMIT APPLICATION FOR DRY CLEANING
SERVICES**

City of Pocatello Water Pollution Control Department
Pretreatment Office 234-6256
Box 4169, Pocatello, Idaho 83205-4169

PLEASE COMPLETE ALL QUESTIONS.

Business Name: _____

Business Address: _____

Business Contact Person: _____

Phone Number: _____

Are fabrics dry-cleaned or do you plan to dry-clean fabrics at this location?

Yes [] No []

If NO, indicate the location where fabrics are (or will be) dry-cleaned and sign the certification statement at the end of this form.

Name of Business: _____

Business Address: _____

Business Contact Name: _____

Phone Number: _____

If YES, you must apply for a sewer use permit by filling out this application completely and attaching the additional information requested.

1. Are there any expansions planned during the next three years? Yes [] No []

Operation schedule or purposed operation schedule?

[]Sun []Mon []Tues []Weds []Thurs []Fri []Sat

2. Number of operation hours _____hrs per day

3. Average amount of fabric cleaned daily _____ lbs
4. Types and amounts of dry-cleaning solvent

TYPE	AVAERAGE AMOUNT USED MONTHLY (gallons)
Perchloroethylene	
Stoddard Solvent	
Other	

5. Attach a diagram showing all dry cleaning machines and related equipment on the premises. Include all dry cleaning machines, reclaimers (recovery dryers), stills, cookers, sniffers, air vacuum systems, cooling towers, and any other equipment containing solvent. Please include the manufacturer, model number, and size (capacity) for each unit. Also indicate the types of wastewater discharged from each unit (cooling water, blow-down, separator water, etc.) Attachment A
6. Attach a diagram of the facility and all accesses to the sewer. Include floor drains, sinks, and any other access. Attachment C
7. Types and amounts of waste removed from the premises. Include muck, filter, waste solvent, separator water, and any other dry cleaning wastes.

Description of Waste	Average Amount Removed Monthly	Removed by (Name and Address)

8. Describe any other methods used for treatment or disposal of dry-cleaning wastes.

9. Is or will any portion of this property be leased or rented to another business? Yes [] No []
10. Do you or will you use or store of any chemicals on this property? Yes [] No []

If yes, complete attachment B

11. Do you or will you store or dispose of any waste material on this property? Yes [] No []

12. Do you or will you have a kitchen at this location? Yes [] No []

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

"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

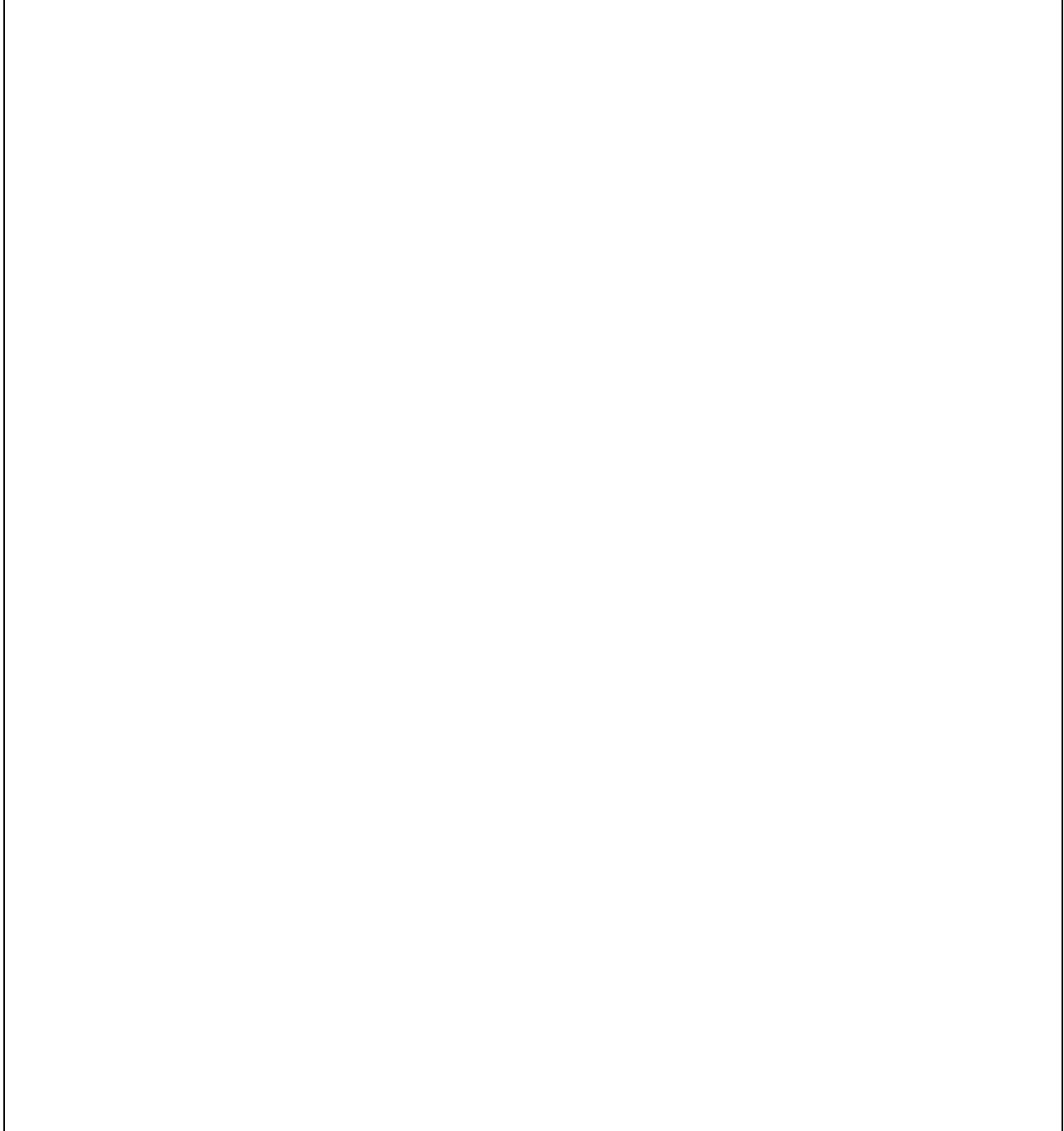
Print Name

Title

ATTACHMENT A

Equipment Diagram

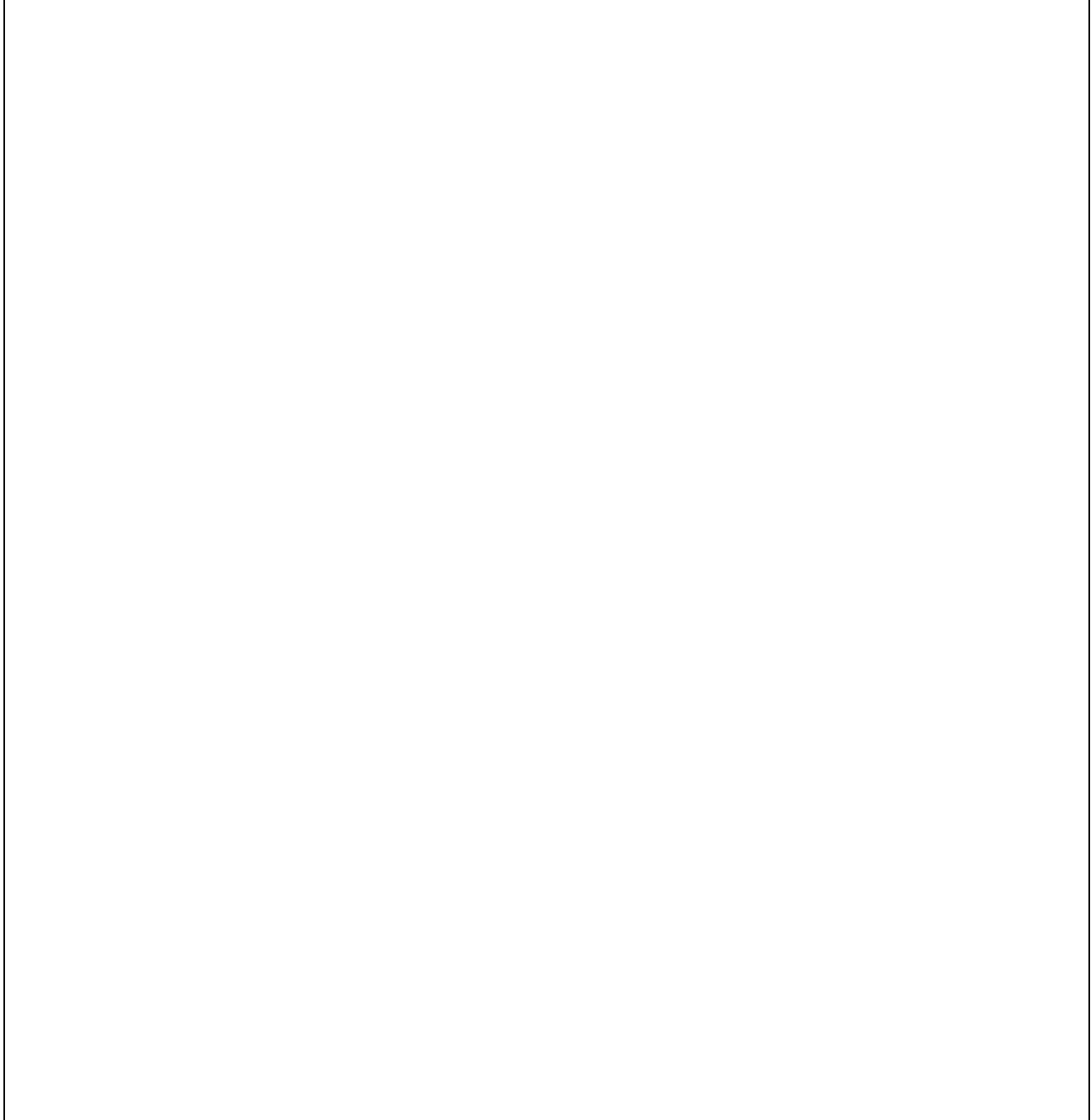
Business Name: _____



Include: all dry cleaning machines and related equipment on the premises, reclaimers (recovery dryers), stills, cookers, sniffers, air vacuum systems, cooling towers, and any other equipment containing solvent.

ATTACHMENT C
Sewer Access Diagram

Business Name: _____



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