

**POCATELLO WATER POLLUTION CONTROL DEPARTMENT
APPLICATION
FOR
NONRESIDENTIAL WASTE WATER DISCHARGE PERMIT**

If there are any questions or concerns call the Pretreatment Office at (208) 234-6256.

PLEASE COMPLETE ALL QUESTIONS. IF NOT APPLICABLE INDICATE WITH N/A.

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

I. COMMUNICATION INFORMATION

A. Name, address & telephone number of facility discharging wastewater:

B. Name, mailing address & telephone number of business owner:

C. Name, mailing address and telephone number of property owner:

D. Name and phone number of manager or person responsible for daily facility operations:

D. What Pretreatment/Recycling equipment is there? (Please check those that apply)

- | | |
|--|---|
| <input type="checkbox"/> Oil/Sand Separator (Sump) | <input type="checkbox"/> pH Adjustment |
| <input type="checkbox"/> Grease Trap | <input type="checkbox"/> Solvent Recovery Units |
| <input type="checkbox"/> Grease Interceptor | <input type="checkbox"/> Anti-freeze Recycler |
| <input type="checkbox"/> Silver Recovery Units | <input type="checkbox"/> Used Oil Burner |
| <input type="checkbox"/> Off-Site Silver Recovery | |
- (Provide name of Off-Site Hauler: _____)
- Other (Please explain)

E. Water Source (check one) Private Well Water City Water Supply

F. Will there be discharge into the City of Pocatello=s storm drain system any type of wastewater or materials other than storm water run-off? YES NO

G. Do you plan **any expansion, added services or process changes** in the next three years?
 YES NO

If YES, attach a separate sheet to this form describing the nature of planned changes or expansions.

The City shall be notified, in person or in writing, 90 days prior to the introduction of new wastewater pollutants, changes in or addition to the services offered, or any substantial changes in the volume or characteristics of the wastewater.

H. Will you lease or rent any portion of this facility?

YES NO

If YES, attach a separate sheet to this form listing the businesses and describe the types of service and or processes each business will perform. You will be notified if a separate application is required for any of the businesses you list.

III. WASTEWATER DISCHARGE INFORMATION

A. Sewer Connections:

1. Provide a floor plan showing all locations of fixtures discharging to the sewer. Include all sinks, dishwasher, toilets, floor drains, sumps, grease interceptors/traps, oil/sand separators, process tanks, and any other sewer accesses. If there is no floor plan is available, use Attachment B and C to sketch one.

B. Discharge standards

1. Do you have any local, state, or federal environmental control permits to store, treat, transport, or discharge waters or liquid wastes? (i.e., waste generator or hauler, air quality, National Pollutant Discharge Elimination System (NPDES) permit, etc.) Yes [] No []

If yes, list permits and dates of issue:

IV. CHEMICAL LIST

Complete Attachment "A" listing all chemicals that will be used and stored at your business.

V. CONFIDENTIALITY

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requiring confidentiality: _____

AI certify 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 Business Owner

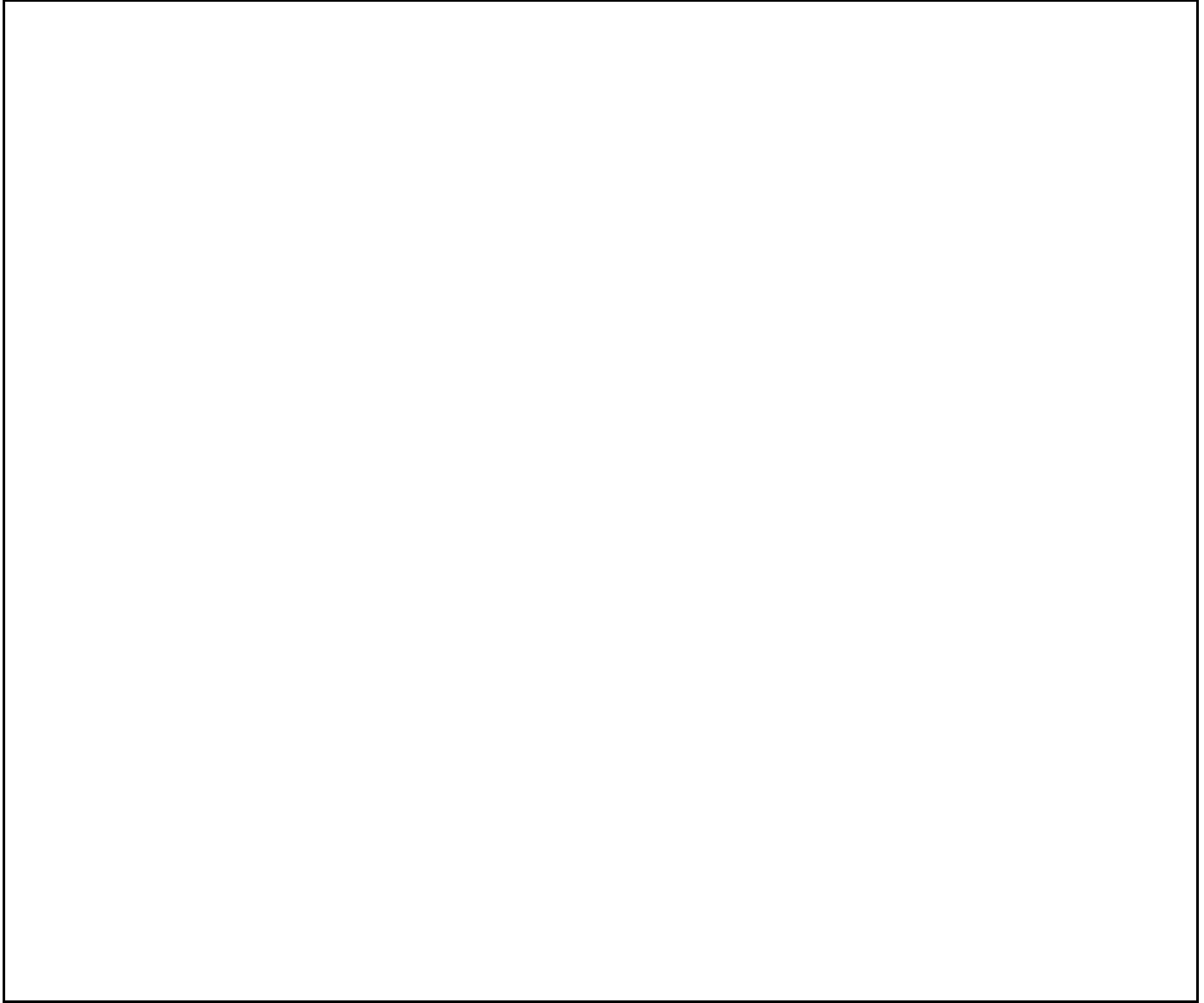
Date

Print Name

Title

ATTACHMENT B
Sewer Connections Plan

Business Name

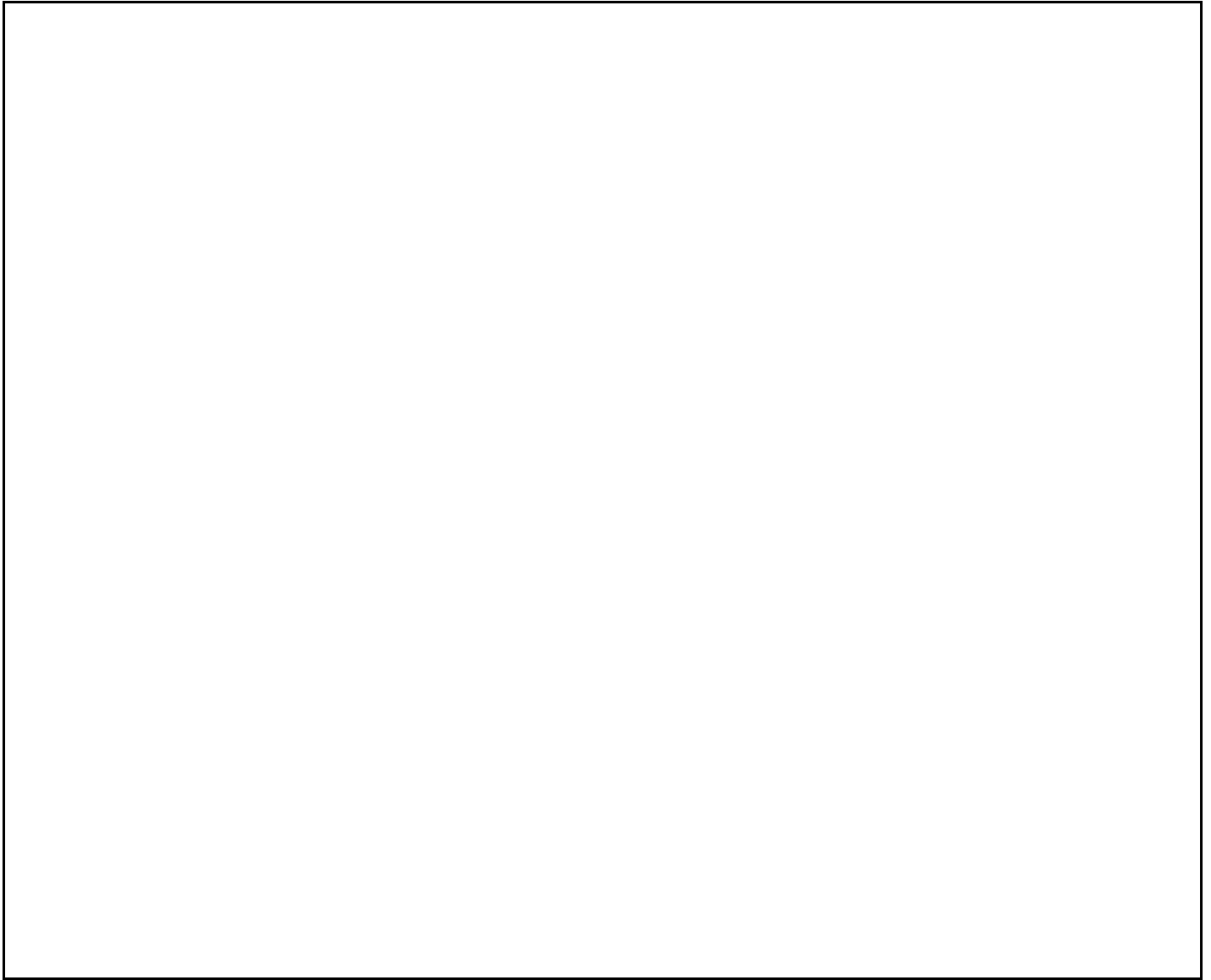
A large, empty rectangular box with a black border, occupying the central portion of the page. It is intended for a site plan or map showing the location of the facility, property boundaries, adjacent streets, sewers, connections, and manholes.

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

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ATTACHMENT C
Plumbing Drawings

Business Name



Include: Include all sinks, dishwasher, toilets, floor drains, sumps, grease interceptors/traps, oil/sand separators, process tanks, and any other sewer accesses.

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