

CITY OF POCA TELLO WATER POLLUTION CONTROL DEPARTMENT

10733 Rio Vista Road*P.O. Box 4169*Pocatello, Idaho 83205-4169*Phone 208-234-6256*Fax 208-237-7318

WASTEWATER DISCHARGE PERMIT APPLICATION FOR PHOTO, PRINTING AND GRAPHIC ARTS

1. **Facility Name:**

2. **Owner** – The name if the person, firm, or organization that legally owns the facility.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

3. **Facility Address:** The address where the facility is actually located.

Street: _____

City: _____ State: _____ Zip: _____

4. **Business Mailing Address:** The business address for day to day correspondence.

Street: _____

City: _____ State: _____ Zip: _____

5. **Facility Management:** The person responsible for overall facility operation.

Name: _____

Title: _____ Work Phone: _____

6. **Designated Facility Contact:** The person to contact for regular day to day business.

Name: _____

Title: _____ Work Phone: _____

7. **Water Sources:** Indicate all water sources used by your facility.

<input type="checkbox"/>	Pocatello Municipal Water	<input type="checkbox"/>	Private Well
<input type="checkbox"/>	Surface Water (stream, pond, etc.)	<input type="checkbox"/>	Other Source

8. **Waste Discharge**

Is your facility presently connected to the sewer system?

Yes

No

If "No", are there plans to connect to the system?

Yes

No

Do you or will you discharge into the City of Pocatello's storm drain system any wastewater or materials other than storm runoff?

Yes

No

Do you or will you discharge into any other body of water (river, canal, etc.) any wastewater or other material?

Yes

No

9. **Sewer/Water Bill Information:** Provide as shown on monthly bill.

Street: _____

City: _____ State: _____ Zip: _____

10. **Industrial Activity:** Briefly describe all production, manufacturing and or service operations.

11. **Waste Discharge**

Is there any discharge to sewer other than domestic wastes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. **In-house Treatment**

Is any wastewater treated prior to discharge to the sewer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete Attachment C.		

13. **Material Storage**

Is there any chemical storage areas, tanks, bins, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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14. **Floor Drains**

Is there any floor drains in this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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15. **Process Wastes**

Is any process wastes generated at this facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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16. **Non-sewered Wastes**

Is there any waste disposal other than sewer or trash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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17. **Water Use:** Indicate average usage and measured (M) or estimated (E).

	TYPE OF WATER USE	AMOUNT (GALLONS PER DAY)	M/E
a.	Contact Cooling		
b.	Non-Contact Cooling		
c.	Boiler Feed		
d.	Process		
e.	Sanitary		
f.	Air Pollution Control		
g.	Contained in Product		
h.	Wash Down		
i.	Irrigation		
j.	Other		
k.	Total (lines a – j)		

18.

Is any portion of this facility leased or rented to another business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide the name and type of business.		

19. **Facility Layout**

Complete Attachment A showing all locations of discharge to the sewer (i.e., sinks, dishwashers, process tanks, floor drains, etc.)

20. **Chemical List**

Complete Attachment B, listing all chemicals that are used/stored at this business.

21. **Confidentiality**

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

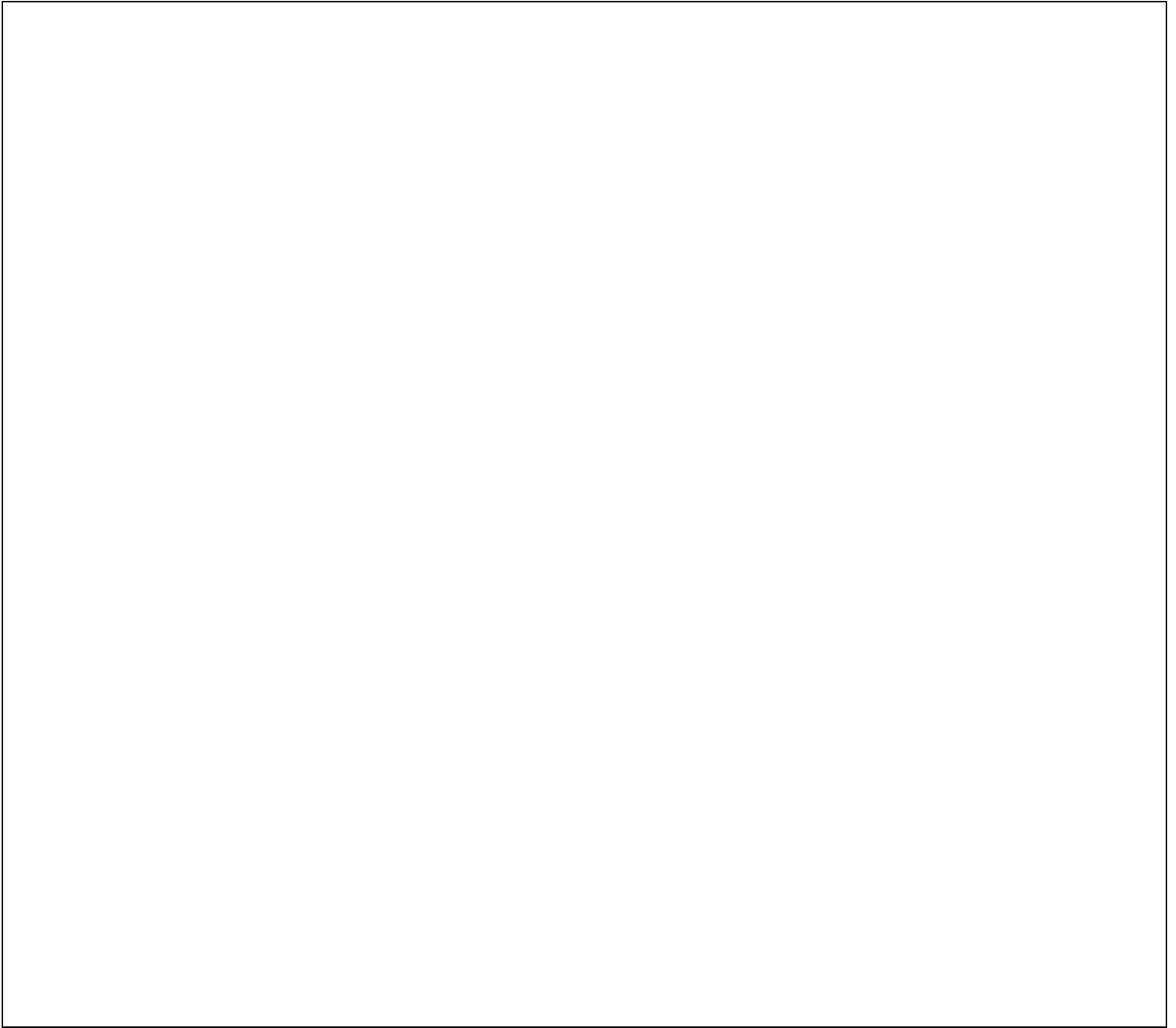
Date

Print Name

Title

ATTACHMENT A
Facility Layout

Business Name: _____

A large, empty rectangular box with a thin black border, intended for the user to draw the facility layout. The box is currently blank.

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

ATTACHMENT C
Treatment Process(s) Diagrams

Business Name: _____



Include: Flow diagrams of all treatment processes to include all treatment tanks, floor drains, etc. and the final discharge sampling location.