

POCATELLO WATER POLLUTION CONTROL DEPARTMENT  
 APPLICATION FOR  
 STORAGE UNITS WASTE WATER DISCHARGE PERMIT

SIC code _____ Office use only
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Thank you for the time required for completing this application. If there are any questions or concerns, please call Candice Ross, Pretreatment Coordinator at (208) 234-6256.

**Return to:**           **City of Pocatello**  
                           **Water Pollution Control Department**  
                           **Pretreatment Coordinator**  
                           **Box 4169**  
                           **Pocatello, Idaho     83205-4169**

PLEASE COMPLETE ALL QUESTIONS. IF NOT APPLICABLE, INDICATE WITH N/A.  
 ESTIMATE WHEN NECESSARY

Please provide both the actual address of the facility and mailing address if different.

Company Name:

Contact Person: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of the facility discharging wastewater:

Mailing address: CHECK IF SAME AS ABOVE [ ]

Provide a short description of business operation.

Are there any expansions planned during the next three years?

YES [ ] NO [ ]

BUSINESS INFORMATION	
How many storage units is there at this location? (number of units)	
Is there water supplied to <u>any</u> of the storage units?	
Are there <u>any</u> floor drains or interceptors located in storage units?	

Are renters allowed to make repairs on personal items, such as boats, automobiles, etc.?	
Are storage units used for <u>any</u> type of business operations?	
Does the storage facility discharge to the city sewer?	
Does the storage facility discharge to a septic system?	
Do you store any hazardous chemicals in this storage area?	

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