

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 208-237-3927

WASTEWATER DISCHARGE PERMIT APPLICATION FOR NON RESIDENTIAL SERVICES

I. COMMUNICATION INFORMATION

A. Name, address, and phone number of facility discharging wastewater:

Name: _____
Street: _____ Phone: _____
City: _____ State: _____ Zip: _____

B. Name, mailing address and phone number of the business owner:

Name: _____
Street: _____ Phone: _____
City: _____ State: _____ Zip: _____

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

Name: _____
Street: _____ Phone: _____
City: _____ State: _____ Zip: _____

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

Name: _____
Title: _____ Work Phone: _____

II. BUSINESS & PROCESS INFORMATION

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

- Pocatello Municipal Water Private Well
 Surface Water (stream, pond, etc.) Other Source _____

B. **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

C. Provide a description of all services, all operation processes, and types of wastes and

wastewater generated (if additional space is extra sheets may be attached to this form):

D. Hours of Operation: _____ Days of operation/week: _____

Number of employees: _____

E. Will any of the following be done as part of the business operation? (Please check those that apply and attach a description of the operation(s))

- | | |
|---|--|
| <input type="checkbox"/> Food/beverage Preparation of any kind (please attach a menu) | <input type="checkbox"/> Radiator Repair Work |
| <input type="checkbox"/> Heavy Equipment Repair/Service | <input type="checkbox"/> Automotive Repair/Service |
| <input type="checkbox"/> Auto Body Repair | <input type="checkbox"/> Battery Services |
| <input type="checkbox"/> Environmental Lab Services | <input type="checkbox"/> Furniture stripping/refinishing |
| <input type="checkbox"/> Routine Wash Down of work area | <input type="checkbox"/> X-ray Processing |
| <input type="checkbox"/> Steam Cleaning Services | <input type="checkbox"/> Photo Finishing |
| <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Graphic Arts/Printing |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Mortuary Services |
| <input type="checkbox"/> Medical Lab Services | <input type="checkbox"/> Dental Lab Services |
| <input type="checkbox"/> Lawn Care/Pest Control | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Auto Washing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hazardous Waste Treatment
Storage or Disposal | _____ |
| | _____ |

F. 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"/> Silver Recovery Units |
| <input type="checkbox"/> Anti-freeze Recycler | <input type="checkbox"/> Used Oil Burner |
| <input type="checkbox"/> Off-Site Silver Recovery | <input type="checkbox"/> Other (Please explain) |

Provide name of Off-Site Hauler: _____

- Other (Please explain) _____
- _____
- _____
- _____
- _____

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

H. 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

I. 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.

J. 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.

IV. CHEMICAL LIST

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

Provide the following information for all waste haulers who pick-up used oils, antifreeze, solvents, paint and any other waste materials **OR** how the waste is disposed if not done by a waste hauler:

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

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

V. CONFIDENTIALITY

Please indicate those sections of this questionnaire 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: _____



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

Ex.

Sinks

Restrooms

ATTACHMENT B
Chemicals Used/Stored

Business Name: _____

Chemical Name	Amount used/year	Amount on hand	Disposal Method