

**INDUSTRIAL WASTE DISCHARGE PERMIT APPLICATION**  
(FOR DISCHARGE TO THE SANITARY SEWER SYSTEM)  
**VEHICLE SERVICE FACILITIES**

**SECTION I. GENERAL INFORMATION**

**Facility:** \_\_\_\_\_  
(Name)

**Address:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

**Name of Business Owner:** \_\_\_\_\_

**Address of Owner:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (Zip)

**Person Responsible for Site:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Title:**      **Manager** \_\_\_      **Vice President** \_\_\_      **Other:** \_\_\_

**Number of Employees:** \_\_\_\_\_      **Number of Service Bays:** \_\_\_\_\_

**What is the monthly water usage at this Facility?**

\_\_\_\_\_ **Gal/Month**      \_\_\_\_\_ **Units (CCF)/Month**

**Please estimate the monthly water usage for each:**

\_\_\_ **Process Flow**      \_\_\_ **Sanitary Flow**      \_\_\_ **Irrigation**

**Primary Business Activity:** \_\_\_\_\_

**Please Check the Activities Carried out at your Facility:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air Conditioning Repair | <input type="checkbox"/> Fuel Dispensing      | <input type="checkbox"/> Tire Sales/Repair   |
| <input type="checkbox"/> Battery:Sales/Recycling | <input type="checkbox"/> Machining            | <input type="checkbox"/> Transmission Repair |
| <input type="checkbox"/> Body Repair             | <input type="checkbox"/> Muffler Repair/Sales | <input type="checkbox"/> Tune-ups            |
| <input type="checkbox"/> Brake Repair            | <input type="checkbox"/> Painting             | <input type="checkbox"/> Vehicle Washing     |
| <input type="checkbox"/> Engine Cleaning         | <input type="checkbox"/> Parts Cleaning       | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Engine Repair           | <input type="checkbox"/> Radiator Repair      |  |

## **SECTION II.**

## **FACILITY DIAGRAM**

**Please provide a drawing below, to scale, of your facility and identify the process areas and work stations. Indicate the location of all sanitary drain inlets, storm drain inlets and all water meters (including incoming potable water, irrigation water and/or sewer flow meters). In addition, please identify all sinks, drains, treatment systems, and any other connections to the sewer. Use additional sheets if necessary.**

**SECTION III. TREATMENT SYSTEM**

What type of treatment system, if any, does your facility have? (For example: oil/water separator, gravity settling, precipitation, filtration, evaporators, solvent recycling unit, water recycling unit, etc.).

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Are all process wastestreams treated?

YES                       NO

If NO, which wastestreams are not treated and why?

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**SECTION IV. CERTIFICATION**

I have personally examined and am familiar with the information submitted in this application, and I hereby certify under penalty of law that this information was obtained in accordance with applicable requirements. Moreover, based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date