VALLEY SANITARY DISTRICT

General

Wastewater Discharge Permit Application / Record

www.valley-sanitary.org

Return completed form to Pretreatment Services Section via Email or Mail:
Email: ec@valley-sanitary.org Mail: 45500 Van Buren St; Indio, CA 92201

FOR VSD USE

Received Date: _____
Fee Collected ◯ Yes ◯ No
Receipt Number: _____
Accepted By: _____

Permit Number: _____
Approved By: _____

Section A – Contact Information			
Name of Facility:		Facility Address:	
Name of Owner:		Name of Manager:	
Phone Number:		Phone Number:	
Email:		Email:	

Section B – Permit Information

◯ Change of Ownership
Previous Company Name:
_____
Previous Permit #
_____

◯ Construction
◯ New
◯ Remodeling/ TI
◯ Change of Use

◯ Existing Un-permitted Facility
◯ Other: _____
_____

Section C – Type of Business (check all that apply)

☐ Service ☐ Wholesale ☐ Manufacturing ☐ Retail ☐ Other:

Section D – Facility Operations

Staffing: Number of Employees: _____ Number of Shifts: _____

Days of Operation: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours of Operation: Weekdays _____ Weekends _____

Section E – Types of Fixtures / Activities (check all that apply)

☐ Hair bowls
☐ Foot wash station
☐ Mop sink
☐ Floor Drains
☐ Car Wash
☐ Machine Shop
☐ Parts Cleaning
☐ Engine Degreasing
☐ Auto Body and Paint
☐ Radiator repair
☐ Used Oil/ Filters
☐ Storage of waste chemicals (more than 90 days)
☐ Other: _____

Section F – Used Oil / Filter Hauler / Sand Oil Separator / Raw Materials

_____

_____

_____

Other:

Section H – Signatory

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information, and belief, that the contents of this application are true, accurate and complete.

Owner / Authorized Representative (print): _____ Title: _____

Signature: _____ Date: _____