



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

<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Construction	<input type="checkbox"/> Existing Un-permitted Facility
Previous Company Name: _____	<input type="checkbox"/> New	<input type="checkbox"/> Other: _____
Previous Permit # _____	<input type="checkbox"/> Remodeling/ TI	
	<input type="checkbox"/> Change of Use	

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)

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

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: _____