

Application for Sewer Interceptor Waste Discharge Permit

Select One: Initial ☐ Renewal Application ☐ Change of Owner/User Permit Modification Application ☐
Property Owner's Name:
Address:
Phone Number:
Email Address:
Facility User's Name:
Phone Number:
Facility Address:
Business Name:
Email Address:
Contact Information for Emergencies: Name:
Address:
Phone Number:
Description and location of onsite facilities (i.e., size and type of interceptor or treatment unit and the location of it at the facility. Provide all necessary information regarding the facility operation and per the most current edition of the CA UPC the proper sizing and type of interceptor or treatment unit needed as approved by the local land use agency (City of Desert Ho Springs City of Palm Springs or County of Riverside note approval) and/or the District. Use a separate sheet(s) of paper as necessary to provide sufficient information to process this application. Failure to provide sufficient detail can result in delay or denial of permit application. For questions or if you need assistance in completing this form please contact the District Engineering Department at the number listed above):
Sketch:



Date of installa	ation of the onsite interceptor/treatmer	nt unit (if known):
Hours of Oper	ration:	Seating Capacity:
plan for the facility events and the da	including the names or company name of those w	ring plan: (describe the maintenance and monitoring tho will be implementing the monitoring and maintenance ber of grease traps and the amount of waste in gallons l.
Pumping Com	pany (name and telephone number):	
accordance with a Based on my inqu the information, the	system designed to assure that qualified personne iry of the person or persons who manages the sy e information submitted is, to the best of my knowled nificant penalties for submitting false information	nts were prepared under my direction or supervision in el properly gather and evaluate the information submitted. stem, or those persons directly responsible for gathering edge and belief, true, accurate, and complete. I am aware i, including the possibility of fine and imprisonment for
	ner's Signature:	
Facility User' Title: Date: If this is a Cha Number if kno NOTE: You are apply concerning Permit us Permit can subject t transferable. Upon ch	ange of Owner/User Permit Modification wn: Permit No. ying for a conditional use permit. Permit holders agree to be. Any violation of the District Rules, Regulations and Or the Permit to immediate revocation and termination of the permit with the permit and the permit with the pe	on Application please list the Current Permit Expiration Date o abide by all Rules, Regulations and Ordinances of the District dinances regarding use of a Sewer Interceptor Waste Discharge water services as determined by the District. Permits are non-pplication shall be submitted. Permits shall be kept on site at the ormation provided herein is not confidential in nature and can be
	(District Representative) Date	
Approved	_ Approved with Comments (see attached) I	Not Approved (see attached for instruction)