



Complete and return this form to: Mission Springs Water District
Attn: Engineering Department
66575 Second Street
Desert Hot Springs, CA 92240

Call the following number to schedule inspection:
(760) 329-6278 - MSWD Wastewater Department

Sewer Interceptor Waste Discharge Permit Annual Interceptor Maintenance Report

PERMIT No. **2010** - _____ Issue Date ____ / ____ / **2010** Permit Expiration Date ____ / ____ / **2015**

Property Owner's Name: _____

-Address: _____

-Phone Number: _____

Facility User's Name: _____

-Address: _____

-Phone Number: _____

Facility Address: _____

Business Name: _____

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. For questions or if you need assistance in completing this form please contact the District Wastewater Department at the number listed above):



Maintenance and Monitoring

Please provide a copy of the invoice(s) for all pumping and maintenance events. They shall include all Maintenance and Monitoring completed on any grease/sand interceptor or treatment units(s) at this facility for the past (12) twelve calendar months. Include the date of the maintenance or testing. The name, phone number and address of those performing the maintenance. List the number of grease traps and the amount of waste in gallons removed/pumped below. Use a separate sheet(s) of paper as needed.

Note: If none in the past calendar year, please initial here_____ that the reporting period was for less than 12 months and no maintenance was required during the reporting period based on the Permit requirements for the past calendar year.

Describe in detail any unusual events, emergencies, backups, overflows or treatment problems encountered in the past twelve (12) calendar months, include date, duration and specific action taken to remedy the problem:

Report Certification

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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manages the system, or those persons directly responsible for gathering the 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 _____
(Authorized Representative of Legal Owner and/or Facility User)

Name _____

Title _____

Date _____ (complete and return form to MSWD before January 15)

NOTE: This annual report is a requirement of your Permit. Permit holders agree to abide by all Rules, Regulations and Ordinances of the District concerning Permit use. Any violation of the District Rules, Regulations and Ordinances regarding the use of a Sewer Interceptor Waste Discharge Permit can subject the Permit to immediate revocation as determined by the District. Permits are non-transferable. Upon change of legal owner or responsible party or material change of the interceptor or discharge quality or quantity, a new Permit application shall be submitted. Permits shall be kept on site at the permitted facility and must be available for District personnel to view. The information provided herein is not confidential in nature and can be shared with the public.

Reviewed by _____ (District Representative) Date _____

Comments _____

Water, the Jewel of the Desert – Treasure It!

66575 Second Street, Desert Hot Springs, CA 92240 • Tel 760.329.6448 • Fax 760.329.2482

