



COACHELLA VALLEY WATER DISTRICT

75-515 Hovley Lane East
Palm Desert, California 92211
(760) 398-2651

APPLICATION FOR WASTEWATER SOURCE CONTROL PLAN APPROVAL

APPLICANT: Submit this form with a copy of a SCALED plot plan (1"-20" to 1" - 40" SCALE) drawn to District specifications. A nonrefundable filing fee is required when the application is submitted. Check must be made payable to the Coachella Valley Water District. Approval of this application shall remain valid for a period not to exceed one (1) year from date of payment. NOTE: ALL USERS DISCHARGING FAT, OIL, AND/OR GREASE, LOCATED IN A MULTI-SUITE BUILDING WILL REQUIRE A SEPARATE LATERAL OFF THE MAIN SEWER LINE FOR GREASE INTERCEPTOR CONNECTION. CVWD Source Control will inspect the exposed grease plumbing and the installed interceptor. Please call (760) 398-2661 X3536 48 hours in advance to schedule inspection(s).

Agent, Contractor, Contact Person
Address City State Zip Telephone
Owner
Address City State Zip Telephone
Job Site Address City Zip
Business Type Doing Business As

NOTE: NO PLANS WILL BE APPROVED UNTIL THIS APPLICATION IS COMPLETE AND PLAN CHECK FEES ARE PAID.

Type of Construction: [] New [] Remodel Hours of Operation: _____ Cooling Tower(s) []
For Vehicle Service:
[] Wand Bays _____ [] Trench Drains (_____ ft)
[] Roll over [] Service bay(s) _____
[] Tunnel(s) _____ [] Parts Washer
[] Spill Containment (Solvent [] Aqueous [])
[] Hydraulic Lift(s) _____ [] Work Sink(s) _____
For Food Service:
[] Water Softener [] Garbage Grinder(s) [] Digester(s)
Multiservice (reusable) _____ % Single Service (disposable) _____ %
Seating Capacity: Internal _____ External _____
Seating with Misters or Heaters _____
Bar Seating _____ Bar Seating with Food Service _____

OWNER/REPRESENTATIVE DECLARATION: I certify that I have read the entire application and state that all information is correct. I understand that the fee amount is based on my declaration of information on this form and that incorrect information is grounds for rejection of the submitted plans. I also understand that plans may be discarded if not picked up within sixty (60) days of approval or return and that no District inspection of my establishment will be conducted until all requested information has been received and plans have been approved.

Signature _____ Date _____

FOR DISTRICT USE ONLY

No. of Systems Type of System(s) Pretreatment Equipment:
[] New [] Existing
[] Connect to Sewer [] Addition
[] Replacement
[] Grease Interceptor [] Grease Interceptor Waived
[] Sand/Oil
[] Lint Trap [] Point of Connection Sample Station
[] Clarifier [] Digester(s)
Size: _____ gals

REMARKS:

Blank lines for remarks.

This application is:
[] Conditionally Approved* [] Approved
*See Remarks
PZ _____ LID _____
Fee \$ _____ Check No. _____
Date _____ Initial _____