



COACHELLA VALLEY WATER DISTRICT

Key ID:

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 X3710 or email: sourcecontrol@cvwd.org 48 hours in advance to schedule inspection(s).

Form with fields for Applicant, Billing Address, City, State, Zip, Telephone, Owner, Mailing Address, Job Site Address, Business Type, and 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: \_\_\_\_\_ Change of Owner \_\_\_\_\_

For Vehicle Service: [ ] Wand Bays, [ ] Trench Drains, [ ] Roll over, [ ] Service bay(s), [ ] Tunnel(s), [ ] Parts Washer, [ ] Spill Containment, [ ] 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 Mistlers or Heaters, Bar Seating, Bar Seating with Food Service.

Previous Business (if known):

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 \_\_\_\_\_ Email \_\_\_\_\_

FOR DISTRICT USE ONLY

Table with columns for No. of Systems, Type of System(s) (New, Existing, Connect to Sewer, Addition, Replacement), and Pretreatment Equipment (Grease Interceptor, Sand/Oil, Lint Trap, Clarifier, Grease Interceptor Waived, Best Management Practices, Sample Station, Digester(s)).

REMARKS:

Large empty box for handwritten remarks.

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