



**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 X3710 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)**

<b>For Vehicle Service:</b> <input type="checkbox"/> Wand Bays _____ <input type="checkbox"/> Roll over _____ <input type="checkbox"/> Tunnel(s) _____ <input type="checkbox"/> Spill Containment _____ <input type="checkbox"/> Hydraulic Lift(s) _____	<input type="checkbox"/> Trench Drains ( _____ ft) <input type="checkbox"/> Service bay(s) _____ <input type="checkbox"/> Parts Washer _____ (Solvent <input type="checkbox"/> Aqueous <input type="checkbox"/> ) <input type="checkbox"/> Work Sink(s) _____	<b>For Food Service:</b> <input type="checkbox"/> Water Softener <input type="checkbox"/> Garbage Grinder(s) <input type="checkbox"/> Digester(s) Multiservice (reusable) _____ % Single Service (disposable) _____ % Seating Capacity: Internal _____ External _____ Seating with Mistlers or Heaters _____ Bar Seating _____ Bar Seating with Food Service _____
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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:
	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Connect to Sewer <input type="checkbox"/> Addition <input type="checkbox"/> Replacement	<input type="checkbox"/> Grease Interceptor <input type="checkbox"/> Grease Interceptor Waived <input type="checkbox"/> Sand/Oil <input type="checkbox"/> Point of Connection Sample Station <input type="checkbox"/> Lint Trap <input type="checkbox"/> Digester(s) <input type="checkbox"/> Clarifier Size: _____ gals

**REMARKS:**


This application is: <input type="checkbox"/> Conditionally Approved* <input type="checkbox"/> Approved *See Remarks	<b>PZ</b> _____ <b>LID</b> _____ <b>Fee \$</b> _____ <b>Check No.</b> _____ <b>Date</b> _____ <b>Initial</b> _____
Signature	
Date	