



Vehicle Washing and Maintenance and Repair Facilities Wastewater Discharge Permit Application

SECTION 1 – APPLICANT AND LOCAL FACILITY DESCRIPTION

Name of Industry:	
Type of Business:	
Location Address:	
Phone Number:	
FAX Number:	
Company Representative (Local):	
Representative Title:	
Mailing Address: (if different from above)	
Phone Number & Extension:	
FAX Number:	
Email Address:	
Representative Signature & Date:	

SECTION 2 – CORPORATE OFFICE INFORMATION

Corporate Name:	
Mailing Address:	
Corporate Representative:	
Corporate Representative Title:	
Phone Number	
FAX Number:	
Email Address:	
Corporate Representative Signature & Date:	

SECTION 3 – BILLING INFORMATION

Billing Address:	
Billing Company Representative:	
Phone Number	
FAX Number:	
Email Address:	

SECTION 4 – PROPERTY OWNER INFORMATION

Name of Property Owner:	
Mailing Address:	
Property Owner Representative:	
Phone Number	
FAX Number:	
Email Address:	
Signature of Property Owner & Date:	

SECTION 5 – General process description

1. Describe the manufacturing or service activities performed on the premises.

2. Describe all water using processes.

3. Average Daily water consumption. If unknown estimate (100 gal/bay)

Average daily water use	
--------------------------------	--

4. Source of Water

Source	Gallons per Day
City Water	
Well water	
Other	

5. What type of Pretreatment equipment is installed or planned

Pretreatment Equipment	Capacity	Cleaning frequency
Oil water separator		
Grit Interceptor		
Gasoline interceptor		
other		

6. Does the facility plan to ship waste offsite.

Waste	Vender	volume per year
Parts cleaning solution		
Flammable liquids		
Oil contaminated solids		
Antifreeze		
Used oil filters		
Used motor oil		
Other		

7. Does the facility have a boiler room?

Yes No

7A. If yes, what type of fuel is used?

Type of fuel	Yes or No
Heating oil	
Natural Gas	
Propane	
Waste oil	
Other	

7B. Are floor drain planned or existing in or near the boiler room?

Yes No

SECTION 6 Vehicle washing operation

1. Will vehicles be washes at the facility?

Yes No

Type of vehicle	Number of vehicles washed per day
Commercial truck	
Construction equipment	
Automobiles (including small trucks)	
ATV's etc.	

2. Type of vehicle wash conducted

Type	Check all that apply
Commercial car wash	
Private fleet washing	
High Pressure / Temperature washing	
Commercial truck Wash	
Steam cleaning	
Engine de-greasing	

Attach MSDS sheet

3. Number of Wash bays

4. Type of Service

Type	Check all that apply
Full Service	
Automatic	
Coin operation	
Hand wash / detailing	

SECTION 7 Repair services

1. Type of Repair service

Type of repair service	Check all that apply
General Repair	
Engine Repair	
Body repair/painting	
Heavy equipment repair	
Oil change	
Tires	

2. Type of parts cleaners used

Type of cleaners	Check all that apply
Sand blasting	
Vapor De-greasing	
Caustic soak tank	
Acid soak tank	
Jet spray	
Closed loop cleaning(Safety Clean)	
Solvent based	
Other	

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and/or imprisonment

Signature of Company Official

DATE: _____

Printed name and title of Company Official

Application forms must be returned to the West Warwick Sewer Commission within thirty (30) days together with a fee of unless the User has applied in writing to the West Warwick Sewer Commission for a hearing to show cause as to why the User should not be categorized as a non-domestic User or should otherwise be exempt from the application and associated fees. Please make check payable to:

**West Warwick Sewer Commission
1 Pontiac Avenue, West Warwick RI 02893**