



**Central Contra Costa Sanitary District
MOBILE WASHER PERMIT APPLICATION**

*Submit completed application to:
CCCSD Source Control
5019 Imhoff Place
Martinez CA 94553*

Discharger Information

Company Name	Fax
Mailing Address	Phone (day)
	Phone (other)
Contact Person	e-mail

Description of Proposed Discharge

<p>Types of surfaces to be cleaned: What will you be cleaning?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Sidewalks & Plazas</td> <td><input type="checkbox"/> Parking Garages / Lots</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Trash Areas</td> <td><input type="checkbox"/> Gas Stations</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Kitchen Equipment</td> <td><input type="checkbox"/> Vehicle / Fleet Washing</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Sidewalks & Plazas	<input type="checkbox"/> Parking Garages / Lots	<input type="checkbox"/> Other _____	<input type="checkbox"/> Trash Areas	<input type="checkbox"/> Gas Stations	<input type="checkbox"/> Other _____	<input type="checkbox"/> Kitchen Equipment	<input type="checkbox"/> Vehicle / Fleet Washing	<input type="checkbox"/> Other _____
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<p>Pretreatment Required: What are you using to capture and treat the wastewater?</p> <p><input type="checkbox"/> Attached is a copy of the pretreatment system specifications</p> <p><input type="checkbox"/> Attached is a copy of the pretreatment system diagram</p>									
<p>Sampling & Analysis: Has any sampling and analysis of wastewater already been performed?</p> <p><input type="checkbox"/> Yes. A summary of all analytical data and the most recent laboratory report are attached.</p> <p><input type="checkbox"/> No. No sampling and analysis has been performed.</p>									
<p>Proposed Discharge Location: Where is the wastewater entering the sewer?</p> <p><input type="checkbox"/> At my business address specify: _____</p> <p><input type="checkbox"/> At the site</p> <p><input type="checkbox"/> Zero Discharge in CCCSD service area</p> <p><input type="checkbox"/> Other _____</p>									
<p>Proposed Discharge Method: How is the wastewater entering the sewer?</p> 									

Signature of Discharger or Authorized Representative*

<p>I certify under penalty of perjury that this document and all attachments were prepared under my direction or supervision and in accordance with the system designed to insure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person(s) who manages the system or those 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 knowingly submitting false information, including the possibility of fine and/or imprisonment for knowing violations.</p>	
Signature	Date
Name	Title

***Definition of Authorized Representative:** An authorized representative of an industrial user (discharger) may be: (1) principal executive officer, if the industrial user is a corporation; (2) general partner or proprietor if the industrial user is a partnership or proprietorship, respectively; or (3) duly authorized representative of the individual designated above if such representative is responsible for the overall operation of the facilities from which the discharge originates and if such representative is identified in writing by the individual designated in (1) or (2) above.

Central Contra Costa Sanitary District
Map of Service Area
 July 2009

