



CITY OF PALMDALE

PUBLIC WORKS – UTILITIES DIVISION

INDUSTRIAL WASTE PERMIT APPLICATION FOR AUTO REPAIR ESTABLISHMENTS

IW Permit #: _____

Standard. 5 Year

Change of Ownership

Establishment Information:

Name: _____

Site Address: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Contact: _____

Billing Information:

Name: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Was space previously occupied? If so, identify previous tenant & type of business:

Days/Hours of operation: _____

Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Do you have an oil/water separator, clarifier, or sand trap? Yes No

Oil/water separator, clarifier, or sand trap size and location: _____

Will your business process any of the following? (Check Yes or No)

- | | | | | | |
|--------------------|------------------------------|-----------------------------|-------------------------|------------------------------|-----------------------------|
| Waste Oil | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Battery Storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Oil Filters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Anti Freeze | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Other (please explain): | | |
| Refrigerants (A/C) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Degreaser | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Solvents | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| Parts Washer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

How many of the following will your location contain?

Restroom

Floor Drains

Mop sink(s)

On Site Storm Drains

How would you classify your establishment?

- | | | | | | | | | | |
|-----------------------|--------------------------|-----|--------------------------|----|-----------------------|--------------------------|-----|--------------------------|----|
| Oil Change/ Lube | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Self-Service Car Wash | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| General Mechanic | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Auto Body & Paint | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Transmission Repair | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Smog/Muffler | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Auto Dealer | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Radiator Shop | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Full-Service Car Wash | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | Auto Electric | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Other (Please Explain):

Please read and initial below:

_____ I certify that the information submitted about my establishment is accurate. I understand that the oil/water separator, clarifier or sand trap must be maintained in efficient operating condition by periodic removal of oil and sludge. I further acknowledge that the use of chemicals to clean out the oil/water separator, clarifier or sand trap is prohibited. I agree to establish routine cleaning of the oil/water, clarifier or sand trap as follows:

_____ Oil/water separators, clarifier, or sand traps must be cleaned semi-annually or as often as needed so that the oil and sludge do not exceed 25% of the device's working capacity. A suitable maintenance schedule will be determined based on business volume and the direction of the industrial waste inspection staff.

_____ I acknowledge that I will comply with any additional City of Palmdale requirements and will inform the city of any change in management, ownership and/or use, including expansion.

Print Name _____

Signature _____

Title _____

Date _____

Property Owner Information:

Name: _____

Assessor's Parcel Identification: _____

Address: _____
