



Interceptor Discharge Permit Application

Please complete a separate application for each interceptor on site.

All interceptors should be sized and installed according to the [Guidance Document for Sizing and Installation of Interceptors](#) prepared by the San Jacinto River Authority.

1. Complete all applicable information:

Business Name:		Date of Application:	
Business address where interceptor is located:		Utility Billing Acct #:	
Name of Responsible Person at Site:	Email Address:	Phone Number:	
Business Owner/Corporation:	Email Address:	Phone Number:	
Mailing Address of Business Owner/Corporation:			
Building Owner/Landlord:	Email Address:	Phone Number:	
Mailing Address of Building Owner/Landlord:			
Responsible Business Owner/Landlord/Corporation of the Interceptor:			
Primary contact for compliance:			
PLEASE CHECK ONE:	New	Renewal	Replacement
If this is an application for renewal or request for a replacement, please enter current SJRA Interceptor Discharge Permit Number:		Permit Number	Expiration

2. Type of Business:

CAR WASH		SCHOOL		RESTAURANT	
HOSPITAL		CONVENIENCE STORE		HOTEL	
BAKERY		CLUB CENTER		DAYCARE	
NURSING HOME		AUTO REPAIR SHOP		CHURCH	
FOOD PREPARATION		DRY CLEANER		WASHATERIA	
OTHER					

If "OTHER" is selected, please describe the type of business:

3. Please attach a complete copy of your menu, if applicable.

4. Type of Interceptor:

GREASE		HOLDING TANK		GRIT	
LINT		OIL/WATER SEPARATOR		OTHER	

If OTHER is selected, please describe:

5. Interceptor manufacturer: _____

6. Please attach a drawing of your facility. Include the approximate location of the interceptor, the piping, and the sewer connection.

7. Attach a copy of your engineered floor plumbing plan. If not available, please attach a drawing. See example, [Plumbing Floor Plan](#):

8. Seating capacity (include bar area seating): _____

9. Interceptor Information

Interceptor Capacity: _____ GALLONS	Interceptor is pumped out approximately every _____ days. _____ (Name of Hauling Service Provider)
Self-Clean; my schedule is _____ _____ _____	

10. Please attach a drawing or photo(s) of your interceptor. Include manhole covers and sample well or clean-out.

By submitting this Application, I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons 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 submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Primary Contact (Printed)

Signature

Phone No.

Date