

Purpose of the Interceptor Discharge Permit Application:

The Interceptor Discharge Permit Application will be used to identify businesses in The Woodlands that require an **interceptor**.

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 (SJRA).

Instructions for Completing the Interceptor Discharge Permit Application:

All sections must be answered. If a question is not applicable, indicate so on the form. If different types of interceptors (lint, grit, grease or oil and water) are installed, a separate Permit Application will be required for each one. Questions for completing the form may be directed to the San Jacinto River Authority, Environmental Department at (281) 367-9511 or emailed to pretreatment@sira.net.

Section 1: General Information

Business Name: Legal business name.

Date of Application: Current date.

Business Address where interceptor is located: Physical address of the business where the interceptor is located.

Utility Billing Account #: Woodlands Joint Powers Agency (WJPA) account number listed on your water bill.

Name of Responsible Person @ Site: Authorized person with decision making responsibilities. Example: The General Manager would be permitted to call for repairs and/or call a company to clean the interceptor.

Email Address of Responsible Person @ Site: Person’s email address who has the decision making responsibilities. Example: General Manager

Phone Number of Responsible Person @ Site: Person’s phone number, (cell or business), who has decision making responsibilities. Example: General Manager

Business Owner/Corporation: Legal name of owner or corporation who rightfully owns the establishment.

Email Address of Business Owner/Corporation: Email address of owner or corporation who legally owns the establishment.

Phone Number of Business Owner/Corporation: Phone number of owner or corporation who legally owns the establishment.

Mailing Address of Business Owner/Corporation: Information required for reporting information and/or obtaining information or legal signatures.

Building Owner/Landlord: If the business does not own the building, provide the property owner/landlord.

Email Address of Building Owner/Landlord: Email address of building owner/landlord.

Phone Number of Building Owner/Landlord: Phone number (cell or business) of building owner/landlord.

Mailing Address of Building Owner/Landlord: Mailing address of building owner/landlord.

Responsible Business Owner/Landlord/Corporation of the Interceptor: The person(s) making final decisions when repairs and/or maintenance may be required to maintain, upgrade, etc., the interceptor at the place of business.

Primary Contact for Compliance: The person(s) making final decisions when repairs and/or maintenance may be required to maintain, upgrade, etc., the interceptor at the place of business.

Please Check One:

New Application: If the business is applying for a new permit for this location.

Renewal: If applying for a renewal, enter the previous permit number.

Replacement: If applying for a replacement, enter the current permit number and expiration.

Section 2: Type of Business

Please check type of business of the Permit that you will be applying under. If different types of interceptors (lint, grit, grease or oil and water) are installed, a separate Permit Application will be required for each one.

If "OTHER" is selected, a description is required of the business.

Section 3: Menu

If applicable, please attach a copy of the business's menu for SJRA to keep on file.

Section 4: Type of Interceptor

Please check type of interceptor, if different types of interceptors (lint, grit, grease or oil and water) are installed, a separate Permit Application will be required for each one.

If "OTHER", provide a description.

Section 5: Interceptor Manufacturer

Include manufacturer literature about the interceptor for SJRA records.

Section 6: Facility/Interceptor Specifications

Include a site plan drawing of the business. Drawing to include physical features on the property such as building, parking area, interceptor location, landscape features, etc.

Section 7: Engineer's Plumbing Plan

Provide a copy of the engineers plumbing floor plan for the business. If the engineer's floor plan is not available, include a drawing of the Plumbing Floor Plan, example attached.

Section 8: Seating Capacity

Specify the seating capacity, including the bar area.

Section 9: Interceptor Information

Interceptor Capacity: Include the gallon size of the interceptor. This information should be located on the literature/paperwork from the manufacturer.

Pumping Schedule & Company: Include a pumping schedule (at least every 90 days) and name of hauling establishment. If you self-clean the interceptor(s), please provide a brief description of your schedule in the space provided.

Section 10: Interceptor Drawing & Clean-Out

Include a drawing and/or photo of your interceptor, manhole covers, sample well or clean-out.

Signature Certification:

Please have the Primary Contact read, sign and date confirming all information and documentation is accurate to the best of his/her knowledge.

Submit the Interceptor Discharge Permit Application and attachments to **San Jacinto River Authority, Environmental Department, 2436 Sawdust Road, The Woodlands, Texas, 77380, or email to pretreatment@sjra.net.**

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