WATER AND SEWER DEPARTMENT

Vehicle and Equipment Washing - Wastewater Disposal Plan

Business Name		Standard Industrial Classification (SIC) Code(s) (if known)		Date
Contact Person	Title			Phone
Mailing Address	City	State	Zip Code	Phone
Facility Address	City	State	Zip Code	Phone
Is Industry Inside Tulsa City Limits? ☐ Yes ☐ No	Average Number of Employees	Office	Production	Total
Days of Operation per Month	Days of Operation per Week		Hours of Operation per Day	

OPERATION:
Please give a brief description of operational processes used and/or service provided.

Do you perform any chemical metal brightening? If so, please list chemicals used.

DISCHARGE PRACTICES:
Describe the facilities current discharge practices.

1. Does the facility have wastewater treatment processes in place? If so, describe. Include information on separators and/or interceptors. Describe self-monitoring (sample collection/analysis) standards and methods.

2. What are the actual and maximum discharge volume, rates, and times? If providing estimates, explain how those estimates were derived.

ATTACHEMENTS:
Please attach the following to this Wastewater Disposal Plan.

1. All Safety Data Sheets (SDS) for any process chemicals used at your facility.
2. A site diagram including chemical storage areas and plumbing detail. The diagram should include the locations of any tankage and a description their volume and contents. The diagram should also show the locations of any separators, interceptors, and self-monitoring locations.

I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designated 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 persons directly responsible for gathering the information, the information 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 said violations.

Typed or Printed Name of Person Signing	Title
Date Application Signed	Signature of Applicant or Representative

Return To:
Industrial Pretreatment
4818 South Elwood Avenue
Tulsa, OK 74107-8129
(918) 591-4378
Fax: (918) 591-4388

Office Use Only
☐ Approved

Date: _____

Initials: _____