



# WASTEWATER DISCHARGE SURVEY/APPLICATION 3 SAND & OIL INTERCEPTOR



Wastewater-Industrial Waste  
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THIS IS AN ADOBE FILLABLE FORM.  
Please type in information then print the form. This form may not be submitted by internet.

For vehicle/equipment washing. SOI = Sand & Oil Interceptor.  
Please use a separate form for each location, even if it is on the same property.

Business Name: \_\_\_\_\_  
Business Owner: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Description of Business Activity: \_\_\_\_\_

### CONTACT INFORMATION

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### PROCESS INFORMATION

Type of use (check one):  INTERMITTENT or  CONTINUOUS  
Seasonal Operation? If yes, describe: \_\_\_\_\_  
Wash Pad Size: \_\_\_\_\_ sq. ft. Describe Roof: \_\_\_\_\_

	Vehicles		Equipment	
	No.	Type (cars, busses, etc.)	No.	Type (engines, etc.)
No. of units washed/week: (intermittent)				
No. of units washed/hour: (continuous)				
No. of minutes to wash each unit:				
Waste flow rate (gpm):				
Type of washing (pressure wash, hose, etc.):				
Hours of washing per week: (intermittent)				
Types of Cleaners Used:				

Type of Treatment Proposed (check all that apply):  SOI (gravity)  Oil Skimmer  Coalascer  Filtration  Other  
Describe: \_\_\_\_\_

Describe any existing treatment facilities, if any (i.e. SOI size). Attach drawings or other info.:  
\_\_\_\_\_

Notes: \_\_\_\_\_  
Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interceptors need to be pumped regularly, depending on use and size. You will have to contact a licenced hauler to arrange for proper disposal of interceptor wastes.

Office Use:  
Date Rec'd: \_\_\_\_\_ Rec'd By: \_\_\_\_\_ SOI Size \_\_\_\_\_  
Notes: \_\_\_\_\_  
NAICS: \_\_\_\_\_ Plan Ck No. : \_\_\_\_\_

ADOBE Fillable Form.  
Fill in and print form. Click [HERE](#) to CLEAR form.