

Mission Springs Water District

66575 Second St.
Desert Hot Springs, CA 92240
(760) 329 5169- MSWD Engineering Department

Application for Sewer Interceptor Waste Discharge Permit

Select One: Initial Renewal Application Change of Owner/User Permit Modification Application

Property Owner's Name: _____

-Address: _____

-Phone Number: _____

Facility User's Name _____

-Address: _____

-Phone Number: _____

Facility Address: _____

Business Name: _____

Contact Information for Emergencies:

-Name: _____

-Address: _____

-Phone Number: _____

Description and location of onsite facilities (i.e., size and type of interceptor or treatment unit and the location of it at the facility. Provide all necessary information regarding the facility operation and per the most current edition of the CA UPC the proper sizing and type of interceptor or treatment unit needed as approved by the local land use agency (City of Desert Hot Springs___City of Palm Springs___ or County of Riverside___ note approval) and/or the District. Use a separate sheet(s) of paper as necessary to provide sufficient information to process this application. Failure to provide sufficient detail can result in delay or denial of permit application. For questions or if you need assistance in completing this form please contact the District Engineering Department at the number listed above):

Sketch :



Date of installation of the onsite interceptor/treatment unit (if known):

Interceptor/treatment unit maintenance and monitoring plan (describe the maintenance and monitoring plan for the facility including the names or company name of those who will be implementing the monitoring and maintenance plan):

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 manages 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.

Property Owner's Signature: _____
Date _____

Facility User's Signature: _____

Title _____
Date _____

If this is a Change of Owner/User Permit Modification Application please list the Current Permit Number if known: **Permit No.** _____ **Expiration Date** _____

NOTE: You are applying for a conditional use permit. Permit holders agree to abide by all Rules, Regulations and Ordinances of the District concerning Permit use. Any violation of the District Rules, Regulations and Ordinances regarding use of a Sewer Interceptor Waste Discharge Permit can subject the Permit to immediate revocation and termination of water services as determined by the District. Permits are non-transferable. Upon change of legal owner or responsible party a new Permit application shall be submitted. Permits shall be kept on site at the permitted facility and must be available for District personnel to view. The information provided herein is not confidential in nature and can be shared with the public.

Reviewed by _____ (District Representative) Date _____ Fee Paid _____

Approved _____ Approved with Comments (see attached) _____ Not Approved (see attached for instruction) _____

