

Oil/ Water Separator Registration Form

I. General Information

Establishment Name _____

Physical Address _____

City _____ State _____ Zip Code _____

Corporate Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Primary Contact _____ Title _____

Phone _____ Email _____

Secondary Contact _____ Title _____

Phone _____ Email _____

II. Establishment Information

Type of Establishment:

- | | |
|---|---|
| <input type="checkbox"/> Automotive Maintenance | <input type="checkbox"/> Fleet Vehicle Facility |
| <input type="checkbox"/> Automotive Repair | <input type="checkbox"/> Gas/ Service Station |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Truck Wash |
| <input type="checkbox"/> Industrial Facility | <input type="checkbox"/> Other: _____ |
-

III. Oil/ Water Separator Device

Existing Structure Proposed Structure

Location: _____

Manufacturer: _____ Size: _____

Flow Rate: _____ Cleaning Schedule: _____

Oil Disposal Methods: _____

Service Records YES NO How long? _____ Location: _____

Sampling Structure YES NO Location: _____

Cleaning:

Transporter Company Name: _____

Transporter Company Contact: _____

Phone: _____ Certification #: _____ Exp Date: _____

Sampling Structure: YES NO Location: _____

For Proposed Structures please provide the following:

BRWA Approved Oil/ Water Separator Installation: YES NO

BRWA Approved Sampling Structure Installation: YES NO

Proposed Flow Rate for Facility (GPM): _____

Number of Appliances and/or Drains that will empty into Oil/ Water Separator: _____

Structure inspected and approved by BRWA Date: _____

Structure scheduled for inspection by BRWA Date: _____

IV. Grit Interceptor Device

Existing Structure Proposed Structure

Location: _____

Manufacturer: _____ Size: _____

Flow Rate: _____ Cleaning Schedule: _____

Solids Disposal Methods: _____

Service Records YES NO How long? _____ Location: _____

Cleaning:

Transporter Company Name: _____

Transporter Company Contact: _____

Phone: _____ Certification #: _____ Exp Date: _____

For Proposed Structures please provide the following:

BRWA Approved Grit Interceptor Installation: YES NO

Proposed Flow Rate for Facility (GPM): _____

Number of Appliances and/or Drains that will empty into Grit Interceptor: _____

Structure inspected and approved by BRWA Date: _____

Structure scheduled for inspection by BRWA Date: _____

V. Signature

I hereby certify that the above information is correct. I am also aware that any changes in any of the above information will require a re-application and possible increase in the size of the Oil/ Water Separator Device required.

I also agree to have the Oil/ Water Separator Device cleaned by a certified transporter service company at a frequency which ensures all operating conditions for the Oil/ Water Separator are properly maintained.

This registration is valid only for the specific facility, ownership, processes, and operations indicated above. As such, it cannot be sold, transferred, or reassigned.

Owner Signature: _____

Name (Print): _____ Date: _____