



CITY OF KNOXVILLE

Stormwater Management
Special Pollution Abatement Permit
Vehicle Wash Facilities

<http://www.knoxvilletn.gov/engineering/>

(Chapter 22.5 of the Knoxville City Code)



SWM USE ONLY (Engineering Department)

Date Received:	Fee: \$200 Paid on:	Reviewer:
Date of Coverage:	Expiration Date:	Permit Number:
Watershed:	City Block#:	CLT:

Please complete form using black ink only.

I.	Name of facility:				
Mailing Address of Facility:	Street	City	State	Zip	
Physical Address of Facility:	Street	City	State	Zip	

II.	Contact Information	Name:	Title:		
Address:	Street	City	State	Zip	
Phone:	Fax:	E-mail:			
General Corporate E-mail for Compliance Notices:					

A map of the facility is attached with all stormwater facilities noted: [] Yes [] No

Please check each box to indicate that you understand, agree to, and will enforce the corresponding control at the facility. **Please provide a detailed justification for any unchecked box.**

III. Parking Area & Loading Dock

BMP's: AM-01, AM-07, IC-01, IC-03, IC-04, & IC-8

Structural Controls

- A. Stormwater treatment facilities (e.g., catch basin inserts, vault separation device, etc.), will be installed to treat runoff from all drainage basins.
- B. List Brand, Model, & Location of Units: _____
- C. List flow rates for site or sub-basin: 1 yr/24 hour storm = _____
Site specific bypass capacity = _____
- D. Verified treatment flow of the unit = _____
Bypass flow (Y/N), if Y, total bypass flow rate = _____

V. Certification and signatures:

“I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attached exhibits. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine or imprisonment.”

Name: _____ Title: _____
(President, Owner, or Ranking Official)

Signature: _____ Date: _____

.....
Name: _____ Title: _____
(Contact Person)

Signature: _____ Date: _____

If any information changes or is subsequently found to be in error, please resubmit necessary pages of the Special Pollution Abatement Permit application along with new signatures and dates.

- (a) Some facilities which are not yet constructed may not have selected a permanent contact person who will ultimately be responsible for permit compliance. In these instances, the contact person may be a technical person within the company who is generally responsible for environmental compliance issues.

- (b) The president, owner, or other ranking official who certifies this document is responsible for keeping the City of Knoxville up-to-date concerning the name of the contact person. The president, owner, or other ranking official who certifies this document is also responsible for notifying the City of Knoxville if he is no longer an official with the company.

Permit expires five years from the date of issuance, or as noted on the first page of this permit

Submit this permit application promptly to the following address:

City of Knoxville
Engineering Department
Stormwater Management
Suite 317A, City County Building
P.O. Box 1631
Knoxville, TN 37901

Telephone: (865) 215-2890
Fax: (865) 215-2631