

**Barbers, Hair Salons, And
Pet Grooming**

This supplemental information checklist must be completed and uploaded with any required documents when submitting a Minor or Significant Industrial User Pretreatment Review Application. Complete, sign, then submit this form and any supplemental information or documents to:

<https://palsonline.co.pierce.wa.us/palsonline/#/dashboard>. All documents must be uploaded in PDF format.

Use this form if:

1. You are proposing to provide hair cutting/styling or pet grooming services (e.g., hair salons, dog groomers), **AND**
2. The building is, or will be, connected to Pierce County Sanitary Sewers, **AND**
3. The business/commercial facility is designated as a Minor Industrial User or a Significant Industrial User (see the [Handout H1, What Type of Industrial User Are You?](#))

A. Additional Information To Be Shown On Floor Plan, Plumbing Plan, And Commercial Site Map

1. **Floor Plan:** See [Bulletin B4](#). Additionally, show and label fixtures equipment, hair cutting/washing stations, and grooming tables.
2. **Plumbing Plan.** See [Bulletin B4](#). Additionally, show the location of any existing and/or proposed pretreatment systems such as hair traps, etc.
3. **Commercial Site Map.** See [Bulletin B24](#).

B. Business Practices

Submit a list of services provided (e.g., hair cutting, hair washing, dog grooming, etc.).

C. Hours of Operation

	Open	Close
Sunday:	____:____	____:____
Monday:	____:____	____:____
Tuesday:	____:____	____:____
Wednesday:	____:____	____:____
Thursday:	____:____	____:____
Friday:	____:____	____:____
Saturday:	____:____	____:____

D. Washing/Shampooing

Will you be washing/shampooing hair as part of you barber/salon services or washing/shampooing pets as part of your pet grooming services? Yes No

If you answered “No”, skip the rest of this section.

If you answered “Yes”, hair traps must be installed in the waste plumbing for each shampoo sink or tub (See Bulletin B6, Traps) . Enter the number of each type of sink/tub being used and then choose the appropriate hair trap models below:

- a. _____ Shampoo sink(s). Show location(s) on floor plan.
 - i. _____ Zurn (Model Z1175/1176)* Hair Trap(s). Show location(s) on floor plan.
 - ii. _____ Marble Products No.1701* “Catch-all” Hair Trap(s). Show location(s) on floor plan.
 - iii. _____ Belvedere HT1* Hair Trap(s). Show location(s) on floor plan.
 - iv. _____ Other Hair Trap(s). Show location(s) on floor plan and submit the catalog cut sheets (i.e., manufacturer’s product literature) and supporting sizing criteria and calculations, if necessary.
- b. _____ Pet washing sink(s) or tub(s). Show location(s) on floor plan.
 - i. _____ Zurn (Model Z1175/1176)* Hair Trap(s). Show location(s) on floor plan.
 - ii. _____ Other Hair Trap(s). Show location(s) on floor plan and submit the catalog cut sheets (i.e., manufacturer’s product literature) and supporting sizing criteria and calculations, if necessary.

***Indicates pre-approved models. Catalog cut sheets and size criteria are not required.**

E. Affidavit

As the Applicant, I/we hereby state that all the information provided herein and stated above is true and correct. I/We further state that we are either the legal owner of the property described above, an authorized agent of the owner, or a tenant that has entered into a lease agreement with the property owner to operate the business and/or facility described herein on the owner’s property.

I/We further state that:

Initial Here

_____ If I/We propose to revise any of the above business practices, I/We will submit a new Pretreatment Review Application.

Applicant’s Signature Date

Applicant’s Name (Printed) Title

Company Name (Printed)

Note: The Applicant must be the property owner or tenant/business owner. Engineers, architects, contractors, or other agents of the Applicant are not allowed to sign this form without submittal of documented approval from the Applicant.