

**Tattoo Parlors**

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 tattoo and/or piercing services (e.g., tattoo parlors), **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, and client chairs/tables
2. **Plumbing Plan.** See [Bulletin B4](#). Additionally, show the location of any existing and/or proposed pretreatment systems such as lint traps, etc.
3. **Commercial Site Map.** Please see [Bulletin B24](#).

#### B. Business Practices

Submit a list of services provided (e.g., tattooing, body piercing, etc.).

#### C. Hours of Operation

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

#### D. Washing Machines

1. Lint traps must be installed on all washing machines (see [Bulletin B6](#), Traps). Enter the number of each type of washing machine being used and then choose the appropriate lint trap models below:
  - a. \_\_\_\_\_ Residential Grade Washing Machine(s). Show location(s) on plumbing plan.
    - i. \_\_\_\_\_ Lint-LUV-R\* Lint Trap(s). Show location(s) on floor plan.
    - ii. \_\_\_\_\_ Filtrol-160 Lint\* Trap(s). Show location(s) on floor plan.
    - iii. \_\_\_\_\_ Other Lint Trap(s). Show location(s) on plumbing plan and submit a catalog cut sheets (i.e., manufacturer's product literature) and supporting sizing criteria and calculations.
  - b. \_\_\_\_\_ Commercial Grade Washing Machine(s). Show location(s) on floor plan.
    - i. \_\_\_\_\_ Zurn Z-1185\* Lint Interceptor(s). Show location(s) on plumbing plan.
    - ii. \_\_\_\_\_ Jay R Smith 8910\* Lint Interceptor(s). Show location(s) on plumbing plan.
    - iii. \_\_\_\_\_ Other Lint Trap(s). Show location(s) on plumbing plan and submit catalog cut sheets (i.e., manufacturer's product literature) and supporting sizing criteria and calculations.

**\*Pre-approved models. Catalog cut sheets are not required.**

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#### E. Sterilization

1. Are you performing equipment sterilization on the premises?  Yes  No  
**If "No", skip the rest of this section.**
2. Will you be using steam sterilization?  Yes  No  
**If "Yes", skip the rest of this section.**
3. Are you using glutaraldehyde in concentrations greater than 1% in your on-site sterilization process?  Yes  No  
**If "No", skip the rest of this section.**  
**If "Yes", which Best Management Practices will you employ? (Check all that apply)**
  - a. Have waste glutaraldehyde picked up by a hazardous waste management firm. Maintain records on site showing the dates and volumes and name of the contractor picking up the waste.
  - b. Neutralize waste glutaraldehyde with a commercially available process following the manufacturer's directions. Maintain records on site showing the date and volumes neutralized and discharged and the person performing the treatment.
  - c. Hold activated glutaraldehyde for a minimum of 14 days before discharging it to the sewer. Maintain records on site showing the storage period, the dates and volumes discharged and the person performing the discharge.

**\*Please note that glutaraldehyde solutions may not be diluted to less than 1% for disposal to the sewer.**

**F. 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*

- a.    \_\_\_ Medical waste will be disposed of in appropriate medical waste containers and not discharged to the sewer system, **AND**
  
- b.    \_\_\_ Inks and dyes will not be disposed of to the sewer system, **AND**
  
- c..   \_\_\_ If I/we propose to revise any of the above noted business practices, I/we will submit a new Pretreatment Review application, **AND**
  
- d.    \_\_\_ Glutaraldehyde will not be disposed of to the sewer system unless it is neutralized or held for a minimum of 14 days.

\_\_\_\_\_  
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.