



Sewer Acct. #: \_\_\_\_\_  
Fees: \_\_\_\_\_ Receipt No: \_\_\_\_\_  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
Business License #: \_\_\_\_\_

## INDUSTRIAL WASTE SURVEY

This form must be completely, signed and dated, and submitted to the City of Beaumont, within 14 days of receipt. If you have questions on completion of the form, please call the Public Works Department at (951) 769-8520. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

1. Company name, mailing address; and telephone number:

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Address of production or manufacturing facility (Check if same as above \_\_\_\_\_)

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Person authorized to represent above named firm in official dealing with the City:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E mail Address: \_\_\_\_\_

4. Alternate person to contact concerning information provided herein:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E mail Address: \_\_\_\_\_

5. Type of business (auto repair, machine shop, electroplating, warehousing, painting, meat packaging, food processing, retail sales, administrative services, etc.). Include Standard Industrial Classification (SIC) Code:

\_\_\_\_\_

\_\_\_\_\_

6. Provide a brief description of the manufacturing, production, or service activities your firm conducts.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Water consumption and types of wastes generated. Indicate with a (E) for estimated or (M) for measured after the entry:

|   | <b>Water<br/>Consumption:<br/>Maximum<br/>Gallons<br/>Per Day</b> | <b>Water<br/>Discharge:<br/>Maximum<br/>Gallons<br/>Per Day</b> | <b>Discharge:<br/>Method<br/>(Circle all that apply)</b> |
|---|---|---|--|
| (Check All that Apply)                    |   |   |  |
| 1. ( ) Irrigation                         | _____   | _____   | A B C D E F  |
| 2. ( ) Domestic Waste, Restrooms          | _____   | _____   | A B C D E F  |
| 3. ( ) Heating & Air Conditioning         | _____   | _____   | A B C D E F  |
| 4. ( ) Process Cooling Water, Non Conduct | _____   | _____   | A B C D E F  |
| 5. ( ) Process Cooling Water, Conduct     | _____   | _____   | A B C D E F  |
| 6. ( ) Boiler/Cooling Tower Blowdown      | _____   | _____   | A B C D E F  |
| 7. ( ) Condensate                         | _____   | _____   | A B C D E F  |
| 8. ( ) Manufacturing Process              | _____   | _____   | A B C D E F  |
| 9. ( ) Food Processing                    | _____   | _____   | A B C D E F  |
| 10. ( ) Vehicle Washing                   | _____   | _____   | A B C D E F  |
| 11. ( ) Laundry                           | _____   | _____   | A B C D E F  |
| 12. ( ) Photo Processing                  | _____   | _____   | A B C D E F  |
| 13. ( ) Softener/Deionizer                | _____   | _____   | A B C D E F  |
| 14. ( ) Cleaning Raw Materials            | _____   | _____   | A B C D E F  |
| 15. ( ) Equipment Washdown                | _____   | _____   | A B C D E F  |
| 16. ( ) Floor Washdown                    | _____   | _____   | A B C D E F  |
| 17. ( ) Air Pollution Control Unit        | _____   | _____   | A B C D E F  |
| 18. ( ) Storm Water Runoff to Sewer       | _____   | _____   | A B C D E F  |
| 19. ( ) Other                             | _____   | _____   | A B C D E F  |
| <br>TOTAL WATER CONSUMED                  | <br>_____   | <br>_____   |  |
| TOTAL WASTE GENEATED (2-19)               |   | _____   |  |
| TOTAL NON-DOMESTIC WASTES GENEATED (4-19) |   | _____   |  |

\*Estimated at fifteen gallons per day for each employee.

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- A – Sanitary sewer
  - B – Storm drain or channel
  - C – Street
  - D – Ground
  - E – Evaporation
  - F – Waste hauler(s)

8. If waste haulers are used, provide names and addresses of waste haulers.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

9.  
a) what is the total number of sewer floor drains at your facility? \_\_\_\_\_  
b) What is the total number of other process sewer connection at your facility? \_\_\_\_\_  
c) How many sewer floor drains are located outdoors? \_\_\_\_\_

10. Are solvents or other hazardous chemicals used or stored on-site? \_\_\_\_\_  
If so, please list the types and quantities stored (copies of Material Safety Data Sheets may be submitted)

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11. If your facility employees or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), place a check beside the category of business activity (check all that apply).

**Industries Regulated by Categorical Standards**

- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Can Making
- Centralized Waste Treatment
- Coal Mining
- Coil Coating
- Cooper Forming
- Electric and Electronic Components Manufacturing
- Electroplating
- Feedlot
- Fertilizer Manufacturing
- Foundries (Metal Molding and Casting)
- Glass Manufacturing
- Grain Mills
- Inorganic Chemicals
- Iron and Steel
- Leather Tanning and Finishing
- Metal Finishing
- Nonferrous Metals Forming
- Nonferrous Metals Manufacturing
- Paint and Ink Formulating
- Paving and Roofing Manufacturing
- Pesticides Manufacturing
- Petroleum Refining
- Pharmaceutical
- Plastic and Synthetic Materials Manufacturing

- Plastic Processing Manufacturing
- Porcelain Enamel
- Pulp, Paper, and Fiberboard Manufacturing
- Rubber Manufacturing
- Soap and Detergent Manufacturing
- Steam Electric
- Sugar Processing
- Textile Mills
- Timber Products

12. If your business plans to discharge any manufacturing process wastewater to the sewer system you must provide a complete set of approved plumbing plans with this questionnaire.

**This is to be signed by an authorized representative<sup>2</sup> \* of your firm after completing of this form and review of the information by the signing official**

“I certify under penalty of law that this document and all the attachment are prepared under my direction of 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 manage 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 known violations.”

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISION OF CITY OF BEAUMONT’S MUNICIPAL CODE TITLE 13 CHAPTER 8.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

1. In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and the City's Municipal Code Title 13.20 information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and the City's Municipal Code. Should a discharge permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent Application for Wastewater Discharge Permit will be used by the City in developing a Wastewater Discharge Permit.
2. An authorized representative of an Industrial User may be: (1) A responsible corporate officer, if the User submitting required reports is a corporation; (2) A general partner or proprietor if the User submitting the required reports is a partnership or sole proprietorship respectively; (3) The person in responsible charge, if the User is a governmental agency; (4) An individual with the same authority as stated in 1, 2, and 3 if the individual is responsible for the overall operation of the facility from which the discharge originates. If authorization under item 4 of this definition is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of item 4 of this definition must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

Mail Survey To:  
 Attn: Pretreatment Program  
 City of Beaumont Public Works Department  
 550 E 6<sup>th</sup> Street  
 Beaumont, Ca. 92223  
 Phone: (951) 769-8520  
 Fax: (951)769-8526