PLACER COUNTY
DEPARTMENT OF FACILITY SERVICES
ENVIRONMENTAL ENGINEERING

COMMERCIAL / INDUSTRIAL WASTE SURVEY

A. GENERAL INFORMATION

APN Number _____

Name of Business _____

Mailing Address _____

Address of Premises _____

Description of Business _____

B. TYPE OF BUSINESS (Check all that apply):

_____ Sales _____ Service _____ Distribution _____ Manufacturing _____

Other _____

C. TYPE OF WASTEWATER DISCHARGED INTO PUBLIC SEWER (Check one or both)

_____ Commercial _____ Industrial

D. METHOD OF WASTEWATER DISPOSAL (Check all that apply):

_____ Public Sewer

_____ Waste Hauler (this includes sand/oil and grease interceptor waste) – If this is checked, then please complete the following questions:

Are receipts/manifests available? ____Yes _____ No

Name and address of the company that hauls the waste:

_____

Brief description of your business activity: _____

_____

_____

_____

E. TYPE OF WASTEWATER DISCHARGED TO THE CITY SANITARY SEWER SYSTEM (Check all that apply):

_____ Sanitary waste from bathrooms
_____ Cleanup waste from floor drains
_____ Dental waste
_____ Kitchen waste
_____ Wastewater from laundry equipment
_____ Wastewater from dry cleaning equipment
_____ Wastewater from paint booth (s)
_____ Wastewater from parts cleaning or preparation
_____ Wastewater from x-ray / photo finishing equipment
_____ Wastewater from car wash
_____ Wastewater from vehicle maintenance
_____ Boiler/Cooling system discharge
_____ Wastewater from manufacturing processes (describe below)

_____

_____

_____

_____

F. DISCHARGE TO SEWER IS: _____Steady _____Intermittent

G. LIST FACILITY SEWER LOCATIONS, SIZE, AND FLOW (please attach and refer to map):

_____

_____

_____

_____

_____

_____

H. IS THERE A SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN IN EFFECT FOR THIS FACILITY?

_____ Yes _____ No

I. PLEASE DESCRIBE HOW SPILLED CHEMICALS WOULD BE CONTAINED AND DISPOSED OF:

_____

_____

_____

_____

J. HOW ARE OTHER WASTES DISPOSED OF? (Check all that apply)

	Sewer	Trash	Recycle	Haul	N/A
a. Solid Wastes	_____	_____	_____	_____	_____
b. Oily Wastes	_____	_____	_____	_____	_____
c. Process-generated sludges	_____	_____	_____	_____	_____
d. Spent Chemicals	_____	_____	_____	_____	_____

K. If property is in SMD 2, Dry Creek, or Sunset areas please continue and fill out the Roseville form attached.

L. OWNER:

Name _____

Title _____

Address _____

Phone _____ Fax _____

***The information contained in this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete and accurate.**

_____ _____

Date Signature of Official

New Construction _____

_____Placer County

Tenant Improvement _____

ROSEVILLE
MULTI-JURISDICTIONAL COMMERCIAL WASTEWATER DISCHARGE
CONSTRUCTION CONSENT FORM

Assessors Parcel Number: _____

Construction Address: _____

Name and Mailing Address: _____

_____

Building Square Footage: _____

Nature of Business: _____

The above information along with the discharge questionnaire is true to the best knowledge of the District.

Placer County _____ _____
(County Representative) (Date)

Roseville Regional Wastewater
Treatment Plant Consent for
Sewer Permit Issuance. _____ _____
(City of Roseville) (Date)

Roseville Regional Wastewater
Treatment Plant Consent for
Occupancy* _____ _____
(City of Roseville) (Date)

*NOTE: AN INSPECTION OF THE SITE MAY BE NECESSARY BEFORE OCCUPANCY IS GRANTED.

(Please call (916) 746-1883 with questions. Email form to KZanardelli@roseville.ca.us or fax to (916) 746-1832 for Roseville signatures).

PROJECT:
_____

ENGINEER/OTHER: _____ PHONE: _____

FAX: _____

SEWER PERMIT NUMBER: _____

CITY OF ROSEVILLE QUESTIONNAIRE

Name of Industry:

_____

Address of Facility:

_____

Major Product Manufactured or services supplied:

_____

Standard Industrial Classification (SIC) or code(s) or expected classification: _____

_____

Wastewater Flow (gpd) (if nown):_____

New Materials used or stored on the site: _____

Types and concentrations (or mass) or pollutants contained in discharge: _____

_____

Location of discharge points: _____

Pretreatment Equipment Installed: _____

Number of Employees: _____

Operation and production schedules: _____

Spill prevention control and counter measures (SPCC) plan description: _____

_____

_____

Business or industry contact person: _____

Phone number: _____

Signature: _____

*ATTACH ADDITIONAL SHEETS IF NECESSARY