



WASTEWATER DISCHARGE SURVEY FORM

SECTION A - GENERAL INFORMATION

1. Facility Information:

Name
Address
Phone #
Emergency #

2. Mailing Information:

Same as Above []

Name
Address

3. Primary Contact Person:

Name
Title
Phone #
Email

4. Briefly describe the primary business operation(s) on the property:

5. Days of Operation : Sun [] Mon [] Tues [] Wed [] Thurs [] Fri [] Sat []
Hours of Operation:

6. # of employees onsite daily:

7. Does the facility have any of the following business operations present?

- Automotive Maintenance / Washing
Brewery / Distillery / Winery
Dental Operations
Dry Cleaning / Laundromat
Machine Shop
Manufacturing
Medical Facility
Metal Finishing
Photo Processing
Painting / Powder coating
Printing
Wash Rack

8. Does the facility store or generate hazardous materials or hazardous waste onsite? Yes [] No []

SECTION B – WASTEWATER INFORMATION

1. Does the facility discharge $\geq 25,000$ gallons / day to the sanitary sewer? Yes No
Average Volume of wastewater to be discharged daily: _____ gallons / day
Max Volume of wastewater to be discharged daily: _____ gallons / day
2. Are wastewater discharges subject to any known categorical pretreatment standard outlined in 40 CFR § 405 – 471? *If unknown, contact Industrial Waste Division at 916-746-1882* Yes No
3. Briefly describe the wastewater that discharges to the sanitary sewer system: _____

4. Does the facility’s wastewater contact or contain any chemical / hazardous materials? Yes No
If yes, **attach Safety Data Sheets** and briefly describe: _____

SECTION C – PRETREATMENT & MONITORING

1. Do you pretreat your wastewater prior to discharge to the sanitary sewer? Yes No
If yes, please describe how you treat your wastewater: _____

2. Does your pretreatment include sand-oil / grease interceptors or clarifiers? Yes No
How many interceptors / clarifiers are onsite? _____
How many gallons are each interceptor / clarifier? _____

SECTION D – CERTIFICATION STATEMENT

Note to signing official: 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 Roseville Municipal Code §14.26.390.4. Should a Wastewater Discharge Permit be required for the facility a separate *Wastewater Discharge Permit Application* must be submitted.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, 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 fine and/or imprisonment.

Signature of Official / Title

Date