



Robert "Bob" Craig, President
Betty A. Anderson, Vice President
Jane F. Anderson, Director
Chad Blais, Director
Kenneth J. McLaughlin, Director

RE: NON-RESIDENTIAL WASTEWATER SURVEY FORM

Dear Business Owner/Manager:

Jurupa Community Services District (District) currently administers an industrial wastewater pretreatment program in accordance with federal and state regulations and the District's Pretreatment Ordinance. Implementation of this program includes completion of a Non- Residential Wastewater Survey Form by all commercial and Industrial businesses.

Many industrial facilities produce industrial wastewater discharge which could potentially harm the District's wastewater treatment plant and poses health risk to the entire community of Jurupa Valley. Please complete and return the enclosed form to the District office at 11201 Harrel Street, Jurupa Valley, CA 91752 or FAX it to the District at (951) 727-3519 within 14 days of receiving this letter.

If you have any questions, contact Marce Billings at (951) 685-7434, Ext. 173; or at mbillings@jcsd.us. Thank you for your prompt attention to this matter.

Sincerely,

Marce M. Billings
Source Control Supervisor

NON-RESIDENTIAL WASTEWATER SURVEY FORM

COMPANY NAME: _____

Service Address: _____ Mailing Address: _____

RESPONSIBLE PARTY (President, Vice President, Owner, Partnership, etc.)

	NAME	TITLE	PHONE NUMBER
Responsible Party:	_____	_____	_____
Contact:	_____	_____	_____

Emergency Phone Number: _____ E-Mail: _____

Emergency Cell Phone Number _____ Fax: _____

EMPLOYEES

# OF EMPLOYEES ON DUTY	SHIFT (Day, Swing, Graveyard)	TIME OF SHIFT (8am - 5pm Etc.)	DAYS OF WEEK (Indicate M, T, W, TH, F, SA OR SU)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION OF BUSINESS ACTIVITIES

Provide a brief description of all operations at this facility, including primary products or services. (Attach additional sheet if necessary).

DISCHARGE OF WASTES INTO THE SEWER

_____ I will only discharge domestic wastewater into the JCSD sewer.

_____ I anticipate discharging the following waste materials into the JCSD sewer in addition to domestic wastewater. *(Attach extra sheet if necessary).*

Material to be Discharged (GPD)	Estimated Gallons Per Day
_____	_____
_____	_____

STORAGE OF HAZARDOUS MATERIALS

Is storage of hazardous materials proposed? _____ Yes _____ No

If yes, describe all flammable liquids, solids or gases, oxidizers, corrosives, poisons and explosives that will be stored on the property, along with estimated quantities of the chemical waste to be stored. *(Attach extra sheet if necessary).*

Name of Chemical/Flammable	Estimated Quantity
_____	_____
_____	_____

AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. 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 knowing violations.

_____	_____
Name	Title
_____	_____
Signature	Date
_____	_____
Name of Document Preparer	Document Preparer Company
_____	_____
Phone Number of Document Preparer	E-Mail of Document Preparer

Non-Residential User Drainage Fixture Unit (DFUs)
Sewer Flow Calculation

Company Name: _____

Address: _____

Appurtenance	DFU's	Quantity	Total
Floor Drain	2		
Floor Drain (Emergency)	0		
Drinking Fountain (Public Use)	1		
Urinal	2		
Water Closet (Employee Only Toilet)	4		
Water Closet (Public Toilet)	6		
Lavatory (Bathroom Sink)	1		
Shower	2		
Bar Sink, Break room Sink	2		
Floor Sink (1.5" Trap)	3		
Floor Sink (2" Trap)	4		
Floor Sink (4" Trap)	6		
Food Waste Grinder	3		
Hand Sink	1		
Mop Sink	3		
Clothes Washer	2		
AC Condensate (1.5" Pipe - 3 Units)	3		
AC Condensate (2" Pipe - 4 Units)	4		
AC Condensate (4" Pipe - 6 Units)	6		
Total Drainage Fixture Units (DFU's)			
Total Flow ("Total" x 21 gal = Total Flow)			

Instructions: The table above can be used to calculate the estimated flow from a facility. Count the number of each type of fixture connected to the sewer and enter it in the "Quantity" column. To calculate the total of each row multiply the DFU's by the Quantity of Fixtures. Then add up the totals to provide a total drainage fixture unit (DFU) count. Then multiply the total drainage fixture unit by 21 to determine the Total Flow from the facility. Questions can be directed to the Pretreatment Division at (951) 685-7434.

Non-Residential Wastewater Survey Form Instructions

1. Company Name: The legal name of the company.
2. Service Address: The physical address of the business.
3. Mailing Address: Address where correspondence may be sent.
4. Responsible Party: The person who is legally responsible for the company.
5. Contact: The name of a person who is routinely onsite that may be contacted during a visit to the company.
6. Employees: Enter the number of employees who work for the company on the various shifts. You may also list the number of full time employees, part time employees and temporary employees and the number of hours they work. This information is primarily used to determine the sewer flow generated by employees. Usually 20 gallons per full time employee / day.
7. Description of Business Activities: Provide a brief description of all operations at this facility, including primary products or services. (Attach additional sheets if necessary).
8. Discharge of Wastes into the Sewer: Please place an "x" to indicate whether the company will discharge only domestic wastewater or other types of waste into the sewer. Domestic wastewater is bathroom wastewater, break room wastewater and limited quantities of laundry, mopping and kitchen wastewater. If there are other types of wastewater to be discharged please indicate the type and quantity on the lines provided.
9. Storage of Hazardous Materials: Please indicate whether hazardous materials will be stored at the facility. Hazardous materials are all liquids, solids or gases that are: flammable, explosive, radioactive, reactive, corrosive, or toxic. Please indicate the name of the chemicals and estimated quantity to be stored at the facility.
10. Authorized Representative Statement: The survey form must be signed by the person who is indicated as the Responsible Party on the first page of the form. If that person has designated someone else as an Authorized Representative to sign the form that authorization must be provided in writing and attached to the form when submitted. Also include name, company and phone number of person who prepared this document.
11. Non-Residential User Drainage Fixture Unit (DFU) Sewer Flow Calculation: The table on page 3 can be used to calculate the estimated sewer flow from a facility. Count the number of each type of fixture connected to the sewer and enter it in the "Quantity" column. To calculate the total of each row multiply the DFU's by the Quantity of Fixtures. Then add up the totals to provide a total drainage fixture unit (DFU) count. Then multiply the total drainage fixture unit by 21 to determine the Total Flow from the facility.
12. Mail forms to this Division at 11201 Harrel Street Jurupa Valley, CA 91752 or FAX to (951) 727-3519.

Questions can be directed to the Pretreatment Division at: (951) 685-7434.