



COMMUNITY SERVICES DISTRICT

Proudly serving Jurupa Valley and Eastvale

RE: NON-RESIDENTIAL WASTEWATER SURVEY FORM

Dear Business Owner/Manager:

In accordance with Title 40, Part 403.8(f)(2) of the Code of Federal Regulations, Jurupa Community Service District (District) is required to identify, locate, and evaluate industrial and commercial users of the wastewater collection system that discharge wastewater in the JCSD service area with the potential to:

- Cause an interference with the wastewater treatment plant or wastewater collection system;
- Pass through the wastewater treatment plant, inadequately treated, into receiving waters or atmosphere or otherwise be incompatible with the wastewater treatment plant and wastewater collection system; or
- Expose wastewater treatment and wastewater collection system personnel and the public to health or safety hazards.

The attached Non-Residential Wastewater Survey form must be completed to help the district understand your facility's wastewater discharge. A wastewater discharge permit and/or pretreatment of wastewater may be required if any of the above characteristics exist.

Please complete the enclosed form as completely and accurately as possible and return it 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,

Jonathon Cuevas Industrial
Waste Inspector I

INDUSTRIAL USER WASTEWATER SURVEY

COMPANY NAME: _____

Service
Address: _____

Mailing
Address: _____

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

	NAME	TITLE	PHONE NUMBER
Responsible Party:	_____	_____	_____

Contact:	_____	_____	_____
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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 (Circle)
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_____	_____	_____	M T W T H F S S
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_____	_____	_____	M T W T H F S S
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_____	_____	_____	M T W T H F S S
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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

Property Owner Information:

Business Name: _____
Contact Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
Cell: _____
EMERGENCY PHONE: _____ (required)
Email: _____



Jurupa

Building Owner Information:

Business Name: _____
Contact Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Fax: _____
Cell: _____
EMERGENCY PHONE: _____ (required)
Email: _____

COMMUNITY SERVICES DISTRICT

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**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 13 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 13 to determine the Total Flow from the facility. Questions can be directed to the Pretreatment Division at (951) 685-7434 extension 110.

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. **Water Source:** From where the facility gets its water supply.
12. **Operating Schedule:** Hours at which employees are present onsite and hours at which water other than sanitary, is used.
13. **Treatment:** How is the water waste of the facility managed to meet federal regulations and local ordinances.
14. **North American Classification System:** standard used in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. www.census.gov/eos/www/naics/
15. **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 13 to determine the Total Flow from the facility.
16. **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.**