



NON-RESIDENTIAL WASTEWATER QUESTIONNAIRE 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, commercial, and food service establishment (FSE) users of the wastewater collection system that discharge wastewater in the District's 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 personnel and/or the public to health or safety hazards.

A wastewater discharge permit and/or pretreatment of wastewater may be required if any of the above characteristics exist. The Non-Residential Wastewater Questionnaire must be completed to help the District understand your facility's wastewater discharge. Submit a single copy of the proposed building layout and plumbing blueprints with the completed forms for record. Submission of these documents and this questionnaire is the first step in the plan check process. The District will review the submission to verify compliance with the District's Ordinance and will be in contact thereafter. Please be advised any work performed or equipment installed related to the discharge of wastewater to the District's sewer system is subject to review and approval by the District.

If no wastewater containing grease is to be discharged, submit the Grease Interceptor Waiver Request for consideration. Generally speaking, FSEs that fry, deep fries, stir fries, charbroils, uses a rotisserie, or cuts and prepares meat onsite is required to install a minimum of a 750-gallon grease interceptor. However, each food service establishment is considered on a case-by-case basis. Please note the grease interceptor sizing formula used by the District is the most recent version adopted by the Universal Plumbing Code (UPC).

Please complete the enclosed forms as completely and accurately as possible and return it to the District office at 11201 Harrel Street, Jurupa Valley, CA 91752 within 14 days of receiving this letter.

If you have any questions, contact the Environmental Services Source Control Division at (951) 685-7434; or at scenvironmentalservices@jcsd.us Thank you for your prompt attention to and cooperation with this matter.

Sincerely,
Environmental Services Department

Non-Residential Wastewater Questionnaire 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 on-site that may be contacted during a visit to the company.
6. Employees: Enter the number of employees who work for the company on various shifts. You may also list the number of full-time employees, part-time employees, and temporary employees with the corresponding 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 per 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 a bathroom, break room, 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 the estimated quantity to be stored at the facility.
10. Authorized Representative Statement: The questionnaire 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 the name, company, and phone number of the 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 on-site and hours at which water other than sanitary, is used.
13. Treatment: How the water waste of the facility is managed to meet federal regulations and local ordinances.
14. North American Classification System: standard used in classifying business establishments to collect, analyze, and publish statistical data related to the U.S. business economy. <https://www.census.gov/naics/>
15. Non-Residential User Drainage Fixture Unit (DFU) Sewer Flow Calculation: The table 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 Number 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. Questions can be directed to the Environmental Services Division.

NON-RESIDENTIAL WASTEWATER QUESTIONNAIRE

Responsible Party (President, Vice-President, Owner, Partnership, etc.)

Name: _____ Title: _____ Number: _____
Name: _____ Title: _____ Number: _____

Emergency Number: _____ Emergency Cell: _____
Email: _____

Property (Site) Owner Information

Business Name: _____ Contact Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Cell: _____
Emergency Phone: _____ Email: _____

Building Owner Information

Business Name: _____ Contact Name: _____
Address: _____ City: _____
State: _____ Zip: _____
Phone: _____ Cell: _____
Emergency Phone: _____ Email: _____

Is this an existing building Yes No
If no, when is construction expected to begin? _____

What is the target date for food service to begin (if applicable)? _____

Company Name: _____
Service Address: _____ Mailing Address: _____

Construction Information

Company Name: _____ Contact Name: _____
Address: _____ Title: _____
City: _____ State: _____
Zip: _____ Phone: _____
Fax: _____ Cell: _____
Email: _____

General Contract Name: _____ General Contract Phone: _____
Plumbing Contract Name: _____ Plumbing Contract Phone: _____

COMMUNITY SERVICES DISTRICT

NON-RESIDENTIAL WASTEWATER QUESTIONNAIRE (Continued)

Employees

| | |
|--|--|
| <p>Full-Time</p> <p># of Employees: _____</p> <p>Shift (circle): Day, Swing, Graveyard</p> <p>Time of Shift (8am-5pm): _____</p> <p>Days of Week (circle): M T W Th F Sat Su</p> | <p>Part-Time</p> <p># of Employees: _____</p> <p>Shift: Day, Swing Graveyard</p> <p>Time of Shift (8am-5pm): _____</p> <p>Days of Week (circle): M T W Th F Sat Su</p> |
|--|--|

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

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 |
| _____ | _____ |
| _____ | _____ |

Sewer Discharge

_____ I will only discharge domestic wastewater into the District's collection system.

_____ I anticipate discharging the following waste materials into the District's collection system in addition to domestic wastewater. (Attach extra sheet if necessary).

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

NON-RESIDENTIAL WASTEWATER QUESTIONNAIRE (Continued)
Sections A-F: Food Service & Supermarket Establishments ONLY

A. Equipment

- 1. Dishwasher: Yes No
 If Yes, Gallons per Cycle _____ Cycles Per Day _____
- 2. Number of garbage disposals:
 The horsepower rating for each: _____
- 3. Number of ice machines:
 Pounds of ice per day: _____
- 4. Deep Fryer: Yes No
 If Yes, Grease Capacity: _____pounds
- 5. Griddle: Yes No
 If Yes, Surface Area Dimensions: _____
- 6. Wok: Yes No
- 7. Charbroilers: Yes No
- 8. Rotisseries: Yes No
- 9. Microwave: Yes No
- 10. If Yes to 4, 5, 6, 7, or 8, Describe Grease Waste Disposal Method: _____

B. Soft water

- 1. Ion Exchange resin tank service: Yes No

C. Cleaning Practices

- 1. Are kitchen floors: ___ Mopped ___ Scrubbed and hosed down
- 2. How are kitchen exhaust filters cleaned? _____
- 3. Are kitchen floor mats used? ___ Yes ___ No
 If Yes, how and where are they cleaned? _____

D. Grease Interceptor

Is a grease interceptor proposed? Yes No
 Proposed Interceptor cleaning frequency: _____ Months
 Contractor to be used for cleaning: _____

E. Menu

- 1. ATTACH A COMPLETE MENU
- 2. If meats, fish, poultry, or processed meats are used, indicate whether it is:
 ___ Delivered pre-cooked ___ Prepared and cooked onsite

F. Meat-Cutting

- 1. Pounds of meat cut per day: _____
- 2. Methods of cleaning and disposal of meat-cutting wastes: _____

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

Company Name: _____

Address: _____

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 Number 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 Environmental Services Source Control Division at (951) 685-7434.

Sanitary Sewer Waste

| Appurtenance | DFU's | Quantity | Total |
|--|--------------|-----------------|--------------|
| Drinking Fountain | 0.5 | | |
| Floor Drain | 2 | | |
| Floor Drain (Emergency - i.e. in restrooms) | 0 | | |
| Floor Sink (1.5" Trap) | 3 | | |
| Floor Sink (2" Trap) | 4 | | |
| Floor Sink (3" Trap) | 6 | | |
| Floor Sink (4" Trap) | 8 | | |
| 3 Compartment Sink (Don't Count Floor Sink) | 6 | | |
| Mop Sink | 3 | | |
| Bar Sink | 2 | | |
| Bar Sink (Private) | 1 | | |
| Hand Sink | 1 | | |
| Dishwasher | 2 | | |
| Food Waste Grinder | 3 | | |
| Urinal | 2 | | |
| Urinal (Non-water) | 1 | | |
| Water Closet (Employee Only Toilet) 1.6 GPF | 3 | | |
| Water Closet (Employee Only Toilet) 1.6+ GPF | 4 | | |
| Water Closet (Public Toilet) 1.6 GPF | 4 | | |
| Water Closet (Public Toilet) 1.6+ GPF | 6 | | |
| Water Closet (Assembly) 1.6 GPF | 6 | | |
| Water Closet (Assembly) 1.6+ GPF | 8 | | |
| Lavatory | 1 | | |
| AC Condensate (1.5" Pipe) | 3 | | |
| AC Condensate (2" Pipe) | 4 | | |
| AC Condensate (4" Pipe) | 6 | | |
| Clothes Washer | 3 | | |
| Shower | 2 | | |
| | | | |
| | | | |
| Sanitary Sewer Waste DFU Total | 94.5 | | |
| Total Estimated Flow (13 gal per DFU) | | | |
| Equivalent Dwelling Units (EDU's) | | | |

Grease Waste System – if applicable

| Appurtenance | DFU's | Quantity | Total |
|---|--------------|-----------------|--------------|
| Floor Drain | 2 | | |
| Floor Drain (Emergency) | 0 | | |
| Floor Sink (1.5" Trap) | 2 | | |
| Floor Sink (2" Trap) | 4 | | |
| Floor Sink (3" Trap) | 6 | | |
| Floor Sink (4" Trap) | 8 | | |
| 3 Compartment Sink (Don't Count Floor Sink) | 6 | | |
| Bar Sink | 2 | | |
| Hand Sink | 2 | | |
| Mop Sink | 3 | | |
| Dishwasher | 1 | | |
| Grease Waste DFU Total | 36 | | |
| Grease Interceptor Size Calculation | | | |
| DFU Grand Total | | | |
| Total Estimated Flow (13 gals per DFU) | | | |
| Equivalent Dwelling Units (EDU's) | | | |

Grease Interceptor Size Calculation

Grease Interceptor Sizing Table - UPC Chapter 10 Sizing Method

| Number of DFU's Connected to Interceptor | Interceptor Volume |
|--|--------------------|
| 0-21 | 750 |
| 22-35 | 1000 |
| 36-90 | 1250 |
| 91-172 | 1500 |
| 173-216 | 2000 |
| 217-307 | 2500 |
| 308-342 | 3000 |
| 342-428 | 4000 |

Definitions

GPD = Estimated Gallons Per Day of Sewer Discharge

UPC = Uniform Plumbing Code

EDU = Equivalent Dwelling Units = 220 GPD Sewer Discharge (Resolution 2628)

EDU = Estimated daily sewer flow rate from a single residential home

DFU = Drainage Fixture Unit = UPC assigned value per fixture

Formulas

Total DFU's Per Fixture Type = DFU's Per Fixture x Number of Fixtures

Total Facility DFU's = Sum of individual fixture totals

Total Daily Sewer Flow = 13 gallons per day x DFU's

EDU's = Total Daily Sewer Flow / 220 Gallons Per Day

GREASE INTERCEPTOR INSTALLATION WAIVER

I, _____, representing _____
 (Proprietor Name) (Facility Name)
 at _____
 (Facility Address)

do hereby confirm that at no time shall any greases, fats, oils, solids, or any wastewater or material be discharged to the District's sewer collection system to impair the functional operations of same. If at any time non-compliance with the discharge limitations outlined in the District's Ordinance is detected, I do hereby consent to install, within ninety (90) days, an oil/grease separator of sufficient size to be acceptable to the District. The minimum size of the interceptor shall not be less than 750 gallons in capacity and shall be equipped with a monitoring station.

In lieu of an oil/grease separator, I consent to install a monitoring station for purposes of sampling the industrial wastewater discharged from my facility. Furthermore, I agree to install the kitchen plumbing in such manner to keep future potential sources of grease waste separate from domestic wastes and direct it to a location suitable for the installation of a grease interceptor.

The District's oil/grease interceptor waiver, if issued, is issued to the proprietor stated herein, and is not transferable.

COMMUNITY SERVICES DISTRICT

Proudly serving Jurupa Valley and Eastvale

Sign: _____

Date: _____

District Staff Only

Approved

Sign: _____

Denied

Date: _____

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 a fine and imprisonment for knowing violations.

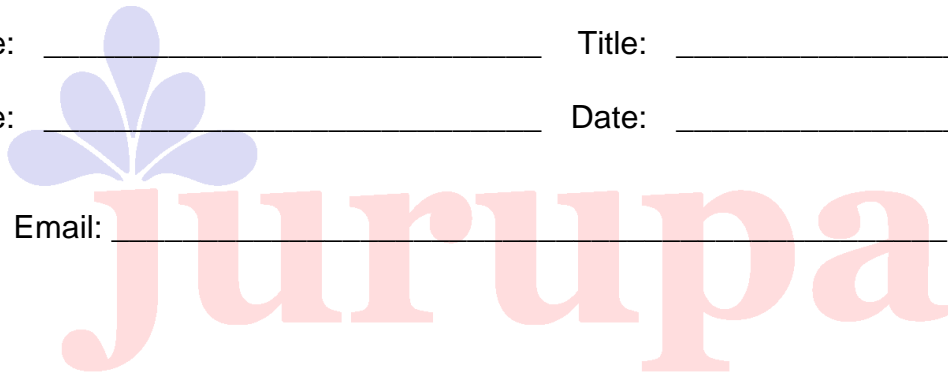
Name: _____ Title: _____

Signature: _____ Date: _____

Preparer Name: _____ Title: _____

Signature: _____ Date: _____

Email: _____



COMMUNITY SERVICES DISTRICT

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