

Sewer Public Benefit Program Application

Offered by the City of Riverside Public Works Department

Regional Water Quality Control Plant



City of Arts & Innovation

RiversideCa.gov/pworks

The following items are needed to complete application submittal and review:

- Proof of location within the City of Riverside (i.e. Utility Bill, Water Bill)
- For existing customers, six (6) months billing period of water usage (Copies of water bills for six consecutive months or a six month usage report from Riverside Public Utilities)
- Copy of most current Sewer Rate Billing Statement
- Recent laboratory results for discharge concentration of Chemical Oxygen Demand (COD) and Total Suspended Solids (TSS), if available
- Completed application signed by authorized business representative
- Flow chart of pretreatment process
- Other Supporting documents (i.e. engineering design, reports, equipment specifications)

Mail or hand deliver completed application and supporting documents to:

City of Riverside Regional Water Quality Control Plant
Attention: E. Filadelfia
5950 Acorn Street
Riverside, CA 92504

checklist

Please complete the following information. Failure to provide the requested information may result in processing delays or denial of the rebate. Attach a completed application checklist. Pretreatment equipment is subject to inspection.

Section A: Contact Information

1. Company Name:	Date:
2. Site Address:	Telephone:
City, State:	Zip:
3. Responsible Party:	Telephone:
Responsible Party Title:	Responsible Party Email:

Section B: General Information

1. Work days per week: (circle days)	No. of Employees:	Days of operation per year:
M T W Th F Sa Su		
Operating Hours (i.e. 8 a.m. - 5 p.m.):	No. of shifts per day:	
2. Provide a description of the commercial processes, manufacturing, or business activities to be performed at the site. For food service establishments, attach a menu or indicate foods prepared on site and method of preparation.		
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Section C: Water Supply

1. Water sources (check all that apply)
<input type="checkbox"/> Private Well <input type="checkbox"/> Water Utility <input type="checkbox"/> Surface Water <input type="checkbox"/> Other (Specify)
2. Water utility agency:
3. Water service account number:

4. List water usage on premises (new industries may estimate):

Type	Average Water Usage (Gallons per day)	Estimated (E) or Measured (M)
a. Contact cooling water		
b. Non-contact cooling water		
c. Boiler feed		
d. Process		
e. Sanitary		
f. Contained in product		
g. Equipment wash down		
h. Irrigation		
i. Other		
TOTAL: A-I:		

SECTION D: SEWER SERVICE

- 1.** For EXISTING businesses:
- a. Is the building presently connected to the public sanitary sewer system? Yes No
 - b. Have you ever applied for sanitary sewer service hookup? Yes No
- 2.** For NEW businesses:
- a. Will you be occupying an existing vacant building (i.e. an industrial park or tenant space)? Yes No
 - b. Will the facility be connected to the public sanitary sewer system? Yes No

SECTION E: INDUSTRIES/COMMERCIAL BUSINESSES

1. Quantity of products produced:

2. Industrial flows to sewer (wastewater producing operations)

Process	Discharge (Gallons per day)
a.	
b.	
c.	

Chemicals used in process/product	Chemical Name	Gallons or pounds per day
a.		
b.		
c.		

4. Pretreatment Methodology:

a.

b.

c.

SECTION F: RESTAURANTS/FOOD SERVICE ESTABLISHMENTS

1. Maximum Seating Capacity: [] **Maximum Meals Served at Peak Hour:** []

2. Number of sinks and floor drains excluding restroom sinks and drains: []

Floor drains [] Floor sinks [] Mop sinks [] Hand sinks []

Three compartment sinks [] Two-compartment sinks [] One-compartment sinks []

b. Garbage Grinders Yes No Quantity []

c. Hot Grills Yes No Quantity []

d. Automatic Dishwasher Yes No Quantity []

e. Deep Fryers Yes No Quantity []

f. Broilers Yes No Quantity []

g. Rotisseries Yes No Quantity []

h. Oil/Grease Interceptor Yes No Quantity & size of each []

3. Grease Disposal Method: []

4. Grease Disposal Company: []

SECTION G: ENVIRONMENTAL INDICATORS AND POLLUTANT REDUCTION

1. Complete the table below for the environmental performance goal categories selected from Table 2:

Goal category:	Units	Baseline Year	Year 1	Year 2	Year 3
		2011	20__	20__	20__
Proposed flow reduction amount	Gallons				
Proposed COD reduction amount	Pounds, tons				
Proposed TSS reduction amount	Pounds, tons				
Proposed FOG reduction amount	Interceptor Pumping Frequency				
Other constituents amount (See Note)	To be determined				

Note: Contact Program Administrator regarding proposed reductions in other constituents.

2. Briefly describe activities and achievements related to the selected goal, or, if applicable, any circumstances which may delay toward proposed reduction amount. (Attach separate sheets as necessary)

3. Discharge pollutant profile:

Your industry may be required to submit monitoring data for the performance goal categories selected and any other potential pollutants discharged. Samples for the required monitoring data, if requested, shall be collected from an approved sample location and analyzed by a State Certified Laboratory. The Program Administrator may request additional samples to validate results.

4. Describe ways your facility plans to conserve water, investigate and implement waste reduction and provide employee education to minimize the amount of waste generated.

(Attach additional sheets if necessary): _____

SECTION H: SURVEY

1. How did you hear about the Sewer Public Benefit Program? (check all that apply)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Riverside Today Show | <input type="checkbox"/> Riverside Outlook |
| <input type="checkbox"/> News release | <input type="checkbox"/> Postcard | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Inspector | <input type="checkbox"/> City Hold Message | |

2. How can the City make the Sewer Public Benefit Program more accessible to businesses which may benefit from it?

3. What are your concerns, if any, regarding limitations of the Sewer Public Benefit Program?

SECTION I: CERTIFICATION STATEMENT

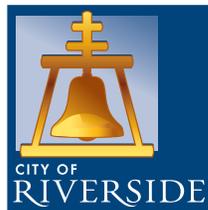
I have read, understand, and agree to the Sewer Public Benefit program eligibility requirements and limitations. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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.

Printed Name

Signature

Title

Date



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Riverside, CA 92504
951-351-6140
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