



WASTEWATER DISCHARGE SURVEY - NSIU

Plan Check Inspection

SECTION A:

1. Company Name: _____ Date: _____
2. Site Address: _____ Telephone: _____
City, State: _____ Zip: _____
3. Mailing Address: _____
City, State: _____ Zip: _____
4. Responsible Party: _____ Telephone: _____
5. Contact: _____ Telephone: _____
6. Emergency Contact _____ Telephone: _____

SECTION B:

1. Work days per week: (circle days) M T W Th F Sa Su
Operating Hours _____ Number of Days of
(i.e. 8am - 5pm): _____ Operation per year: _____ Employees: _____
2. Provide a description of the commercial processes, manufacturing or business activities to be performed at the site:

3. **NO YES**
[] [] Is any water discharged to the sewer other than from restrooms?
[] [] Are floor drains installed in any area other than restrooms?
[] [] Are any sinks other than hand sinks installed?
[] [] Are any solvents or hazardous materials used or stored at your facility?

SECTION C:

1. Quantity of products produced and/or repaired: _____

2. Industrial flows to sewer (Wastewater producing operations except from restrooms)
Use additional sheets if necessary for Section C parts 2, 3, 4, 5, 6, and 7.

<u>Process Description</u>	<u>Discharge (gpd)</u>
a. _____	_____
b. _____	_____
c. _____	_____

<u>Chemicals Used in Process/Product</u>	<u>Quantity</u>	<u>Gal/lbs/day</u>	<u>Spill Contained</u>
a. _____	_____	_____	[] NO [] YES
b. _____	_____	_____	[] NO [] YES
c. _____	_____	_____	[] NO [] YES

4. Pretreatment Methodology: (e.g. interceptor, pH adjustment, silver recovery, etc.)

- a. _____
- b. _____
- c. _____

5. Hazardous Material Stored (Include Oils, Transmission Fluids, Solvents)

<u>Hazardous Material</u>	<u>Quantity</u>	<u>Gals/lbs./etc</u>	<u>Spill Contained</u>
a. _____	_____	_____	[] NO [] YES
b. _____	_____	_____	[] NO [] YES
c. _____	_____	_____	[] NO [] YES
d. _____	_____	_____	[] NO [] YES
e. _____	_____	_____	[] NO [] YES

6. What by-products go to hazardous waste storage? (stored on-site or hauled off-site)

- a. _____ Transportation Co. _____
 - b. _____ EPA Generator No. _____
 - c. _____ Schedule of Waste Hauling: _____
- Quantity of Waste Hauled: _____

7. Describe spill containment program: (describe measures taken to prevent accidental spills to the sewer system).

8. Softwater System

a. Do you have an Ion exchange resin tank service: Yes [] No []

If yes , provide vendor's name and address: _____

All self-regenerative water softeners are illegal for use in commercial businesses in the City of Riverside, unless the regenerative brine wastewater is hauled off-site for disposal. No regenerative brine wastewater can be discharged to the sewer, storm drain, or ground.

SECTION D:

Certification 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. 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.

Name

Signature

Title

Date