



Fees: _____
Receipt No: _____
Date: _____ Initials: _____
Business License #: _____

**INDUSTRIAL WASTE SURVEY**  
Fiscal Year: 2022-2023

This form must be completely signed, dated, and submitted to the City of Beaumont within **14 days** of receipt. Submittals may be in-person at City Hall's Customer Service Counter or via email scan to [Info@beaumontca.gov](mailto:Info@beaumontca.gov) along with the associated payment of **\$25.82**. If you have questions regarding completion of the form, please call the Wastewater Department at (951) 769-8520 ext.368. Incomplete forms will be returned and may delay the processing of your application for service.

1. Business name, mailing address; and main telephone number:

\_\_\_\_\_  
\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Address of business location in the City of Beaumont (Check if same as above \_\_\_\_\_)

\_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Person authorized to represent above named firm in official dealing with the City (Primary Contact):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Alternate person to contact concerning information provided herein (Secondary Contact):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. Type of business, include Standard Industrial Classification (SIC) Code:

\_\_\_\_\_  
\_\_\_\_\_

6. Provide a brief description of the business-related activities your firm conducts.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Water consumption and types of wastes generated. Check the types of water uses applicable and provide approximate values for water consumption and discharge.

Note: Do not leave page blank, fill in at least line item #2 (based on number of employees x15 gal)

(Check All that Apply)	<b>Water Consumption: Maximum Gallons Per Day</b>	<b>Water Discharge: Maximum Gallons Per Day</b>	Discharge: Method (Circle all that apply)
1. ( ) Irrigation	_____	_____	A B C D E F
2. ( ) Domestic Waste, Restrooms	_____	_____	A B C D E F
3. ( ) Heating & Air Conditioning	_____	_____	A B C D E F
4. ( ) Process Cooling Water, Non Conduct	_____	_____	A B C D E F
5. ( ) Process Cooling Water, Conduct	_____	_____	A B C D E F
6. ( ) Boiler/Cooling Tower Blowdown	_____	_____	A B C D E F
7. ( ) Condensate	_____	_____	A B C D E F
8. ( ) Manufacturing Process	_____	_____	A B C D E F
9. ( ) Food Processing	_____	_____	A B C D E F
10. ( ) Vehicle Washing	_____	_____	A B C D E F
11. ( ) Laundry	_____	_____	A B C D E F
12. ( ) Photo Processing	_____	_____	A B C D E F
13. ( ) Softener/Deionizer	_____	_____	A B C D E F
14. ( ) Cleaning Raw Materials	_____	_____	A B C D E F
15. ( ) Equipment Washdown	_____	_____	A B C D E F
16. ( ) Floor Washdown	_____	_____	A B C D E F
17. ( ) Air Pollution Control Unit	_____	_____	A B C D E F
18. ( ) Storm Water Runoff to Sewer	_____	_____	A B C D E F
19. ( ) Other	_____	_____	A B C D E F
<b>TOTAL WATER CONSUMED</b>	_____	_____	
<b>TOTAL WASTE GENERATED (2-19)</b>		_____	
<b>TOTAL NON-DOMESTIC WASTES GENERATED (4-19)</b>		_____	

\*A – Sanitary sewer \*Estimated at fifteen gallons per day for each employee.

B – Storm drain or channel

C – Street

D – Ground

E – Evaporation

F – Waste hauler(s)

8. Provide names and addresses of waste haulers (e.g., Waste Management).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

9. If business is related to food, auto, dental, medical and/or connected to septic tank, provide names, and addresses of specific waste haulers (e.g., Roto Rooter).

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

10. Sewer Account Number: \_\_\_\_\_

11. a.) What is the total number of sewer floor drains at your facility? (e.g., drains in commercial restroom) \_\_\_\_\_

b.) What is the total number of other process sewer connection at your facility? (e.g., grease interceptor, water softener, etc.). \_\_\_\_\_

c.) How many sewer floor drains are located **outdoors**? (Not storm drain). \_\_\_\_\_

12. Are solvents or other hazardous chemicals used or stored on-site? (Circle One) Yes or No

If yes, please list the **types** and **quantities** stored (copies of Material Safety Data Sheets may be submitted)

\_\_\_\_\_  
\_\_\_\_\_

13. If your facility employees or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate discharge), place a check beside the category of business activity.

**Industries Regulated by Categorical Standards**

- |   |  |
|---|--|
| <input type="checkbox"/> Aluminum Forming                                 | <input type="checkbox"/> Metal Finishing                               |
| <input type="checkbox"/> Asbestos Manufacturing                           | <input type="checkbox"/> Nonferrous Metals Forming                     |
| <input type="checkbox"/> Battery Manufacturing                            | <input type="checkbox"/> Nonferrous Metals Manufacturing               |
| <input type="checkbox"/> Can Making                                       | <input type="checkbox"/> Paint and Ink Formulating                     |
| <input type="checkbox"/> Centralized Waste Treatment                      | <input type="checkbox"/> Paving and Roofing Manufacturing              |
| <input type="checkbox"/> Coal Mining                                      | <input type="checkbox"/> Pesticides Manufacturing                      |
| <input type="checkbox"/> Coil Coating                                     | <input type="checkbox"/> Petroleum Refining                            |
| <input type="checkbox"/> Cooper Forming                                   | <input type="checkbox"/> Pharmaceutical                                |
| <input type="checkbox"/> Electric and Electronic Components Manufacturing | <input type="checkbox"/> Plastic and Synthetic Materials Manufacturing |
| <input type="checkbox"/> Electroplating                                   | <input type="checkbox"/> Plastic Processing Manufacturing Porcelain    |
| <input type="checkbox"/> Feedlot  | <input type="checkbox"/> Enamel  |
| <input type="checkbox"/> Fertilizer Manufacturing                         | <input type="checkbox"/> Pulp, Paper, and Fiberboard Manufacturing     |
| <input type="checkbox"/> Foundries (Metal Molding and Casting)            | <input type="checkbox"/> Rubber Manufacturing                          |
| <input type="checkbox"/> Glass Manufacturing                              | <input type="checkbox"/> Soap and Detergent Manufacturing              |
| <input type="checkbox"/> Grain Mills                                      | <input type="checkbox"/> Steam Electric                                |
| <input type="checkbox"/> Inorganic Chemicals                              | <input type="checkbox"/> Sugar Processing                              |
| <input type="checkbox"/> Iron and Steel                                   | <input type="checkbox"/> Textile Mills                                 |
| <input type="checkbox"/> Leather Tanning and Finishing                    | <input type="checkbox"/> Timber Products                               |

14. If your business plans to discharge any manufacturing process wastewater to the sewer system, you must provide a complete set of approved plumbing plans with this questionnaire.

**This is to be signed by an authorized representative of your firm after completing of this form and review of the information by the signing official.**

“I certify under penalty of law that this document and all the attachment are prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel properly gathers 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 known violations.”

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISION OF CITY OF BEAUMONT’S MUNICIPAL CODE TITLE 13 CHAPTER 8.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

1. In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14 and the City's Municipal Code Title 13.20 information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and the City's Municipal Code. Should a discharge permit be required for your facility, the information specified in this questionnaire and additional information specified in a subsequent Application for Wastewater Discharge Permit will be used by the City in developing a Wastewater Discharge Permit.
2. An authorized representative of an Industrial User may be: (1) A responsible corporate officer, if the User submitting required reports is a corporation; (2) A general partner or proprietor if the User submitting the required reports is a partnership or sole proprietorship respectively; (3) The person in responsible charge, if the User is a governmental agency; (4) An individual with the same authority as stated in 1, 2, and 3 if the individual is responsible for the overall operation of the facility from which the discharge originates. If authorization under item 4 of this definition is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirements of item 4 of this definition must be submitted to the City prior to or together with any reports to be signed by an authorized representative.

Mail Survey To:  
Attn: Customer Service  
City of Beaumont  
550 E 6<sup>th</sup> Street  
Beaumont, Ca. 92223  
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Fax: (951)769-8526