

WASTE DISCHARGE SURVEY

Date Completed: _____

Project # _____

Application # _____

A-1. Company Name: _____
 Site Address: _____ Suite: _____
 City, State: _____ Zip: _____
 Site Tract No or APN:(if known) _____ Lot: _____
 Site Telephone: (_____) Fax: (_____)

A-2. Mailing Address: _____
 City, State: _____ Zip: _____

A-3. Responsible Party: _____ Phone: _____
 Site Contact: _____ Phone: _____
 Emergency Contact: _____ Phone: _____

A-4. Work days per week: (circle days) M T W Th F Sa Su
 No. hours of operation/day _____ No. of employees _____

A-5. List agency that provides water: _____

A-6. Provide a brief description of the commercial processes, manufacturing, or activities to be performed at the site: _____

- A-7. YES NO (Check appropriate answer)
- Are any sinks other than hand sinks or floor sinks (for condensate only) installed?
 - Are floor drains installed in any area other than restrooms?
 - Is any water discharged to the sewer other than from restrooms?
 - Are any solvents or hazardous materials used or stored at your facility?
 - Is a water softener installed at your facility or do you plan to install one?
 - Is a cooling tower installed at your facility or do you plan to install one?

CVWD USE ONLY

Tenant Improvement New Construction Change of Ownership Other _____

If you have any questions, call the Source Control Division at (760) 398-2661 x3536