



# INDUSTRIAL WASTE SURVEY

Date Due: \_\_\_\_\_

Project # \_\_\_\_\_

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

2. Mailing Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Responsible Party: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Work days per week: (circle days) M T W Th F Sa S  
 No. hours of operation/day \_\_\_\_\_ No. of employees \_\_\_\_\_

5. List agency that provides water: \_\_\_\_\_

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

7. YES NO (Check appropriate answer)
- [ ]  Does your facility already have an approve backflow assembly?
  - [ ]  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 a hand sink or 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?

CITY OF COACHELLA USE ONLY

[ ] Tenant Improvement  [ ] New Construction  [ ] Change of Ownership  [ ] Other \_\_\_\_\_

First Release by Source Control Yes No                      Source Control Fees Yes No

Reviewers Signature: \_\_\_\_\_ Date: \_\_\_\_\_