



City of Coachella

Facility ID # _____

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: _____