

Mobile Wastewater Discharge Survey

Business License No: _____



FONTANA
CALIFORNIA

Business Name: _____

Company Contact Name: _____

Mailing Address: _____

Section A – Operation Descriptions

1. Days/Hours of Operations: _____
2. What type of business are you planning to conduct: _____
3. How many services are performed during a typical day: _____
4. Do your daily activities generate waste? Yes No
If yes, what types of waste? _____

Section B – Wastewater Disposal (if applicable)

5. Wastewater from this business is disposed to: (Check at that apply)
 Disposal Facility Waste Hauler Sanitary Sewer Pretreatment Equipment(onsite)
6. Name and Location of Disposal Site: _____

7. Please provide information on all waste materials/fluids (oil, antifreeze, hydraulic fluid, tires etc.) generated as a result of business activities, if applicable. Attach a separate page if necessary.

Type of Waste	Size Containers	Secondary Containment

Section C – Type of Equipment

8. Type of equipment used to collect wastewater (ex: Wet/Dry Shop Vacuum): _____

9. Type of equipment used to collect waste materials/fluids (ex: rendering bin, holding tank, etc.):

Section D – Chemical Use and Storage

Please provide information on all chemicals (soaps, sealants, oil, antifreeze, hydraulic fluid, etc.) kept in vehicle. Attach a separate page if necessary.

****Submit Safety Data Sheet for each chemical listed****

Product	Brand Use	Number of Containers	Quantities	Secondary Containment

Section F – Certification

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein. I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine/or imprisonment.

PRINT NAME – AUTHORIZED REPRESENTATIVE

SIGNATURE

OFFICIAL TITLE

DATE

Fact Sheet

Business Activities: Provide a detailed description of all activities that occur as a part of your daily Mobile Business operation. This description must include a list of all equipment and Best Management Practices (BMP's) in place to prevent the discharge of wastewater and/or other pollutants into the storm drain system: _____