



TEMPLETON COMMUNITY SERVICES DISTRICT

P.O. BOX 780 • 420 CROCKER STREET • TEMPLETON, CA 93465
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Wastewater Survey

Section 1. General Information

4/2020

- A. Facility Name: _____
- B. Facility Address: _____
(Street) (City) (State) (Zip Code)
- C. Mailing Address: _____
(Street) (City) (State) (Zip Code)
- D. Business Owner: _____
- E. Facility Contact Person: _____ Email: _____
 Bus. Phone: _____ Mobile: _____
(Check preferred method of contact.)

Section 2. Business and Employee Information

- A. Type of Business: _____
- B. Does the facility have a current Wastewater Permit with the Templeton CSD? NO YES
- C. Standard Industrial Classification Code(s) (SIC) for your facility: _____ or NAICS Number: _____
- D. Number of Employees: _____ Number of 8 hour shifts per week: _____ Seasonal? List Months: _____
Hours of Operation: _____ am/pm to _____ am/pm Days per week: S M T W Th F S (Circle)
- Number of Employees: _____ Number of 8 hour shifts per week: _____ Seasonal? List Months: _____
Hours of Operation: _____ am/pm to _____ am/pm Days per week: S M T W Th F S (Circle)
- Number of Employees: _____ Number of 8 hour shifts per week: _____ Seasonal? List Months: _____
Hours of Operation: _____ am/pm to _____ am/pm Days per week: S M T W Th F S (Circle)
- E. Business Hours Open to the Public : _____ am/pm to _____ am/pm Days per week: S M T W Th F S
Seasonal Variations? _____

Section 3. Water Use

- A. What is the source of this facility's water supply? *Estimated* *Metered*
- Templeton CSD _____ gals/month
- Private Well / Other _____ gals/ month
- B. Does the facility discharge storm water to the Templeton CSD sewer system? NO YES

Section 4. Water Conditioning

- A. Water conditioning unit(s) (softener or demineralizer) used on site? Yes No If yes, # of units: _____
Conditioning unit regenerated on site: Yes No _____ gals/month
Amount of salt used for regeneration? _____ lbs/month
Conditioning unit regenerated off site: Yes No
Type of system used? _____
- B. Reverse Osmosis (R.O.) used on site? Yes No If yes, # of units: _____
Amount of reject water generated? _____ gals/month
How is the reject water disposed of? _____
-

Section 5. Major Activities

Indicate the major activities that are performed at this location:

- | | |
|--|---|
| <input type="checkbox"/> Office/Professional - Type _____ | <input type="checkbox"/> Restaurant/Bar |
| <input type="checkbox"/> Medical / Dental Office - Type _____ | <input type="checkbox"/> Food Preparation - Type _____ |
| <input type="checkbox"/> Wholesale/ Retail - Type _____ | <input type="checkbox"/> Food Service - Type _____ |
| <input type="checkbox"/> Laboratory - Type _____ | <input type="checkbox"/> |
| <input type="checkbox"/> Mobile Service - no facility other than an office | <input type="checkbox"/> Food Processing - Type _____ |
| <input type="checkbox"/> Printing | <input type="checkbox"/> Winery - Tasting/Retail |
| <input type="checkbox"/> Manufacturing- Type _____ | <input type="checkbox"/> Winery - Production/Bottling/Storage |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Brewery/Beer Making |
| <input type="checkbox"/> Printed Circuit Board Manufacturing | <input type="checkbox"/> Distillery/Spirits |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |
-

Section 6. Process Description

- A. Provide a brief description of the type of manufacturing, production, or service activities conducted at this site:

- B. Describe seasonal variations of volume produced and/or seasonal changes in processes/production:

- C. List primary products produced at this site:

D. Are floor drains installed other than in the restrooms? Yes No

Where do the drains discharge? _____

E. Chemicals, cleaners, and raw materials used (attach additional page(s) if needed):

Chemical, Cleaner, or Raw Material	Quantity (Gallons / lbs. per day)	Discharged to Sewer	Hauled Off-site	Other
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Section 7. Wastewater

List the types of wastewater generated, the estimated volume, where/how it is discharged, and if the processes are seasonal, list the months that the wastewater is typically generated.

A. Is wastewater discharged to: TCSD sewer Septic system Collection tank(s)

B. Type of wastewater discharged? Domestic only (i.e. toilet, kitchen sink, Shower only)

Combination of domestic and Process wastewater

C. Average volume of non-domestic wastewater discharged to the TCSD sewer: _____ gals/day

D. Describe and estimate the amount of wastewater generated at this site by domestic, and industrial or commercial processes (attach additional page(s) if needed):

	Wastewater / Domestic <i>(estimate wastewater by multiplying the number of employee 8 hour shifts by 13 gallons per day (gpd))</i>	Wastewater Generated <i>(gpd)</i>	Discharged to <i>(Sewer, Septic, or Tank and Haul off)</i>	Season <i>(list months)</i>
1.	Domestic wastewater (restrooms)		Sewer	
2.				
	Wastewater / Process <i>(examples: harvest/crush/bottling/barrel cleaning, kitchen activities/catering/seasonal cleaning)</i>	Wastewater Generated <i>(gpd)</i>	Discharged to <i>(Sewer, Septic, or Tank and Haul off)</i>	Season <i>(list months)</i>
3.				
4.				
5.				
6.				
7.				

Section 8. Pretreatment

A. Are there any on-site wastewater treatment/pretreatment (interceptors, clarifiers, etc.) facilities? Yes No

B. If yes, describe pretreatment method including maintenance of equipment:

C. Is grease or wastewater hauled off site? Yes No

D. If yes, please include name of hauler, approximate volume hauled, frequency of haul off, and seasonal variations in wastewater hauled off. If wastewater is used for land application, please provide location and address:

Section 9. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon 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/or imprisonment for knowing violations.

Printed Name

Title

Signature

Date