



Sewer Acct. #: _____
Fees: _____ Receipt No: _____
Date: _____ Initials: _____
Business License #: _____

**CITY OF BEAUMONT
AUTO SERVICE USER SURVEY**

This form must be completely, signed and dated, and submitted to the City of Beaumont, within 14 days of receipt. If you have questions on completion of the form, please call the Public Works Department at (951) 769-8520. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

1. Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Contact Person: _____ Title: _____ Phone: _____

Authorized Rep. _____ Title: _____ Phone: _____

Plan Check # _____

4. Water Purveyor (Circle One): BCVWD, Other: _____

Water Account Number(s) _____

5. Describe Facility Operators: _____

Is wastewater other than from bathrooms and sinks (industrial wastewater) discharged to the City of Beaumont's Sewer System? (Circle One) YES OR NO

If yes, indicate the estimated daily volume discharged: _____ Gallons/Day

If yes, describe sources of wastewater (attach addition sheets as needed)

6. Operating Hours: _____ -

SERVICES OFFERED:

CIRCLE YES OR NO

Car/Truck Wash	Yes	No
Steam Cleaning/High Pressure Engine Washing	Yes	No
Radiator Service	Yes	No
Paint Body/Detail Shop	Yes	No
Machine Shop	Yes	No

FACILITY CLEAN UP:

Mop Sink(s)	Yes	No
Floor Sink(s)	Yes	No
Floor Drain(s)	Yes	No

7. Is a sand – oil Separator/interceptor on site or proposed? (Circle One): YES or NO

If Yes Size: _____ gallons

Interceptor Location: _____

Is a water softener on site or proposed? (Circle One): YES or NO

If Yes, (circle one): Exchange Canister or Self-Regenerating Brine Unit

“I certify under penalty of law that this document and all the attachments are 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 on 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 imprisonment for knowing violations.”

I AGREE TO ACCEPT AND ABIDE BY ALL PROVISIONS OF CITY OF BEAUMONT’S MUNICIPAL CODE TITLE 13 CHAPTER 8.

Name: _____ Signature: _____

Title: _____ Date: _____

Mail Survey To:
Attn: Pretreatment Program
City of Beaumont Public Works Department
550 E 6th Street
Beaumont, Ca. 92223
Phone: (951) 769-8520
Fax: (951) 769-8526