



Fees: _____
Receipt No: _____
Date: _____ Initials: _____
Business License #: _____

CITY OF BEAUMONT
AUTO SERVICE USER SURVEY
Fiscal Year: 2022-2023

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 Wastewater Department at (951) 769-8520 x 368. Please answer each question as completely as possible. Incomplete forms will be returned and may delay the processing of your application for service.

1. Business Name and Address: _____

Telephone Number: _____ Email Address: _____

2. Mailing Address: _____
City: _____ State: _____ Zip Code: _____

3. Primary Contact: _____ Title: _____ Phone: _____

Alternate Contact: _____ Title: _____ Phone: _____

Building Plan/ Permit # _____ *N/A if business is not new construction.

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

Water Account Number(s): _____

5. Location Sewer Account Number(s): _____

6. Describe Facility Operations (business activities):

7. Is 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 additional sheets as needed (e.g., bathrooms, carwash, bays, etc.)

8. Provide names and addresses of specific waste hauler(s) (e.g., Roto-Rooter, Wright Septic, etc.)

Name, Address, and Telephone Number: _____

Name, Address, and Telephone Number: _____

9. Operating Hours: _____ Days of Week: _____

SERVICES OFFERED:

CIRCLE YES OR NO

Car/Truck Wash	YES	NO
Steam Cleaning/High Pressure Engine	YES	NO
Washing 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

10. Is a Sand-Oil Separator/Interceptor or Clarifier on site or proposed? (Circle One): YES or NO

If YES, Size: _____

Interceptor/Clarifier Location: _____

11. Is a Water Softener on-site or proposed? (Circle One): YES or NO

If YES, indicate Type1: _____

¹Type examples: Exchange Canister, Self-Regenerating Brine Unit, Reverse Osmosis (RO), etc.

"I certify under penalty of law that this document and all the attachment are prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathers 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 known 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: Customer Service
City of Beaumont
550 E 6th Street
Beaumont, Ca. 92223
Phone: (951) 769-8520
Fax: (951)769-8526