



CITY OF LOMPOC INDUSTRIAL WASTE SURVEY

All businesses within the City of Lompoc are required to complete a baseline monitoring report (BMR). Use current operating data, if available, or your best estimate based on similar types of businesses. Please answer all questions as thoroughly as possible. If a question is inapplicable to your industry, please indicate. Incomplete applications shall be returned.

- 1. Company Name:
2. Facility Address:
3. Mailing Address:
4. Email Address:
5. Facility Contact (name, title, telephone):
6. Property Owner:
7. Principal Business Activity Conducted at this Facility:
8. What is the most convenient time of the workday for visits to your facility?
9. Average Number of Employees: Days & Hours of Operation:
10. Wastewater Generating Processes (check all that apply)

- None (no water to building)
Automotive
Car Wash
Dental Office
Medical Office
Mortuary
Winery/Brewery
Photographic processing
Electroplating or anodizing
Equipment washing or rinsing
Sanitary restrooms
Cafeteria or kitchen
Cannabis
Food processing, freezing, packaging
Laboratory
Dry cleaning
Laundry facilities
Print shop
Other (describe):

11. Describe wastewater generating processes checked above (attach additional sheets if necessary):

12. Average Volume of water used each day: Account number:
Water Source (purveyor):

13. If water/ sewer services are paid by someone other than your business, provide their name, address and phone number:

14. Do you have a sand and oil trap or clarifier? If yes, what size?
Location:

15. Do you have a grease trap or interceptor? If yes, what size?
Location:

16. Do you have any other type of trap? If yes, what kind?
Location:



17. If the response for #14, #15, or #16 is YES, how often is the trap/clarifier/interceptor cleaned?

18. If the response for #14, #15, or #16 is YES, who performs the cleaning?

19. Please describe chemicals or other substances used in your processes which may enter your wastewater and the City's sewer system. Describe any alternate disposal methods (i.e., recycling, hauling) employed or contracted by you for substance disposal:

20. Do you have floor drains, floor sinks, or any other disposal connection to the City's sewer system other than restroom facilities? If yes, please describe:

21. Average volume of water used each month: Account Number: From?
If water or sewer charges are paid by someone other than your business; please provide name, address, and phone number:

22. Please estimate what percentage of total water consumed at your facility is used for each of the following (total =100%):

Employee Kitchen/Break Room Restrooms Landscape Irrigation
Business Production or Process Industrial Other (explain)

23. List chemicals or fuels stored at this facility (attach separate sheets if necessary) that, in the event of unforeseen occurrence or accident, could create a spill event:

24. Container types: Drums Tanks Bottles Other Material types: Waste Pure Product

25. Please describe any alternate disposal methods (i.e., recycle, haulers) employed or contracted by you for disposal of stored substances:

26. Does this facility currently hold a National Pollutant Discharge Elimination System (NPDES) Permit? If yes, Permit number is: List substances regulated by NPDES Permit:

27. Does this facility discharge any substances associated with industrial activities (i.e. boiler, cooling tower condensate, process wastewater, etc.) to the City's stormwater system? If yes, please describe:

28. Are any processes performed out of doors that may cause accidental or incidental contact of industrial substances with stormwater? If yes, list the processes, equipment, materials, including raw materials, intermediates or products that may become exposed to stormwater:

29. Does this facility store any materials or substances outdoors, which may come into contact with storm water? If yes, list the materials stored outdoors:

30. Are any control measures, (i.e. berms, secondary containment) used to prevent substances from entering storm drains from any outdoor activities or storage? If yes, please describe:

31. Do you have an emergency spill clean-up plan? If yes, please attach.

The above information is accurate to the best of my knowledge and is based on (check one):

Current operating data Best estimate based on



Regional Wastewater Reclamation Plant
100 Civic Center Plaza, Lompoc, CA 93436
(805) 875-5083 wwtp-info@ci.lompoc.ca.us

Other (explain): _____

I hereby affirm that all information furnished is true.

This application was completed by (please print):

Name/Title: _____ Phone No: _____

Signature: _____ Date: _____

Please Return to:
Lompoc Regional Wastewater Reclamation Plant
1801 W. Central Ave., Lompoc, CA 93436
wwtp-info@ci.lompoc.ca.us