

**CITY OF NORCO**2870 CLARK AVENUE, NORCO CA 92860
(951) 270-5679 FAX. (951) 270-5668**PRE-TREATMENT SURVEY FORM****>> COMPLETED FORM IS REQUIRED FOR BUSINESS LICENSE RENEWAL <<****BUSINESS LICENSE NUMBER:** _____Business Name _____
(As it appears on Business License)

Business Address _____ - Norco, CA, 92860 - _____

Mailing Address, if different than above _____

City _____ State _____ Zip _____ - _____

Contact Person/Title (print legibly) _____

Phone # including area code: Office _____ - _____ - _____ - Cell - _____ - _____ - _____

Emergency _____ - _____ - _____ - Alt - _____ - _____ - _____

1. Describe your business activity:

- a. Do you sell tobacco or tobacco paraphernalia? [] Yes [] No
2. Does your business discharge any process water or wastes to the City's **Sewer System** other than normal restroom waste? [] Yes [] No
3. Does your business use any material or generate any waste which is considered hazardous? [] Yes [] No
4. Does your business have any waste or recycled material which is hauled to an off site location? [] Yes [] No
5. Does your business use any solvents? [] Yes [] No
6. Are there any floor drains at your business in your work areas? [] Yes [] No
7. Does your business have a boiler and/or a cooling tower which has ANY discharge to the City's **Sewer System**? [] Yes [] No
8. Does your business have an on site water treatment system? [] Yes [] No
 - A. If yes, does the system regenerate to the **Sewer System** or is it an exchange tank system?
[] Sewer System [] Exchange Tank System
[] Other _____
9. Does your business discharge any water, waste, solvents into the **Storm Drain System**? [] Yes [] No