



Industrial Pretreatment  
Division  
P.O. Box 3000  
31315 Chaney Street  
Lake Elsinore, CA 92531-  
3000

(951) 674-3146  
Fax: (951) 245-5946

To: All Potential Commercial/Industrial Wastewater Dischargers

Re: Requirements for Sewer Use

The National Pretreatment Program is a cooperative effort of Federal, State and local (i.e. Elsinore Valley Municipal Water District) regulatory environmental agencies established to protect water quality. The program is designed to reduce the level of pollutants discharged by specific industries and other non-domestic wastewater sources (i.e. restaurants, photo-processing labs, machine shops, car washes, vehicle repair shops, printers, breweries, hair salons, medical facilities, etc.) into municipal sewer systems. As part of these mandatory requirements EVMWD's Pretreatment Program must continuously track and update its list of industrial/commercial users and sewer user permittee's located within the District's service area. Specific types of businesses may be subject to further oversight (e.g. plan check reviews, inspections, issuance of wastewater discharge permits, etc.).

In response to State and Federal mandates, the District has developed the enclosed commercial/industrial information form. Please review the form and instructions carefully before completing. Upon completion, return the form **as soon as possible** using one of three methods described on the form. Upon receipt and review the District will make contact with the businesses contact person listed on the form within 3 to 5 business days to inform them if further oversight maybe required.

**Please be advised that the submission of this attached form is a condition of sewer use prior to opening for business.**

Lastly, this procedure is not an EVMWD "Will Serve & Application Connection Fee Form" if this type of letter is needed by an establishment; please contact Christina Bachinski at (951) 674-3146 ext. 8427 or e-mail at [development@evmwd.net](mailto:development@evmwd.net).

If you have any questions or need assistance concerning this form or obtaining sewer use approval, please contact the Industrial Pretreatment Division at (951) 674-3146 ext. 8326 or email [Pretreatment@evmwd.net](mailto:Pretreatment@evmwd.net)

Sincerely,  
EVMWD  
Pretreatment Program Coordinator

**Warning:** Violation of the District's Regulations for Waste and Sewer Use Ordinance No. 160 is prohibited. Failure to comply can result in additional fees and/or termination of water and or wastewater services (Ord. No. 160, pg. 3, Article 1, Section 1.800 (item A)).



**Pretreatment Program**  
P.O. Box 3000  
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doates@evmwd.net  
(951) 674-3146 ext. 8326 or 8327

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**COMMERCIAL/INDUSTRIAL INFORMATION SURVEY**

**A-1: Facility Address**

Company Name: \_\_\_\_\_

Facility Name/DBA: \_\_\_\_\_

Street: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Telephone: \_\_\_\_\_

Email Address (**Required**): \_\_\_\_\_

**A-2. Mailing Address** (if different from facility address)

Street/PO Box: \_\_\_\_\_ Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**A-3. Application Type**

Change of Ownership       New Construction       Tenant Improvement

**B-1: Business Information** (*Please check all that apply*)

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant/Food Service   | <input type="checkbox"/> Coffee Shop/Beverages   |
| <input type="checkbox"/> Manufacturer/Machine Shop | <input type="checkbox"/> Vehicle Wash            |
| <input type="checkbox"/> Vehicle Service/Repair    | <input type="checkbox"/> Hospital/Medical/Dental |
| <input type="checkbox"/> Offices/Retail Sales      | <input type="checkbox"/> Multi-Unit/Blank Suites |
| <input type="checkbox"/> Chemical Storage          | <input type="checkbox"/> Hazardous Waste Storage |
| <input type="checkbox"/> Other _____               |  |

**B-2: Business Operations** (*Please briefly explain business operations*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C-2. Signature** (*must be signed and dated to be processed*)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Pretreatment Program Section at (951) 674-3146, ext. 8326 or 8327.