

Grit and Screening Questionnaire

Complete this questionnaire and submit it along with the Facility's analytical data to the Riverside County Department of Waste Resources at the address at the bottom of this questionnaire.

Wastewater Treatment F	acility Name:				
Facility Address:					
City:		County:		State:	Zip Code:
Phone Number:			Fax Number:		
Does this facility gener What are the average q Quantity: Does this facility treat If yes, what is the treat	uantities of grit ar pounds or [the grit and screen	nd screenings produ	ced at the facility p	er week?	YES or NO
 4. Have the grit and screenings been tested for CAM 17 metals? 5. Are the test results attached to this questionnaire? 6. Do the results indicate the material is hazardous? (Note: If the test results indicate the material is hazardous, it cannot be disposed of in a Riverside County landfill.) 7. Does this facility self-haul grit and screenings to the landfill? 8. Does this facility utilize a commercial waste hauler to pick up and transport the grit and screenings to the landfills? If a commercial hauler provides pickup and transport service, provide the name of hauler. 					YES or NO
9. How frequently is the §	grit and screenings	s removed from this	facility?		
10. Is the waste container through the grit and screet the screet that to the accurate description of the	enings process? ne best of my kno	wledge and belief,	the information c		
Print Name	Title		Signature	Date	

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