OLIVEHURST PUBLIC UTILITY DISTRICT

Our mission is to provide high quality services to enhance our community's quality of life.

Office location: 1970 9th Avenue Olivehurst, CA 95961



COM	/IMERCIAL S	ITE INSPEC	TION REPORT	(ATTACHME	ENT A)		
Facility Name:				Phone:			
Facility Address:				-			
Owner or Authorized							
Person (manager,							
Inspection Date:				Inspection Time:			
Inspection Type: (circle	Douting		Manitoring		Enforce-		follow-
one):	Routine		Monitoring		ment		up
TYPE OF FACILITY	_						-
Winery	Fast Food	Grocery/ Market	Bakery/Deli	Car Wash	Automotive	Laundry	Other
		<u> </u>					
Inspection Items							
Туре	1						
ODOR Control	YES I	NO					
Tank/s Size (gallons) - If	1						[]
applicable							[
Condition	<u> </u>						
Cleanliness]
Plumbing Condition]
Foreign Objects]
Constituent deemed	Τ ,	_	Γ	_	Γ		
appropriate for analysis:	mg/L (mg/L (PPM)		ues by District	Within limit?		
	 		<u> </u>		☐ YES	□NO	
			<u> </u>		☐ YES	∐ NO	j
GARBAGE DISPOSAL UNIT:	YES	NO	METHOD OF SOLIDS DISPOSAL:				
GREASE STORAGE UNIT:	Location (In or Out)?		Covered &		Discharge		
<u> </u>			Bermed		to Sewer?		
CHEMICAL DISPOSAL	(manifest pr		YES	□ NO	_		
		0,		_			
EQUIPMENT WASHING PROCE	EDURES						
Location of cleaning mats (indoors/outdoors);							
If outdoors, is area covered	-						
and bermed?							
Discharge to grease	Y	ES NO					
tran/vault?	_ Y	ES NO					
Discharge to storm water							
system?	_						
REQUIRED ACTION/COMMENT	ΓS:						
Signature of Inspector:				Date:			
Name (Printed)				-			
Title				-			