



Commercial or Industrial Activity Wastewater Survey

Name of Applicant _____ Date of Survey _____

Service Address _____ Wastewater Acct. # _____

Survey for Unit/Space # _____ Name of Tenant _____

1. Briefly describe the commercial sales and services, or the production and manufacturing activities that occur, or are planned to occur, at the property receiving wastewater service (including number of employees and number of sinks and toilets).

2. List the Standard Industrial Classification Numbers (“SIC Codes”) for operations or facilities on the property. Go to web site for help: <http://www.osha.gov/pls/imis/sicsearch.html>

3. Briefly describe any on-site pretreatment facilities and practices, including grease and grit traps.

4. Have you developed Best Management Practices or Spill Prevention plans for the facility? (If yes, please attach)

Yes No

5. If you have wastewater analyses of discharges from facilities on the property, please attach a copy of the most recent analyses for each substance analyzed.

6. Please list the primary chemicals, toxic materials, or raw materials that are used or stored at the site (if any):

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7. This facility generates, or will generate, the following types of wastes (check all that apply):

	<u>Est. Average gallons per day¹</u>		
<input type="checkbox"/> Domestic wastes (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Food Preparation Wastes	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Cooling or washdown water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Process Wastewater	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Air Pollution Control Unit Waste	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
Total gallons	_____		

8. Wastes are, or in the future will be, discharged to: (check all that apply)

	<u>Average gallons per day</u>		
<input type="checkbox"/> Sanitary sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Storm sewer	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Surface water	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Waste haulers	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Evaporation	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured
<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> Estimated	<input type="checkbox"/> Measured

9. List name and address of waste hauler(s), if used, and type and quantities of waste.

¹ if unknown, may use water consumption rate