INDUSTRIAL WASTEWATER DISCHARGE SURVEY

Facility information:

Company Name__________________________________________________

Facility Address: ____________________________ City: ________________
State: ____________________________  Zip: _______________________

Mailing Address: ____________________________ City: ________________
State: ____________________________  Zip: _______________________

Contact Name: ____________________________ Phone: _______________________

1. Description of Business at this address:

_________________________________________________________________
_________________________________________________________________

2. Number of Employees: _______________

3. Startup date at present address: _______/__________ (month/year)

4. Facility discharges wastewater to:  __ City Sanitary Sewer __Septic Tank __ other

5. Incoming water volume (city water and well), in gallons per month:

    Gallons from water bill _______________  Gallons estimate (if no bill) _______________  

6. Does this facility have a grease interceptor, a sand interceptor or an oil/water separator (OWS)?
    _______ yes _______ no  If yes, when was it last cleaned:
    Grease trap/interceptor _______________  Sand interceptor or OWS _______________

7. If this is a dental facility, is a functioning dental amalgam separator installed? _____ yes ___ no
8. Indicate all types of wastewater discharged to the sanitary sewer:

___ Sanitary waste from employees (e.g., restroom, shower, lunch room)  
________ Gallons per day

___ Non-Contact Cooling Water (Used for cooling – no contact with raw materials, parts or products)  
________ Gallons per day

___ Lawn irrigation  
(Used for irrigating outdoor green spaces)  
________ gallons per day

___ Industrial Waste  
(Wastewater other than sanitary or non-contact cooling water; please describe sources of Industrial Waste in space below):  
________ gallons per day

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

8. Indicate the general type(s) of business function(s) at this address by checking the appropriate activities:

___ Industrial/Manufacturing  ___ Commercial/Retail  ___ Dental Office

___ Warehouse/Distribution  ___ Service Provider  ___ Office Functions Only

If “Industrial/Manufacturing” or “Service Provider” or “Dental Office” was checked, please complete item #9 below. Otherwise please proceed directly to Item #10.

9. Check all items that further describe the operation at your address:

ASSEMBLY
___ Vehicle
___ Firearms
___ Other: ____________________

BUILDING MATERIALS
___ Concrete Aggregate
___ Roofing
___ Lumber/Wood
___ Windows
___ Other: ____________________

CHEMICAL PRODUCTS
___ Abrasive Materials
___ Adhesives/Sealants
___ Cleaning Agents/Products
___ Coatings
___ Compressed Gases
___ Cosmetics
___ Fertilizers/Pesticides

HEALTH CARE
___ Mortuary
___ Medical Clinic
___ Veterinary Hospital/Clinic
___ Hospital
___ Other: ____________________

LABORATORY
___ Water Quality/Wastewater
___ Food
___ Government
___ Medical
___ Research Development
___ Other: ____________________

DENTAL OFFICE
___ Dental Office
___ Orthodontist, Oral Surgeon, Periodontist
___ Other: ____________________
<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategories</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL PRODUCTS</td>
<td>__ Organic Chemicals __ Paint/Inks/Dyes __ Personal Care Products __ Petroleum and/or Asphalt __ Plastics __ Rubber __ Other: ______________</td>
</tr>
<tr>
<td>LAUNDRY</td>
<td>__ Commercial __ Industrial __ Dry Cleaner __ Other: ______________</td>
</tr>
<tr>
<td>LEATHER PRODUCTS</td>
<td>__ Curing __ Tanning __ Other: ______________</td>
</tr>
<tr>
<td>EDUCATIONAL</td>
<td>__ College/Universities __ Public/Private Schools __ Vocational __ Other: ______________</td>
</tr>
<tr>
<td>MEDICAL PRODUCTS</td>
<td>__ Devices __ Diagnostics __ Pharmaceuticals __ Other: ______________</td>
</tr>
<tr>
<td>ELECTRONIC PRODUCTS</td>
<td>__ Printed Circuit Board Assembly __ Semiconductors __ Sensors/Controls __ Other: ______________</td>
</tr>
<tr>
<td>METAL PRODUCTS</td>
<td>__ Ammunitions __ Anodizing __ Can Manufacturing __ Coil Coating __ Deburring __ Electroplating/metal finishing __ Foundry __ Heat Treating __ Machine Shop __ Machinery Manufacturing __ Metal Coating/Powder Coating __ Metal Molding and Casting __ Metal Products Mfg __ Metal Recovery __ Painting __ Porcelain Enameling __ Printed Circuit Board Mfg __ Vehicle Manufacturing __ Gun Repair/Refinishing __ Other: ______________</td>
</tr>
<tr>
<td>FOOD PRODUCTS</td>
<td>__ Animal Feed __ Bakery __ Beverages __ Cereals __ Dairy __ Fish/Seafood __ Grains __ Malt Beverages and/or Spirits __ Meat/Poultry __ Prepared Food Products __ Produce __ Sugars/Confections __ Other: ______________</td>
</tr>
<tr>
<td>GLASS PRODUCTS</td>
<td>__ Containers __ Optical Lens __ Other: ______________</td>
</tr>
<tr>
<td>PAPER/PACKAGING</td>
<td>__ Boxboard __ Corrugated Boxes __ Multi-Layer Bags __ Other: ______________</td>
</tr>
<tr>
<td>TRANSPORTATION</td>
<td>__ Auto Body __ Bus Repair/Maintenance __ Car Wash __ Heavy Equip. Maintenance __ Heavy Equip. Manufacturing __ Truck/Tanker Wash __ Trucking __ Vehicle Repair __ Other: ______________</td>
</tr>
</tbody>
</table>
PLASTIC PRODUCTS
___ Extrusion
___ Auto Body
___ Injection Molding
___ Other: ________________________

PRINTED PRODUCTS
___ Multiple Substances
___ Paper
___ Plastics Printing
___ Printing Plates
___ Silk Screening
___ Other: ________________________

PUBLIC FACILITIES
___ Arena
___ Prison/Jail
___ Swimming Pool
___ Other: ________________________

SERVICE
___ Cabinet Manufacturing
___ Carpet Cleaning
___ Furniture Repair/Refinishing
___ Other: ________________________

UTILITIES
___ Electric Power Generation
___ Heating/Cooling
___ Public Works
___ Wastewater Treatment
___ Water Treatment
___ Other: ________________________

OTHER
___ Advertising Items
___ Animal Waste Treatment
___ Animal/Agriculture
___ Biological Products
___ Design Fabrication
___ Jewelry Manufacturing
___ Pesticide Application
___ Tank Manufacturing
___ Tapes/Adhesives/Coatings
___ Water Treatment Equipment
___ Wood Products
___ Other: ________________________

10. Contact Information for Person Completing Form:

Name (Print): ___________________________________ Phone: _______________________

E-Mail Address: _______________________________ FAX #: _______________________

I have personally examined and am familiar with the information submitted in this document
and attachments. Based upon my inquiry of those individuals immediately responsible for
obtaining the information reported herein, I believe that the submitted information is true,
accurate and complete. I am aware that there are significant penalties for submitting false
information, including the possibility of fine and/or imprisonment.

Printed Name: ___________________________________ Title: _______________________

Signature: _______________________________________

Date: _______________________

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