

Return form to:

Attn:

NON-DOMESTIC WASTEWATER SURVEY

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This form is required to be completed for all new non-domestic dischargers or upon request for current users of the sanitary sewer system. You will be contacted if it is not returned within a reasonable timeframe. Approval of any/all construction activities are contingent on receipt of this form (as applicable). Once this form is reviewed, additional information may be requested, and any specific wastewater requirements will be further communicated. Please direct any questions you have regarding this form to the contact indicated above.

FACILITY CONTACT INFORMATION:

This business is: Existing New Relocating within the City Expanding at Current Location

Company Legal Name:

Operating Name:

Physical Address:

(Street)

(City)

(State)

(Zip)

Mailing Address:

(If different from above)

(Street)

(City)

(State)

(Zip)

Facility Contact:

Name: _____

Phone: _____

Title: _____

E-mail: _____

GENERAL INFORMATION (Select type of facility; select all that apply or fill in "other" if not specifically listed):

Retail

Food Establishment

Auto Shop/Detail

Dental/Orthodontics

Manufacturing

Photo Processing

Transportation

Medical/Veterinary/Lab

Fuel Dispensing

Equipment Cleaning

Salvage Operations

Car Wash

Laundry

Paper Manufacturing

Paint Manufacturing

Tannery

Other (Specify) : _____

Description of the manufacturing, product, or service provided by your facility:

Please list in general the raw materials or products used in any manufacturing processes conducted at your facility:

NAICS
Code(s)¹NAICS Code
Enter 6-digit
(Example #332813)

Description: (Example: primarily engaged in electroplating, plating, anodizing, coloring, buffing, polishing, cleaning, and sandblasting metals and metal products for medical equipment.)

NAICS Code
Primary

#

NAICS Code
Secondary

#

NAICS Code
Third

#

FACILITY OPERATIONAL INFORMATION:

Number of People

Days of Operation:

SU

M

TUE

W

TH

F

SA

On-Site Each Day: _____

Hours of Operation: _____

¹ North America Industry Classification System code which replaces the Standard Industrial Classification (SIC) system. Refer to <https://www.census.gov/naics/> . List Primary code first followed by any additional codes.

NON-DOMESTIC WASTEWATER SURVEY

RAW MATERIALS, CHEMICAL STORAGE, WASTE STORAGE, OR PRODUCTS MANUFACTURED: (List main chemicals used or stored at the facility either as a raw material, material used in manufacturing, waste generated, or other chemicals used on-site. List the main items; additional information such as SDSs will be requested once the survey is returned if needed).					
General Description	How Used/Generated	Quantity	Units (gal, lbs, etc)	Type of Storage (drums, etc.)	Storage Location (bldg. #)
RAW INCOMING WATER SOURCE(S), INFORMATION, AND USAGE:					
Utility		Private Well		Hauled Water	
Utility/Municipal Water Supply Name(s):					
Water Service Account Number(s):			Total Monthly Water Usage:		
Meter #:	Size (in.):	Meter #:	Size (in.):	Meter #:	Size (in.):
WASTEWATER GENERATION (Please check each box to specify the types of wastewater generated at your facility):					
Bathrooms	Showers	Kitchen/Break room	Process Wastewater (See Below)	Softeners	
Complete this section if wastewater is generated beyond bathrooms, showers, and lunchrooms listed above. Please specify the types of wastewater or characteristics of the wastewater or products that could enter a floor drain or pipe inside your facility.					
Cooling Water	Fertilizers or Pesticides	Photo Finishing / X-Rays	Boiler Blow Down	Other: _____	
Equipment Cleaning	Medical Wastes	Laundry Wastewater	Chiller Blow Down	Other: _____	
Food Prep and Cleanup	Chemicals	Brewery / Beverage	Solvents	Other: _____	
Dental Equipment	Oils and/or Grease	Radioactive Wastes	Stripping Compounds	Other: _____	
				Rinse Waters	Other: _____
Does your manufacturing, production or service area have floor drains, catch basins, sumps, sinks or any other outlets to the sanitary sewer collection system?				No	Yes
Does your facility generate hazardous waste?				No	Yes
WASTEWATER TREATMENT:					
Does your facility conduct any wastewater treatment (including non-discharged wastewater)?				No	Yes
If Yes, Describe:					
Mark applicable wastewater devices below:					
Oil/Water Separator	Filtration/ Sedimentation	pH Adjustment	Grease Interceptor	Other: _____	
CERTIFICATION:					
<i>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."</i>					
Authorized Signature: _____			Printed Name: _____		
Title: _____			Date: _____		