

WASTEWATER SURVEY FOR NONRESIDENTIAL ESTABLISHMENTS
Application for wastewater discharge permit

SECTION A – GENERAL INFORMATION

1. Company name, mailing address, and telephone number:

 Zip Code _____ Telephone No. _____

2. Address of business, production, or manufacturing facility. If same, check here []

 Zip Code _____ Telephone No. _____

3. Name, title and telephone number of person authorized to represent this firm in official dealings with the Sewer Authority and or City:

Name _____ Title _____ Tel. No. _____
 (Please print or type)

4. Alternate person to contact concerning information provided herein:

Name _____ Title _____ Tel. No. _____
 (Please print or type)

5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, restaurant, etc.).

6. Provide a narrative description of the manufacturing, production, or service activities your firm conducts.

7. Standard Industrial Classification Number(s) (SIC Code) for your facilities, if known:

8. This facility generates the following types of wastewater (Check all that apply):

	<u>Average Gallons</u> <u>per day</u>	<u>estimated</u>	<u>measured</u>
A. [] Domestic wastes (Restrooms, employee showers, etc.)	_____	[]	[]
B. [] Cooling water, non-contact/product	_____	[]	[]
C. [] Boiler/tower blowdown	_____	[]	[]
D. [] Cooling water, contact/product	_____	[]	[]
E. [] Process	_____	[]	[]
F. [] Equipment/Facility Washdown	_____	[]	[]
G. [] Air Pollution Control Unit	_____	[]	[]
H. [] Building Air Conditioning	_____	[]	[]
I. [] Other (describe)	_____	[]	[]

9. Wastes are discharged to (check all that apply):

	<u>Average Gallons per day</u>	<u>Estimated</u>	<u>Measured</u>
A. <input type="checkbox"/> Sanitary sewer	_____	[]	[]
B. <input type="checkbox"/> Storm sewer	_____	[]	[]
C. <input type="checkbox"/> Surface water	_____	[]	[]
D. <input type="checkbox"/> Ground water	_____	[]	[]
E. <input type="checkbox"/> Waste haulers	_____	[]	[]
F. <input type="checkbox"/> Evaporation	_____	[]	[]
G. <input type="checkbox"/> Other (describe)	_____	[]	[]

Provide name and address of waste hauler(s), if used.

10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

Yes No

11. Number of employee shifts worked per 24-hour day is _____.

12. Average number of employees per shift is _____.

13. Starting times of each shift: 1st _____ am 2nd _____ am 3rd _____ am
 _____ pm _____ pm _____ pm

Note to Owner: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, Information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for you facility, the information in this questionnaire will be used to issue the permit...

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

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 loss of sewer service, fine and / or imprisonment.

Date

Signature of Owner
(Seal if applicable)

Owner Name (Please Print)

PLEASE RETURN TO:

Joe Levikow, Industrial Waste Inspector
 1150 McCulloch Boulevard
 Lake Havasu City, Ariz. 86403