



Please answer all questions.

**Part A. Business Identification / Description**

1. **Business Name:** \_\_\_\_\_

2. **Business Address:** \_\_\_\_\_  
\_\_\_\_\_

**Assessor's Parcel Number (optional):** \_\_\_\_\_

3. **Business Phone:** \_\_\_\_\_

4. **Mailing Address:** \_\_\_\_\_  
(if different) \_\_\_\_\_

5. **Primary Contact:** Name/Title: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Fax: \_\_\_\_\_

6. **Building Owner:** \_\_\_\_\_

7. **Chief Executive Officer Name/Title:** \_\_\_\_\_

8. **Principal business activity, products manufactured, and/or services provided:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is wastewater generated from any of these activities or services?  Yes  No

9. **Standard Industrial Classification (SIC) Code:** \_\_\_\_\_

10. **Average Number of Employees:** \_\_\_\_\_

11. **Days of Operation:**  Su  M  T  W  Th  F  S \_\_\_\_\_

12. **Hours of Operation/Shifts:** \_\_\_\_\_  
\_\_\_\_\_

**Part B. Wastewater Generation and Discharge**

1. <b>Wastewater sources</b> (please check all that apply)	Average Volume (gal/day)	Estimated (E) or Measured (M)?	Discharged to Sanitary Sewer? (If "No" explain below)
<input type="checkbox"/> Sanitary (restrooms, employee showers, etc.)	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cafeteria	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Manufacturing or Other Industrial Processes	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Washing/Rinsing of Equipment	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Washing/Rinsing of Facility	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cooling Water,	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Condensate	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cooling Tower Blowdown	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Boiler Blowdown	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Air Pollution Control Units (fume scrubbers, etc.)	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> DI or ultra-pure water system	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Storm water runoff to sanitary sewer	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (e.g., washing machine, wash pad, etc. - describe):	_____	<input type="checkbox"/> E <input type="checkbox"/> M	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. **Please explain the destination of any wastewater or other liquid wastes that is *not* discharged to the sanitary sewer (if applicable).** Provide names and addresses of waste haulers, if used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part C. Certification**

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.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Official

\_\_\_\_\_

Name of Official

\_\_\_\_\_

Title