



Please complete all the information on this form as completely and accurately as possible by typing or using blue or black ink. Please contact us at with any questions.

SECTION 1 - BUSINESS INFORMATION

Business Name: _____

Representative: _____
First Name Last Name Title

Physical Address: _____
Street City/State Zip

Mailing Address: _____
Street City/State Zip

Phone #: _____ E-Mail: _____

SECTION 2 - GENERAL INFORMATION

1. Please describe in general the type of business to be conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.):

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

3. Standard Industrial Classification Number(s) (SIC Code) for your facility (visit http://www.osha.gov/pls/imis/sic_manual.html to look-up your code):

4. Does this facility use fats, oils or greases? [] Yes [] No

If yes, is there a grease trap present? [] Yes [] No

5. Does this facility use chemicals (excluding household cleaning items)? [] Yes [] No

If yes, are these chemicals stored onsite? [] Yes [] No

List the type and quantity of chemicals used or stored at the facility.

6. Does this facility have floor drains? [] Yes [] No

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SECTION 3 - WASTE TYPES

1. Please indicate the type(s) of waste generated by your business by checking the applicable boxes below:

| | Average Gallons Per Day | | |
|---|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Domestic wastes (restrooms, showers, sinks, drinking fountains, etc.) | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Cooling water, non-contact | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Boiler/Tower Blowdown | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Cooling water, contact | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Process | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Equipment/Facility Washdown (including washing bays, etc.) | _____ | <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 (please describe) | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |

2. Please indicate where your facilities' waste is discharged by checking the applicable boxes below:

| | Average Gallons Per Day | | |
|--|--------------------------------|------------------------------------|-----------------------------------|
| <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"/> Ground 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"/> Septic Tanks | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |
| <input type="checkbox"/> Other (please describe) | _____ | <input type="checkbox"/> Estimated | <input type="checkbox"/> Measured |

3. Please provide the name and address of waste hauler(s), if used:

Hauler Name _____

Hauler Address: _____
Street City/State Zip

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SECTION 4 - ADDITIONAL INFORMATION

1. Does this facility accept for disposal any septic tank waste (sewage from holding tanks such as vessels, chemical toilets, campers, trailers, and septic tanks)?

Yes No

2. Does this facility have a federal RCRA (Resource Conservation & Recovery Act) generator number or does it discharge any waste to the sewer system that is classified as hazardous?

Yes No

If yes, complete the following HAZARDOUS WASTE INFORMATION:

Name of waste:

EPA Hazardous waste number:

If more than 100 kilograms (220 pounds) of any hazardous waste or any amount of acutely hazardous waste per calendar month is discharged to the sewer, please include the following items of information for each hazardous waste, to the extent such information is known and readily available.

| Name of Waste/Pollutant | Mass in Wastestream (this month) | Concentration in Wastestream (this month) | Mass in Wastestream (next 12 months) |
|-------------------------|----------------------------------|---|--------------------------------------|
| | | | |
| | | | |
| | | | |

3. Certification:

I certify that I have a program in place to reduce the volume and toxicity of hazardous wastes generated to the degree I have determined to be economically practical.

Signature of Facility Official:

Printed Name:

Date:

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SECTION 5 - FACILITY OPERATION CHARACTERISTICS

1. Number of employee shifts worked per 24-hour day: _____

Average number of employees per shift is: _____

Please list the # of shifts and hours therewith: _____

2. Please describe the principal product you produce: _____

3. Please describe any raw materials and process additives used: _____

4. Production process is: Batch Continuous Both _____ % Batch
_____ % Continuous

5. Hours of operation: _____

Is production subject to seasonal variation? Yes No

If yes, briefly describe seasonal production cycle: _____

6. Are any process changes or expansions planned during the next three years?

Yes No

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

SECTION 6 - SIGNATURE

Note: 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.

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 fine and/or imprisonment.

Signature: _____ **Date:** _____

Printed Name: _____