



Commercial & Industrial Basic Wastewater User Survey

Business Name _____ Contact Name _____
 Physical Address _____
 Mailing Address _____
 Main Phone _____ Alt Phone _____ Email _____

Industrial users, go to www.naics.com/search/ and enter keyword(s) to locate appropriate Standard Industrial Classification and/or North American Industrial Classification System code(s)

SIC code(s): _____
 NAICS code(s): _____

Give a brief description of the primary activity of your business, including the principal products produced or sold:

Total number of employees (all shifts): _____ Estimated water usage for this facility: _____ (average gallons per day)

Who supplies your drinking water: _____ Account Number: _____

Is the facility connected to Seneca, Walhalla, Westminster, West Union, or OJRSA sewer system? Yes No
If "Yes," then please finish filling out this form. If "No" then stop here and sign at the bottom.

Is your facility a:

- Food service establishment (includes coffee shops, fellowship halls, food trucks, etc.)? Yes No
- Mechanical or automotive maintenance shop? Yes No
- Car wash? Yes No

During normal operation, does your facility generate or store any of the following?

- | | | | | | |
|------------------------------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|
| Fuel or Oil Residues in Wastewater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Air Conditioner Condensate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Production Related Wastewaters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Air Compressor Blowdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Mop Wastewaters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Boiler Blowdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Floor Scrubber Wastewater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Cooling Water / Blowdown | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parts / Equipment Wash / Rinse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Groundwater Remediation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Air Washer / Scrubber Wastewaters | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Hazardous Chemicals or Wastes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your facility:

- Discharge sanitary wastewater (bathroom, food service, etc.) to the sewer system? Yes No
- Discharge process wastewater or process wash/rinse water to the sewer system? Yes No
- Generate any solid wastes or liquid wastes at the site? Yes No
- Transport any solid wastes, liquid wastes, or wastewaters away from the site? Yes No
- Store any chemicals, lubes, or fuels in containers sized greater than 50 gallons? Yes No

What is the average volume of wastewater generated, in gallons per day (gpd), of:

Total wastewater _____ gpd Process wastewater _____ gpd

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.

Signature: _____ Date: _____

Return completed form OJRSA Pretreatment Department at the address shown at the top of the page.