



NON-DOMESTIC USER SURVEY

Business Name:	
Name & Title (Authorized Representative):	
Phone & Fax Numbers:	Email:
SIC/NAICS Code:	Industry Type:
Facility Address:	Business/Mailing Address (if different):

1. What products do you manufacture or services do you provide?

2. How many employees do you have? _____

3. What are your hours of operation?

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

4. Do you discharge any wastewater other than sanitary sewage to the sanitary sewer? Yes No

If you answered "No" to the question above, please sign and date this survey and return to the GRSD Sewer Authority. If you answered "Yes", please complete all remaining questions.

5. Other than sanitary sewage, what types of wastewater do you discharge to the sanitary sewer?

Industrial Process Water Cooling Water Wash/Rinse Water Scrubber Water

Other (please explain) _____

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6. What is the approximate daily volume of wastewater you discharge from _____ gallons/day all sources, including sanitary sewage?

7. What type of water supply do you have?

Municipal Well Other (please explain) _____

8. How is your water consumption tracked? Estimated Metered

9. How do you discharge non-sanitary wastewater? Batch Discharge Continuous Flow

10. If you discharge in batches, when does this normally take place?

11. Do you pretreat non-sanitary wastewater before discharging? Yes No

12. If you answered "Yes" to the question above, how is pretreatment accomplished?

13. Please indicate which of the following pollutants, if any are present in the non-sanitary wastewater you discharge to the sanitary sewer, along with the approximate concentration of each pollutant, if known:

Arsenic _____ Cadmium _____ Chromium _____ Copper _____
 Cyanide _____ Lead _____ Mercury _____ Nickel _____
 Silver _____ Zinc _____ Fats, Oils, Grease _____
 Ammonia _____ Phosphates _____ pH > 9.5 _____ pH < 6.5 _____
 Phenols _____ Suspended Solids _____ Biochemical Oxygen Demand _____

14. Do you maintain Safety Data Sheets for all chemicals you store or use on site? Yes No

15. Do you have an Accidental Spill Prevention Plan or Slug Discharge Control Plan? Yes No

Please sign and date on the next page of this survey and return to the GRSD Sewer Authority.

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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.

Printed Name (Authorized Representative)

Title (Authorized Representative)

Signature (Authorized Representative)

Date