



NON-DOMESTIC USER SURVEY

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

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) \_\_\_\_\_

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

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7. How is your water consumption tracked?  Estimated  Metered
8. Do you pretreat non-sanitary wastewater before discharging?  Yes  No

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

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

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Arsenic _____ | <input type="checkbox"/> Cadmium _____          | <input type="checkbox"/> Chromium _____                  | <input type="checkbox"/> Copper _____   |
| <input type="checkbox"/> Cyanide _____ | <input type="checkbox"/> Lead _____             | <input type="checkbox"/> Mercury _____                   | <input type="checkbox"/> Nickel _____   |
| <input type="checkbox"/> Silver _____  | <input type="checkbox"/> Zinc _____             | <input type="checkbox"/> Fats, Oils, and Grease _____    |   |
| <input type="checkbox"/> Ammonia _____ | <input type="checkbox"/> Phosphates _____       | <input type="checkbox"/> pH > 9.5 _____                  | <input type="checkbox"/> pH < 6.5 _____ |
| <input type="checkbox"/> Phenols _____ | <input type="checkbox"/> Suspended Solids _____ | <input type="checkbox"/> Biochemical Oxygen Demand _____ |   |

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

If you answered "Yes" to the question above, please provide those Safety Data Sheets when returning this survey.

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

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 the person or 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