



682 State Route 31 • Oswego, Illinois 60543-8500

Industrial Waste Water Survey

(One questionnaire is required for each plant location, please attach additional sheets if necessary)

Contact Pretreatment at (630) 301-6855 for questions

Company Information

1. Company Name: _____
2. Service Address: _____
 City: _____ Zip: _____
3. Primary Contact Name: _____
4. Primary Contact Phone Number: _____
5. Number of employees at this location: _____
6. Hours of business: _____
7. Standard Industrial Classification (SIC or NAICS) codes (if known): _____
8. Please give a brief description of the business including products manufactured and processes performed:

9. Is your facility presently connected to the sewer system?
 Yes No Unsure

Water Use

Please indicate average water usage (in gallons per day), if this amount is estimated or measured, and where the water is discharged to:

Type of Water Use	Amount (in gallons per day)	Estimated or Measured?	Where is the water discharged to?
Process			
Domestic (E.g. bathrooms)*			
Product			
Non-regulated/ Non-domestic (E.g. non-contact cooling, cooling tower blowdown, etc.)			
Other			
Total			

*Note: 25 gallons/day/employee is the standard calculation

Treatment/ Chemicals/ Waste Information

10. Is any wastewater treated prior to discharge to the sewer? (E.g. oil/water separator, grease interceptor, triple trap, pH adjustment, settling tank)

Yes No

11. If yes, what type(s) of treatment is performed: _____

12. Please indicate what types of chemicals and in what amounts are typically stored on site in the chart below (include any commercial-grade or industrial-grade cleaners or solvents):

Chemical name	Amount stored

13. Are there any floor drains in your facility?

Yes No

14. Please indicate any waste types (water, sludge, etc.), the amount, and the hauler/disposal facility in the chart below:

Waste Type	Amount	Hauler/Disposal Facility

15. Is production subject to seasonal variation?

Yes No

16. If yes, please describe:

Authorized Representative Statement

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 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

Name

Title