



INDUSTRIAL PRETREATMENT PROGRAM
INDUSTRIAL WASTE DISCHARGE SURVEY - PART 1

General Information

Company Name: \_\_\_\_\_

Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Description of activities on premises (type of business/manufacturing): \_\_\_\_\_

Multiple blank lines for describing activities on premises.

Significant Industrial Code (SIC): \_\_\_\_\_

Is this industry subject to a Federal Pretreatment Standard? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the applicable CFR citation: \_\_\_\_\_

Approximate number of employees and start time of each shift:

Table with 4 columns: Shift, First, Second, Third. Rows include Number of Employees, Shift Start Time, and Shift End Time.



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**Water Supply – Please indicate source and quantity used:**

Source	Average Daily Usage (GPD)

**Water usage (if metered give exact quantity, otherwise indicate as an estimate):**

Source	Average Daily Usage (GPD)
Waste to sanitary sewer	
Used in process	
Cooling	
Contained in product	
Other:	
Other:	
Other:	



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**Wastewater Discharge Information**

**How is process water discharged?**

Batch                      Batches per day: \_\_\_\_\_ Gallons per batch: \_\_\_\_\_  
 Continuous                      Gallons per day: \_\_\_\_\_

**Is a discharge of explosive or flammable materials into the sanitary sewer system possible?**

Yes                       No

**Indicate if the following substances may be contained in your wastewater:**

- |  |  |
|--|--|
| <input type="checkbox"/> acids and acidic wastes                   | <input type="checkbox"/> paints                |
| <input type="checkbox"/> alkali and caustic wastes                 | <input type="checkbox"/> pigments              |
| <input type="checkbox"/> pickling wastes                           | <input type="checkbox"/> inks                  |
| <input type="checkbox"/> other metal cleaning / preparation wastes | <input type="checkbox"/> dyes, coloring agents |
| <input type="checkbox"/> plating wastes                            | <input type="checkbox"/> organic solvents      |
| <input type="checkbox"/> electrocoating wastes                     | <input type="checkbox"/> latex wastes          |
| <input type="checkbox"/> resins, monomers                          | <input type="checkbox"/> waxes                 |
| <input type="checkbox"/> phenol containing wastes                  | <input type="checkbox"/> alcohols              |
| <input type="checkbox"/> soaps, surfactants, detergents            | <input type="checkbox"/> ethers                |
| <input type="checkbox"/> benzene, benzene derivatives              | <input type="checkbox"/> aldehydes, ketones    |
| <input type="checkbox"/> chlorinated organic compounds             | <input type="checkbox"/> organic acids         |
| <input type="checkbox"/> brominated organic compounds              | <input type="checkbox"/> oils                  |
| <input type="checkbox"/> hot wastes                                | <input type="checkbox"/> fats, grease          |
| <input type="checkbox"/> radioactive wastes                        |  |



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**List any additional pollutants that may be present in the discharge:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Are wastewaters pretreated prior to discharge to the public sanitary sewer system?**

\_\_\_\_\_ Yes          \_\_\_\_\_ No

If yes, describe the treatment process: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Certification

The information contained in this Industrial Waste Discharge Survey is familiar to me and to the best of my knowledge is true, complete and accurate.

Name of Reporting Entity: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name and Title of Officer or Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Officer or Owner

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date