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| <input type="checkbox"/> Landfill or Recycling Facility | <input type="checkbox"/> Photographic Processing |
| <input type="checkbox"/> Laundry, Cleaning | <input type="checkbox"/> Plastic Processing |
| <input type="checkbox"/> Leather Tanning and Finishing | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Medical Care | <input type="checkbox"/> Pulp, Paper, and Paperboard |
| <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Repair Shop/Garage |
| <input type="checkbox"/> Metal Molding/Casting | <input type="checkbox"/> Research |
| <input type="checkbox"/> Nonferrous Metals Forming/Metal Powders | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Nonferrous Metals Manufacturing | <input type="checkbox"/> Rubber or Rubber Products Manufacturing |
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Smelt Ferrous alloys |
| <input type="checkbox"/> Office Space | <input type="checkbox"/> Soap and Detergent Manufacturing |
| <input type="checkbox"/> Oil and Gas Extraction | <input type="checkbox"/> Steam Electric Power Generation |
| <input type="checkbox"/> Organic Chemicals, Plastics, Synthetic Fibers | <input type="checkbox"/> Timber Products Processing |
| <input type="checkbox"/> Paint Formulation | <input type="checkbox"/> Transportation, Drum, Tote or Tank Equipment Cleaning |
| <input type="checkbox"/> Painting, Finishing | <input type="checkbox"/> Warehouse Space |
| <input type="checkbox"/> Paving and Roofing Materials | <input type="checkbox"/> Veterinary Hospital |
| <input type="checkbox"/> Pesticide Chemicals | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Petroleum Refining | <input type="checkbox"/> Unknown – No Tenant/s; Empty Building |
| <input type="checkbox"/> Pharmaceutical Manufacturing | |

3. Does the facility have a USEPA Identification Number issued under the *Resource Conservation and Recovery Act (RCRA)*:
 Yes No If yes, please provide the number: _____

SECTION C – WATER CONSUMPTION AND LOSS

1. Does your facility discharge any wastewater other than restrooms and hand or mop sinks to the sanitary sewer: Yes No
 If yes, please list other discharge sources: _____
2. Total Amount of All Wastewater (sanitary + process) discharged to Sanitary Sewers: _____ Gals per day
3. Does the facility have floor drains: Yes No
 If yes, what is the nature of the discharge to the floor drains: _____
4. Does the facility pretreat any wastewater prior to discharge: Yes No
 Pretreatment Devices Present or Proposed at the Premises:
- | | | | |
|---------------------------------|-----------|----------|---------------------------|
| Oil/Grease Interceptor or Trap: | Yes _____ | No _____ | Capacity: _____ (Gallons) |
| pH Neutralization Tank: | Yes _____ | No _____ | Capacity: _____ (Gallons) |
| Settling Tank: | Yes _____ | No _____ | Capacity: _____ (Gallons) |
| Other: _____ | Yes _____ | No _____ | Capacity: _____ (Gallons) |
- If yes, describe nature of treatment: _____

SECTION D – CERTIFICATION

"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 of Duly Authorized Representative	_____ Printed Name	_____ Date
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Please note that this statement must be signed by the duly authorized representative of the Industrial User in accordance with 40 CFR 403.12 and CCWRD Rules and Regulations Article II.

-----**FOR CCWRD USE ONLY**-----

Sewer System: _____ Comments: _____

County Representative: _____ Date: _____