



**INTERNAL USE  
RECEIVED**

Date:  
Initial:  
Category:

## Non-Domestic Waste (NDW) Survey

**DISCLOSURE:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this survey identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this survey may be used to issue the permit.

### A. GENERAL INFORMATION (Required for all customers)

1. Company Name			
2. Telephone Number			
3. Mailing Address			
4. Facility Address			
5. E-Mail Address			
6. Name and Title of Signing Official			
7. Applicable Standard Industrial Classification (SIC) Code(s)			
8. Type of Business (check all that apply)			
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Auto Repair Shop <input type="checkbox"/> Food Processing/Services <input type="checkbox"/> Commercial <input type="checkbox"/> Medical Services <input type="checkbox"/> Office (not medical) <input type="checkbox"/> Warehousing <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
9. List the principal products or service: _____ _____			
10. Is any wastewater other than from domestic use of restrooms, showers, kitchens, or laundry rooms (excludes commercial services) discharged to either the sewer, a storm drain, or the ground? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11. <b>IF THE ANSWER TO QUESTION 9 (ABOVE) IS <u>NO</u></b> , SIGN THE BELOW STATEMENT AND <b>STOP</b> HERE, otherwise complete the rest of the survey and <i>then</i> sign below. The survey cannot be accepted as complete until properly signed.			
<p>I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.</p>			
Signature of Authorized Representative*: _____ Date: _____			
Printed Name: _____ Phone Number (____) ____-____			
* Surveys must be signed as follows: Corporations, by a principal executive officer of at least the level of vice-president; partnership, by a general partner; sole proprietorship, by the proprietor, (ref 40 CFR 403.12(1))			

**WATER SUPPLY, USAGE AND OPERATIONAL CHARACTERISTICS**

1. This facility uses water from the following sources:

A. City Water		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> measured	<input type="checkbox"/> metered
B. Well Water		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> measured	<input type="checkbox"/> metered
C.		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> measured	<input type="checkbox"/> metered

2. This facility uses this water for the following purposes:

A. Non-Commercial Domestic Uses (restroom)		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
B. Non-Contact Cooling Water		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
C. Boiler or Cooling Tower Blowdown		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
D. Contact Cooling Water		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
E. Process Water		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
F. Equipment or Facility Washdown		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
G. Air Pollution Control Unit		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
H. Stormwater Runoff to Sewer		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
I. Contained in Product		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
J. Other:		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered

3. The wastewater generated is disposed of in the following ways:

A. Total of all flows to the sanitary sewer		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
B. Total of all flows to ground (drainfields, wetwell)		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
C. Total of all flows to storm sewers (other than non-contact stormwater)		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
D. Total of all flows to open waters or rivers		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
E. Total of all flows taken by waste haulers		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
F. Volume lost by evaporation on-site		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered
G. Other means of disposal:		gpd	<input type="checkbox"/> estimate	<input type="checkbox"/> metered

4. Discharge to the sewer is:  Intermittent  Steady

5. Does this facility generate or store any (check all that apply):

- Hazardous material  Petroleum products  Solvents  Bulk chemicals

6. Is a pretreatment device or process (e.g. oil separator, grease trap, sand interceptor, pH neutralization, etc.) utilized prior to discharge to City sewer?  Yes  No (If Yes, please list devices/processes)

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