

- processes employed by your business.
12. Provide all applicable Standard Industrial Classification (SIC) codes and/or North American Industry Classification System (NAICS) codes for all processes at your facility.
 13. Identify the basic production process generating a wastestream and the specific step in that process that generates the wastewater stream.
 14. Provide the amount of water used by your facility each day in gallons per day.
 14. a.-j. For each type identified, provide actual measured volumes generated if the information is available or provide your best estimate. Make sure the units of measure are provided as gallons per day.
 14. k. Provide the total average water usage from 14. a.-j.
Check all points to which wastes from 14. a.-j. discharge. For each point identified, provide actual measured volumes generated if the information is available or provide your best estimate.
Provide the name and address of any waste hauler(s) used.
 15. Check either Yes or No to show whether or not you have a Spill Prevention Control and Countermeasure Plan (SPCC). If you have a plan, attach it to the survey.

Section B: Facility Operational Characteristics

1. Provide the days of the week, shifts per work day (1st, 2nd, 3rd), the number of employees working per shift, and the times each shift starts and ends.
2. Indicate whether the business activity is continuous or seasonal and circle the months of the year during which the business activity occurs, if it is only seasonal. If more information is needed to explain your business activity, use the space provided.
3. Indicate whether the facility discharge is continuous or seasonal and circle the months of the year during which the facility discharge occurs. If more information is needed to explain your business activity, use the space provided.
4. Indicate whether or not the operation ceases for a vacation, maintenance, or other similar reasons.
5. Provide information regarding the types and amounts (mass or volume per day) of raw materials used or planned for use. Use additional paper if necessary.
6. Indicate if any changes in the facility's processes or expansions to the facility are planned during the next three years. If process changes or expansions are planned, attach a separate sheet to the survey describing such, including estimated date the changes will occur and expected effects on wastewater volume and characteristics.
7. Indicate whether or not your facility has any permits from another governing body (i.e. EPA, Health Department). If your facility does have a permit(s), list the issuer of the permit(s) and what the permit is for.
8. If your facility is a new business, indicate whether or not it will occupy an existing building and if you will expand that existing building.
9. If your facility is an existing business, indicate whether or not you will expand your building within the next three years.
10. If you lease your facility's space, provide the name of the company or individual from whom it is leased.

Section C: Wastewater Discharge Information

1. Indicate all processes in the list that your facility employs or will be employing.
2. Indicate whether or not there are onsite wastewater treatment/pretreatment facilities at your business. If there are, describe them.
3. If you have a manufacturing process, attach a flow diagram of the process to this survey.
4. Indicate whether or not you have chemical storage containers or bins at your facility. If you do, indicate how many are on site, where they are located, their size, type, and frequency and method of cleaning. Use additional paper if necessary.
5. Indicate whether or not you have floor drains in your manufacturing or chemical storage area(s). If you do, indicate where the drains are located and to where they discharge.
6. Indicate which treatment devices or processes are being used or are proposed for use at your facility.
7. Provide information regarding any wastewater analyses that have been performed on wastestreams from your facility.
8. Indicate the priority pollutant information by following the instructions on the survey. Indicate the known or suspected concentration per day of each pollutant.

Section D: Other Wastes

1. Indicate whether or not there are any liquid wastes or sludges from your facility, which do not enter the sanitary sewer system. For example, are there wastes picked up by a waste hauler and disposed of elsewhere?
If there are no alternative means of disposal other than the sanitary sewer system, then you may skip the remainder of Section D and continue with Section E. If there are other means of disposal, then continue completing Section D and then proceed to Section E.
2. Indicate the types and amounts of wastes that correspond to the answer Yes in question number 1, if applicable.
3. If you answered question number 2, indicate the storage location for the wastes.
4. If you answered question number 2, indicate the method(s) of storage or disposal for the wastes.

Section E: Safety

1. Indicate the type of safety/protective equipment your facility requires, which is not provided to visitors by your company (i.e. safety glasses, steel toe shoes).

Section F: Signatures

Read the certification statement carefully. Print or type the name of your company's Authorized Representative. Provide the date of signature. The Authorized Representative must sign the survey. **The form will be returned if this section is not properly completed.**