

Pretreatment Program Wastewater Discharge Survey

COMPANY NAME		
FACILITY MAILING ADDRESS		
Street		
City	State	Zip Code
FACILITY LOCATION ADDRESS		
Street		
City	State	Zip Code
BUSINESS PHONE NUMBER	TYPE OF BUSINESS	
HOURS OF OPERATION	ESTIMATED WATER USE PER DAY (IN GALLONS)	
FACILITY DISCHARGE SYSTEM		
This facility discharges water to: <input type="checkbox"/> SEWER SYSTEM <input type="checkbox"/> SEPTIC SYSTEM		
STANDARD INDUSTRIAL CLASSIFICATION (SIC) NUMBER (this can be found at www.osha.gov)		
FROM THE LIST BELOW, PLEASE SELECT ALL THAT APPLY TO YOUR FACILITY		
<input type="checkbox"/> COMMERCIAL WASHERS USED	<input type="checkbox"/> DEEP FRYER USED	
<input type="checkbox"/> FOOD SERVICE CARRY OUT	<input type="checkbox"/> FOOD SERVICE DINE IN	
<input type="checkbox"/> GRILL USED	<input type="checkbox"/> GREASE REMOVAL DEVICE INSTALLED	
<input type="checkbox"/> HAZARDOUS WASTE	<input type="checkbox"/> LAUNDERING CHEMICALS USED	
<input type="checkbox"/> OIL, SAND, OR GRIT REMOVAL DEVICE INSTALLED	<input type="checkbox"/> OIL, ANTIFREEZE, OR OTHER AUTOMOTIVE FLUID ON-SITE	
<input type="checkbox"/> PAINT OR INKS ON-SITE	<input type="checkbox"/> PHOTO DEVELOPMENT ON-SITE	
<input type="checkbox"/> VEHICLES WASHED ON-SITE	<input type="checkbox"/> X-RAY DEVELOPMENT ON-SITE	
DISCLOSURE AND SIGNATURE		
<p><i>"I hereby sign and certify under penalty of law that this document and its contents 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 hereto. Based on my inquiry of the person(s) who manage the system, or those persons directly responsible for gathering 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."</i></p>		
NAME OF AUTHORIZING REPRESENTATIVE	DATE _____	

TITLE OF AUTHORIZING REPRESENTATIVE	_____	

SIGNATURE OF AUTHORIZING REPRESENTATIVE		

For questions about the Pretreatment Program or the Wastewater Discharge Survey, please visit www.salisbury.md/pretreatment, or contact:

Melanie Gravenor
 Pretreatment Coordinator
 Phone: (410) 548-3180
 Email: mgravenor@salisbury.md

Please email, fax, or mail completed surveys to the attention of Melanie Gravenor.