



**INDUSTRIAL WASTE SURVEY**  
 Process and Evaluation Form

SUDP Number \_\_\_\_\_ - SUDP - \_\_\_\_\_

\*Fill in the information boxes and save as a PDF file. \*Submit the completed form via: E-Permits. \*Include the Sewer Use and Drainage number associated with the project.

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

Address: \_\_\_\_\_  
Street City State Zip

1. Business location same as above [  ] If not please explain: \_\_\_\_\_
2. Type of business or activity (manufacturing, sales, distribution, service etc.) \_\_\_\_\_
3. Number of business days in operation: \_\_\_\_\_
4. List types of products manufactured: \_\_\_\_\_
5. List process / activity involved: \_\_\_\_\_
6. Do the containers of the solutions or materials used in your business display hazard warning labels? No \_\_\_\_\_ Yes \_\_\_\_\_  
(copies of all MSDS's are required, any unlabeled solution or material discharging to the sanitary sewer must be accompanied by a genetic makeup summary.)
7. Number of floor drains located in process rooms / area: \_\_\_\_\_  
(Do not include restrooms or break areas, locations and routing must be documented on plans and will be verified.)
8. Type of wastewater discharged into municipal sewer (check one or both): \*Domestic [  ] Industrial [  ]  
(\*Domestic" wastewater includes wastewater produced from non-commercial preparation of food, or wastewater containing human excrement or similar matter.)
9. Are any of your liquid industrial wastes discharged into the sanitary sewer? No \_\_\_\_\_ Yes \_\_\_\_\_
10. If no, what is the method of disposal? \_\_\_\_\_  
(If using an outside company for disposal, provide a copy of the contract. Which will include the disposal company name, address and phone number.)
11. Are any of your liquid industrial wastes pretreated? No \_\_\_\_\_ Yes \* \_\_\_\_\_  
(\*If yes, list the size and type of the Pre-treatment device, i.e Grease Interceptor, Sand Oil Interceptor or Neutralization tank on the line above.)
12. Has your liquid industrial waste been previously analyzed? No \_\_\_\_\_ Yes \_\_\_\_\_ (attach a dated copy of the analysis report.)
13. Has the mode of operation changed since last analysis? No \_\_\_\_\_ Yes \_\_\_\_\_ (attach a dated copy of the analysis report.)
14. How many gallons of water will be used in a single day? \_\_\_\_\_
15. Are radioactive isotopes used in your process? No \_\_\_\_\_ Yes \_\_\_\_\_ Location of disposal site: \_\_\_\_\_

\*Contact information of individual responsible for business process / activities listed above, not the applicant or designer.

Name and Title: \_\_\_\_\_

Phone & E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_