



Industrial Pretreatment

COMMERCIAL/INDUSTRIAL QUESTIONNAIRE

IMPORTANT: If your company has multiple locations, please copy this form and submit a separate questionnaire for each location within the JEA service area.

1.1 Facility Name: _____ Date: _____

1.2 Facility Address: _____

1.3 Name and title of person completing questionnaire: _____

1.4 Phone #: _____ Fax # (optional): _____

1.5 Email: _____

1.6 Name and title of Facility/Operation Manager: _____

1.7 Phone #: _____ Fax # (optional): _____

1.8 Email: _____

1.9 If rented/leased contact information for property manager or owner: _____

2.1 Type of Business: Industrial Manufacturing Dental Micro-Brewery

Photo/Printing Medical Facility Food Establishment Embalming

Powder Coating/Metal Finishing Auto Repair/Vehicle/Truck Wash

Other (Description Required)

(a) Total number of employees: 0-5 6-15 16-50 51-100 101-300 300 +

(b) Please check one of the following:

New Business Existing Business Facility not yet constructed

2.2 Please describe your business, (Attach a separate sheet if necessary): _____

2.3 Does your business use any chemicals on site? If so, please list (Attach a separate sheet if necessary): _____

2.4 Describe the process wastewater discharges that will occur at your site. This should include any discharge that is not from on-site bathrooms and sinks: _____

2.5 (a) Are any wastes hauled off site: ___ Yes ___ No

(b) If yes, please indicate the type of waste:

- | | | |
|--|---|--|
| <input type="checkbox"/> Acid/Alkalies | <input type="checkbox"/> Solvents | <input type="checkbox"/> Heavy Metals |
| <input type="checkbox"/> Oil & Grease | <input type="checkbox"/> Paint | <input type="checkbox"/> Pharmaceutical |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Amalgam/Dental | <input type="checkbox"/> Photographic wastes |
| <input type="checkbox"/> X-Ray | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Radioactive |
| <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other (Description Required) | |
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2.1 What type of operating permits does your facility currently have:

- | | |
|--|--|
| <input type="checkbox"/> State/Federal Hazardous waste | <input type="checkbox"/> State/Federal Air Quality |
| <input type="checkbox"/> NPDES/ Stormwater | <input type="checkbox"/> JEA Industrial User Discharge |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> None |

2.2 Estimate the volume of water used at your facility: _____ gallons per day

2.1 Where is water used in the facility:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Process | <input type="checkbox"/> Boiler feed water | <input type="checkbox"/> Non-contact cooling |
| <input type="checkbox"/> Sanitary | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Product |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: _____ | |

2.6 Estimated volume of wastewater discharged to the sanitary sewer: _____ gallons per day.

2.7 Anticipated start date of first discharge? _____

2.8 (a) Does the facility treat wastewater prior to discharge? Yes No

(b) If yes, please describe: _____

(c) Does the facility have the following?

- Oil Water Separator Grease Separation Device pH adjustment
 Cooling Towers Boilers Amalgam Separator
 Photo-Finishing Silver Recovery Unit

3.1 Please list all meter numbers at this location: (existing customers refer to your bill for meter numbers) _____
