


LOUDOUN WATER
Industrial Waste Survey Short Form – Services

1.	Company Name:					
	Physical Address:					
	Telephone:					
	E-mail address:					
	Number of employees at this location					
2.	Name of authorized representative for official contact:					
	Title:					
	Telephone number:					
	Email address:					
	Circle the business activity of the company at this location		Office/Administration	Retail/Sales	Manufacturing	Distribution/Wholesale
		If other, please describe:				
3.	Standard Industrial Classification (SIC) Code and Description:			Does this facility hold any state or federal environmental Permits? If yes, then please list and attach copy of permit(s) to this survey response.		
4.	Circle the days of week that this business is open:	M T W Th F Sa Su			Standard hours of operation:	
5.	Describe the type of wastewater treatment, if any, prior to your facility discharging to the sewer (this includes grease traps, oil/water separators, metals recovery, etc.):					
6.	Type(s) of wastewater discharged by the facility: (Check all applicable)	Yes	No	Estimated Flow (gallons/day)		
	(a) Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>			
	(b) Cooling water blowdown (non-contact or contact)	<input type="checkbox"/>	<input type="checkbox"/>			
	(c) Boiler water blowdown	<input type="checkbox"/>	<input type="checkbox"/>			
	(e) Process water for manufacturing	<input type="checkbox"/>	<input type="checkbox"/>			
	(f) Equipment or facility washdown	<input type="checkbox"/>	<input type="checkbox"/>			
	(f) Other	<input type="checkbox"/>	<input type="checkbox"/>			
Does this facility use more than 25,000 gallons of water per day? Do you wash vehicles at this facilities? Is a grit and oil-water used at this facility? Are biomedical or radioactive wastes discharged to the sanitary sewer?						
7.	Printed Name:					
8.	Signature:					
9.	Date:					
<i>Loudoun Water will follow up with all companies whose survey form is not returned or if further information is necessary.</i>						