


LOUDOUN WATER
Industrial Waste Survey

1.	Company Name:	
	Physical Address:	
	Mailing Address (if different):	
	Telephone:	

2.	Representative / Contact Name:	
	Title:	
	Telephone number:	
	Email address:	

3.	Standard Industrial Classification (SIC) Code(s):		
	North America Industry Classification System (NAICS) Code(s):		
	Type of activity at this location:	Office/Administration:	<input type="checkbox"/>
		Retail/Sales:	<input type="checkbox"/>
		Manufacturing:	<input type="checkbox"/>
		Distribution/Wholesale:	<input type="checkbox"/>
		Other: (please describe below)	<input type="checkbox"/>
	Does this facility hold any state or federal environmental permits?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please list and provide brief description or title:		
	Permit Identification Number	Description/Title	

4.	Type(s) of wastewater discharged by the facility: (Check all applicable)			
		Yes	No	Estimated Flow (gallons/day)
	(a) Domestic waste (restrooms, showers, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	
	(b) Commercial kitchen:	<input type="checkbox"/>	<input type="checkbox"/>	
	(c) Cooling water blowdown (non-contact or contact):	<input type="checkbox"/>	<input type="checkbox"/>	
	(d) Boiler water blowdown:	<input type="checkbox"/>	<input type="checkbox"/>	
	(e) Manufacturing/Industrial process water:	<input type="checkbox"/>	<input type="checkbox"/>	
	(f) Equipment or facility washdown:	<input type="checkbox"/>	<input type="checkbox"/>	
	(g) Air pollution control unit:	<input type="checkbox"/>	<input type="checkbox"/>	
	(h) Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	


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5.	Number of employees at this location:	
	Number of shifts:	
	Days of week facility is open:	M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>
	Standard hours of operation:	

6.	Describe the type of wastewater treatment at your facility, if any, prior to discharging to the sanitary sewer. This can include but not limited to grease traps, oil/water separators, metals recovery, etc.:

7.	If you are aware of the use of chemicals containing PFAS in your processes or operations, please answer the questions below; otherwise, please proceed to question 8.								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">(a)</td> <td style="width: 95%;"> What are the names of the chemicals containing PFAS? Please provide the amounts and concentrations used. Please provide SDS for the PFAS containing chemicals. In answering this question, please review your operations over the last 20 years if possible. </td> </tr> <tr> <td></td> <td style="height: 150px;"></td> </tr> <tr> <td style="text-align: center;">(b)</td> <td> Are there any other fluorinated chemicals used (look for "fluoro" in the SDS chemical listing or product name, e.g., "fluorinated surfactant(s)" or "organic fluorosulfonate")? If so, what are the names of the chemicals, amounts and concentrations used? Please provide the SDS for these chemicals. </td> </tr> <tr> <td></td> <td style="height: 150px;"></td> </tr> </table>	(a)	What are the names of the chemicals containing PFAS? Please provide the amounts and concentrations used. Please provide SDS for the PFAS containing chemicals. In answering this question, please review your operations over the last 20 years if possible.			(b)	Are there any other fluorinated chemicals used (look for "fluoro" in the SDS chemical listing or product name, e.g., "fluorinated surfactant(s)" or "organic fluorosulfonate")? If so, what are the names of the chemicals, amounts and concentrations used? Please provide the SDS for these chemicals.		
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8.	General Questions:		
	(a)	Does this facility use more than 25,000 gallons of water per day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b)	Do you wash vehicles at this facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(c)	Are biomedical or radioactive wastes discharged to the sanitary sewer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify under penalty of law that this form was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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 fines and imprisonment for knowing violations. Furthermore, I have reviewed Chapter 1064 (Use of Sewers) and Chapter 1068 (Pretreatment) of the Loudoun County Code.

9.	Printed Name:	
10.	Signature:	
11.	Date:	

Thank you for your time and assistance in completing this survey. Once completed, you may return the survey via postal mail or email to the respective address below:

Loudoun Water
 Regulatory Affairs & Compliance
 Attn: Industrial Pretreatment Program
 44865 Loudoun Water Way
 Ashburn, Virginia 20147
 or
pretreatment@loudounwater.org

Loudoun Water will follow up with all companies whose survey form is not returned or if further information is necessary.