

**WASTEWATER SURVEY FOR BUSINESSES AND OTHER SOURCES OF NON-DOMESTIC WASTEWATER**

If there are any questions regarding the completion of this survey, please contact the Pretreatment Program at (608) 222-1201

1. Complete:

**Facility Name:**

**Facility Address:**

(if applicable, include  
any suite or unit #)

**Mailing Address:**

(if different from the  
facility address)

2. Describe the business activity (major products manufactured, services provided, etc.) that occurs at this address:

3. Startup date at present address:                    /                    (month/year)

4. Indicate the general type(s) of business function(s) at this address by checking the appropriate box(es):

Industrial/Manufacturing                     Commercial/Retail                     Office Functions

Service Provider                     Warehouse/Distribution                     Other:

5. Facility discharges wastewater to:                     Municipal sanitary sewer                     Other (specify receiving location(s)):

6. Use municipal water utility billing or water meter information to answer the following questions. If this information is not obtainable, please estimate the facility's water usage and volumes.

a. Incoming water volume (municipal and/or well) per year, in gallons:

Municipality that provides water to this address:

b. Incoming water determination method:                     Water bill(s)                     Water meter readings                     Estimation

7. Indicate all types of discharges to the sanitary sewer and their respective volumes:

**Sanitary waste from employees** (e.g., restroom waste)      Volume  
(estimated at 20 gallons/employee/day)      [gallons/year]:

**Non-contact cooling water** (used for cooling - no contact with raw materials, parts, or products)      Volume  
[gallons/year]:

Once-through     Re-circulated/Reused

**Any other process wastewater generated** – describe the sources and their respective volumes in the spaces below (this includes, but is not limited to, floor & equipment washing, vehicle washing, general sanitizing, contact cooling water, manufacturing/processing, food preparation, any product/chemical disposal, parts washers, etc. Use additional sheets, if necessary.)

Description of process, discharge, and disposal method	Volume [gallons/yr]	Volume Determination
<b>Ex1: Floor scrubber water from production area (discharged to MMSD via floor drain)</b>	<b>5,200</b>	<b>50 gal, 2x week, 52 weeks/yr</b>
<b>Ex2: Process equipment (vegetable wash line) (hauled to MMSD)</b>	<b>117,000</b>	<b>2,250 gal / week</b>
1.		
2.		
3.		
4.		
5.		

8. Is there a grease trap in use at this facility?  Yes     No

If yes, what is the size and the location?

If yes, what is the maintenance/pump-out frequency?

9. Are any water softeners in use at the facility?  Yes     No

If yes, please provide the size and model for each:

If yes, what type of softening media is used?

If yes, please provide the amount of softening media used each year:

10. Are bulk chemicals received or stored at this facility?      Yes:       No

11. Are there floor drains/sumps in work areas or chemical storage areas?  Yes     No

12. Is any wastewater pretreated prior to discharging (solids/oil/metals removal, pH adjustments, etc.)?

Yes     No

If Yes, please describe:

13. What else would you like us to know about your business and/or your facility's wastewater?

14. Contact information for person completing this survey:

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

15. Return this completed survey via one of the following methods.

*(You may wish to retain a copy for your records)*

Mail: Madison Metropolitan Sewerage District  
Pretreatment Program  
1601 Moorland Road, Madison, WI 53713

Email: [pretreatment@madsewer.org](mailto:pretreatment@madsewer.org)