

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 (select all that apply):

Municipal sanitary sewer - Municipality:

Septic tank

Domestic holding tank

Non-domestic holding tank. List transporter(s) and receiving facility or facilities:

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

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
If yes, provide chemical name(s):
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 adjustment, 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