

FOX RIVER WATER RECLAMATION DISTRICT 1957 N. LAFOX (RTE 31), SOUTH ELGIN, IL 60177 / P.O. BOX 328, ELGIN, IL 60121 / PH. (847) 742-2068

Industrial Waste Survey

This form has been sent to your business to determine types and sources of wastewater that are discharged to the Fox River Water Reclamation District. This form must be completed in accordance with the District's Sewer Use Ordinance and USEPA requirements. If you have any question or concerns while completing the form, please contact the District's Industrial Pretreatment Coordinator.

Name of Business _____

Address _____

City/State/Zip Code _____

Telephone: _____ Fax: _____ email: _____

Total Employees _____ 1st Shift: _____ 2nd Shift: _____ 3rd Shift: _____

Operating Days: Mon Tue Wed Thu Fri Sat Sun

Hours Per Day (Mon-Fri): _____ (Sat-Sun): _____

What Standard Industrial Classification (SIC) Code(s) do you report under:

_____ , _____ , _____ , _____

Briefly describe your business include products manufactured or services performed: _____

Please check applicable processes and sub-processes on site (one required):

- | | | | |
|--------------------|------------------|-----------------------|---------------|
| Retail | Office | Wholesale Distributor | Assembling |
| Food Establishment | Medical Office | Warehouse | Fabricating |
| Auto/Truck Repair | R & D Lab | Packaging | Manufacturing |
| Vehicle Wash | Photo Developing | Printing | Laundry |
| Computer Center | Other _____ | | |

Is waste discharged from your production process to the sewer system? Yes No

Does your firm store liquids in 55 gal. drums? Yes No Does the Firm store liquids in bulk? Yes No

Please list all water uses and **approximate** volume used in gallons per day for each use, including facility washdown water.

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown	
Domestic(bathrooms, cafeteria)	
Total:	

The Fox River Water Reclamation District's Sewer Use Ordinance requires that an Authorized Representative of the User sign all reports to the District. Authorized Representative is defined as a Person responsible for Principle Business decisions or other policy decisions for the facility.

To the Best of my knowledge the information on this form is true and accurate,

Signature: _____ Date: _____

Title: _____