



# Industrial Wastewater Pretreatment Program Questionnaire

Water Reclamation Division • 407-254-7701 • Environmental.Compliance@ocfl.net

1. Company/Project Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Building Permit Number: \_\_\_\_\_

2. Production or Facility Information (if different than above):

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

3. List names, titles, and phone numbers of personnel authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority:

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Identify the type of business or services conducted:

5. Describe the company's manufacturing process (if any):

6. List the Standard Industrial Classification (SIC) Codes or North American Industry Classification System (NAICS) codes for the facility:

\_\_\_\_\_

\_\_\_\_\_

7. List the number of employees and the shift starting times for the facility:

<u>Number of Employees</u>	<u>Starting Time</u>
1 <sup>st</sup> Shift _____	_____
2 <sup>nd</sup> Shift _____	_____
3 <sup>rd</sup> Shift _____	_____

8. Average water use (in gallons) per month: \_\_\_\_\_  Estimated  Measured

9. Check all types of wastewater generated at the facility:

- |  |  |
|--|--|
| <input type="checkbox"/> Domestic                  | <input type="checkbox"/> Equipment/Facility Washdown     |
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Air Pollution Control Equipment |
| <input type="checkbox"/> Contact Cooling Water     | <input type="checkbox"/> Boiler/Tower Blowdown           |
| <input type="checkbox"/> Process Water             | <input type="checkbox"/> Stormwater Runoff to Sewer      |
| <input type="checkbox"/> Recycled Washwater        | <input type="checkbox"/> Recycled Washwater Sludge       |
| <input type="checkbox"/> Other (Explain) _____     |  |

10. This facility discharges to the following (check all that apply):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Groundwater   | <input type="checkbox"/> Evaporator/Evaporation |
| <input type="checkbox"/> Storm Sewer    | <input type="checkbox"/> Waste Haulers | <input type="checkbox"/> Other (Explain) _____  |
| _____                                   |  |   |

\_\_\_\_\_  
**Signature of Responsible Official**

\_\_\_\_\_  
**Date**

Para más información, por favor llame al Departamento de Servicios Públicos del Condado de Orange y pida hablar con un representante en español. El número de teléfono es 407-254-7701.