

**Thorn Creek Basin Sanitary District 700 West End Avenue
Chicago Heights, IL 60411**

**INDUSTRIAL SURVEY FORM
REQUIRED BY THE CLEAN WATER ACT**

Required for all customers that discharge to Thorn Creek Basin Sanitary District

1 Tax owner of building _____	Telephone No. _____
Mailing Address _____ _____	Facility Address _____ _____
Email _____	Parcel No. _____ Fax No. _____

YES NO

2 Does this business prepare and/or serve food? _____

3 Does this business discharge chemicals, heavy metals, or organic waste excluding domestic use (sinks and toilets)? _____

4 Does this business use chemicals that have the **potential** to enter the sewer system? _____

5 Brief description of the type of business or service conducted as this site.

6 Company Name: _____
(if different from above) _____

Mailing Address: _____

Telephone: _____

Fax No: _____

Email: _____

7 Facility production information

Is a product(s) produced at this company	Yes	No
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If yes continue below. If there is no production at your facility please sign below and return form.

8 Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority:

Name/Title: _____	Telephone No: _____
Name/Title: _____	Telephone No: _____

9 List Standard Industrial Classification Codes for the facility:

SIC	NAICS	_____
SIC	NAICS	_____

10 What year did your company start production at this facility: _____

11 Does your facility fall under the Industrial Pretreatment Code of Regulations Yes No Do not know

If yes please indicate which category(s) _____

12 List products produced by this facility:

