

Due by November 1,2013

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.	_____
		7 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

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:

\_\_\_\_\_

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

13 Describe this company's manufacturing processes :

---

---

---

14 List number of employees and s shift starting times for the facility:

	No. of employees	Starting time	
1st Shift	_____	_____ AM	_____ PM
2nd Shift	_____	_____ AM	_____ PM
3rd Shift	_____	_____ AM	_____ PM

15 Average water use (in gallons) per month:

_____	_____
(Estimated)	(Measured)

16 Check all types of wastewater generated at the facility:

Domestic	Equipment/Facility Wash down
Non-Contact Cooling Water	Air Pollution Control Equipment
Contact Cooling Water	Boiler/Tower Blow down
Process Water	Storm water Runoff to Sewer
Other (Explain)	_____

17 This facility discharges to the following (check all that apply)

Sanitary Sewer	Evaporation
Waste Haulers	Storm Sewer
Other (Explain)	_____

18 Does this facility pretreat its wastewater before discharge      yes                      No

If yes please describe pretreatment equipment used      \_\_\_\_\_  
\_\_\_\_\_

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and/or imprisonment.

Signature of Authorized Representative: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

DISCLOSURE: Title 40 of the Code of Federal Regulations Part 403 Section 403.14 required information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Contact Debby March at (708) 754-0525 with any questions



