



Thorn Creek Basin Sanitary District

700 West End Avenue
Chicago Heights, IL 60411

Due by: _____

INDUSTRIAL SURVEY FORM

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

1. Tax Owner of Building: _____ Telephone No.: _____

Mailing Address: _____ Facility Address: _____

Email Address: _____ Fax No.: _____

2. Company Name _____ Email Address _____

Mailing Address _____ Telephone No. _____

_____ Fax No. _____

Yes No

- 3. Does this business prepare and/or serve food?
- 4. Does this business discharge chemicals, heavy metals, or organic waste excluding domestic use (sinks and toilets)?
- 5. Does this business use chemicals that have the **potential to** enter the sewer system?

6. Provide a brief description of the type of business of service conducted at this site: _____

7. Facility production information:

Yes No

Is a product produced at this facility?

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 personnel 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 this facility: SIC: _____ NAICS: _____

SIC: _____ NAICS: _____

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

YES

NO

11. Does your facility fall under Industrial Pretreatment Code of Regulations?

If yes, please indicate which categories: _____

12. List the products produced by this facility: _____

13. Describe this company's manufacturing process: _____

14. List the number of employees and shift starting time for the facility:

	<u>Number of Employees</u>	<u>Starting Time</u>		
1 st Shift	_____	_____	AM	PM
2 nd Shift	_____	_____	AM	PM
3 rd 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 Blowdown |
| Process Water | Storm Runoff to Sewer |
| Other (Please Explain) _____ | |

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

- | | |
|------------------------------|---------------|
| Sanitary Sewer | Storm Sewer |
| Evaporation | Waste Haulers |
| Other (Please Explain) _____ | |

Yes No

18. Does this facility pretreat its wastewater before discharge?

If yes, please describe the pretreatment process and the 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 requires 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.

Please contact Christa Rieger at (708) 754-0525 ext. 29 with any questions.