



**Delaware Country Regional Water Quality Control Authority**  
 PO Box 999  
 Chester, PA 19016  
**Industrial Wastewater Survey**



**SECTION I. GENERAL INFORMATION**

Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Facility Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Hours of Operation: \_\_\_\_\_

Business Address (if different from above): \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

General Operations Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY.

Residential       Commercial       Industrial       Other

**INDUSTRIAL CLASSIFICATION**

Standard Industrial Classification Number(s) (SIC/NAICS Code) for your facility:

\_\_\_\_\_  
 Please check here if classification number is unknown.

**CONFIDENTIALITY:** Any information submitted in this form may be claimed as confidential by the submitter; any such claim must be asserted at the time of submission by checking the box in the lower left side of this page. If no claim of confidentiality is made at the time of submission, the information will be treated in accordance with Federal Regulation 40 CFR, Part 2 which, among other things, states that information describing the submitter's wastewater effluent cannot be treated as confidential.

**CERTIFICATION:** *I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

CONFIDENTIAL (      )

**SECTION II. WATER USAGE**

1. Water Sources (Please Check All That Apply.) Average Vol. (gal/day)

Private Well \_\_\_\_\_

Municipal Water Utility \_\_\_\_\_

Specify: \_\_\_\_\_

Surface Water \_\_\_\_\_

Specify: \_\_\_\_\_

Intake Permit Number: \_\_\_\_\_

Rain Water Collection \_\_\_\_\_

Specify: \_\_\_\_\_

Other \_\_\_\_\_

Specify: \_\_\_\_\_

**Total:** \_\_\_\_\_ gal/day

2. Sewer Services (Please Check All That Apply.) Average Vol. (gal/day)

Sanitary Sewer System \_\_\_\_\_

Septic Tank and Leaching \_\_\_\_\_

Offsite Disposal \_\_\_\_\_

Hauler: \_\_\_\_\_

Disposal Site: \_\_\_\_\_

Direct Discharge \_\_\_\_\_

Specify Body of Water: \_\_\_\_\_

NPDES Number: \_\_\_\_\_

Evaporative Loss \_\_\_\_\_

**Total:** \_\_\_\_\_ gal/ day

3. Pretreatment Devices (Please Check All That Apply.)

<input type="checkbox"/> Grease trap	<input type="checkbox"/> Oil/ water separator	<input type="checkbox"/> Filtration
<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Centrifuge	<input type="checkbox"/> Screening
<input type="checkbox"/> Flow equalization	<input type="checkbox"/> Biological Treatment	<input type="checkbox"/> Clarifiers
<input type="checkbox"/> Chlorination	<input type="checkbox"/> Dissolved air floatation	<input type="checkbox"/> pH adjustment
<input type="checkbox"/> Other: _____		

3a. Describe any pretreatment device checked above.

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4. Does storm water enter the sanitary sewer system?  YES  NO

5. Any sludges or liquid wastes generated which are not discharged to the sanitary sewer system? If so, describe.  YES  NO

6. Is there a Spill Prevention Control and Countermeasure (SPCC) prepared for your facility?  YES  NO

If so, is DELCORA represented in your notification plan?  YES  NO

7. Does your facility maintain any other federal, state, or local environmental permits? If so, please list below.  YES  NO

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8. Are hazardous wastes generated or stored on site? If so, please list below.  YES  NO

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8a. If so, please list method of disposal and provide name and address of hazardous waste hauler.

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9. Any additional comments.

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If you have any questions about this survey, please feel free to contact the Industrial Pretreatment Program manager at: (610) 876 – 5523 ext. 213

**Submit this survey within 30 days to:**

DELCORA  
PO Box 999  
Chester, PA 19016-0999  
Attn: Industrial Pretreatment Program

**If this survey is not received within 30 days, industrial user is subject to any enforcement action promulgated under local sewer use ordinances.**