|  |  |  |
| --- | --- | --- |
| 1. | **Facility Name:** |  |
|  | **Physical Address:** |  |
|  | **Telephone:** |  |
|  | **E-mail address:** |  |
|  | **Mailing Address (if different from above):** |  |
| 2. | **Name of authorized representative for official contact:** |  |
|  | **Title:** |  |
|  | **Telephone number:** |  |
|  | **Email address:** |  |
|  | **Fax number:** |  |
| 3. | **What is the nature of business activity at this location?** |
| 4. | **NAICS Code(s):** |  | **Standard Industrial Classification (SIC) Code(s):** |  |
| 5. | **List Environmental Permits held by** **this facility such as Air, Storm Water, etc:** |  |
| 6. | **Type(s) of wastewater discharged by the facility:****(Check all applicable)** | **Yes** | **No** | **Flow in gallons per day (gpd)*****Note: See Water Bill page 2*** |
|  | (a) Domestic waste (restrooms, employee showers, etc.) | [ ]  | [ ]  |  |
|  | (b) Kitchen (food prep) | [ ]  | [ ]  |  |
|  | (b) Cooling water, **non-contact** | [ ]  | [ ]  |  |
|  | (c) Boiler/Tower blowdown | [ ]  | [ ]  |  |
|  | (d) Cooling water, **contact** | [ ]  | [ ]  |  |
|  | (e) Industrial Process | [ ]  | [ ]  |  |
|  | (f) Equipment/Facility washdown | [ ]  | [ ]  |  |
|  | (g) Air pollution control unit | [ ]  | [ ]  |  |
|  | (h)Storm water runoff to sewer | [ ]  | [ ]  |  |
|  | (i) Other (describe) | [ ]  | [ ]  |  |
| 7. | **Sum the flows from above and provide a total flow (gpd) for the facility:** |  |
| 8. | **Type of wastewater treatment, if any, prior to discharging to the sewer (this includes grease traps and oil and water separators):** |  |
| 9. | **Number of workers:** |  |
| 10. | **Days and hours of facility operation:** |  |
| 11. | **Circle days of the week that discharge occurs: S M T W T F S** |
| 12. **Printed name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 13. **\*Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 14. **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 15. **Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Please note that if further survey information is necessary such as wastewater effluent monitoring data, additional forms will be sent to you for completion.*

**\*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.**

**Return form with all completed information to the attention:**

*Thomas W. Meade –* *mea19@henrico.us*

*Monitoring & Compliance Section Manager*

*Henrico County DPU*

*Water Reclamation Facility*

*9101 WRVA Road, Henrico, VA 23231*

*Phone: 804-501-7629*

*fax: 804-795-9354*

[*http://henrico.us/utility/monitoring-compliance/*](http://henrico.us/utility/monitoring-compliance/)