



# Non-Domestic Wastewater Survey

**Instructions:** Dalton Utilities is required to collect information on all non-domestic wastewater sources that discharge into the Dalton Utilities' wastewater collection system. Please complete the following survey and return the completed form to Dalton Utilities at the address listed above.

Contact Brian Harrison at 706-529-1241 or at bharrison@dutil.com if you have any questions.

### Section I - General Facility and Contact Information

Check all that apply to this business:   
 Existing Building   
 Existing Business   
 New Management   
 Tap Request  
 New Building   
 New Business   
 New Construction or Processes

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

### Section II - Business Activity or Services

Please provide a brief description of all operations at this facility, including products made and services.

\_\_\_\_\_

List all Standard Industrial Classification (SIC) codes applicable to this facility: \_\_\_\_\_ SIC Code(s)

Check this box if SIC code is unknown. \_\_\_\_\_  
 Visit [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html) for more assistance. \_\_\_\_\_

Is this facility connected to the public sewer system?  Yes  No If yes, Account Number: \_\_\_\_\_

No If no, have you applied for a sewer tap?  Yes  No

Is this facility subject to Federal Categorical Standards?  Yes  No  Unknown Standard(s): \_\_\_\_\_

Does this facility discharge a hazardous waste to Dalton Utilities' wastewater collection system?  Yes  No

List the average daily discharge of wastewater to the sewer system (existing or expected) \_\_\_\_\_ gal/day

Does this facility use water for any purpose other than restrooms?  Yes  No

### Section III - Specific Wastewater Characteristics

Please identify the types of wastewater discharged by this facility to the sewer system (check all that apply).

Wastewater Source	Volume (Gal/day)	Measured / Estimated
<input type="checkbox"/> Domestic Wastewater (restrooms, showers, sinks)		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Non-Contact Cooling Water		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Contact Cooling Water		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Boiler or Tower Blowdown		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Equipment or Process Area Washdown		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Stormwater Runoff		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Process Wastewater		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
<input type="checkbox"/> Other (describe below)		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated
		<input type="checkbox"/> Measured <input type="checkbox"/> Estimated

Total: \_\_\_\_\_ gallons per day

\_\_\_\_\_  
*Name of Authorized Representative*

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*Title of Authorized Representative*

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*Signature of Authorized Representative*

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*Date*