Water Source Protection District Questionnaire

Section A. Organizational Information

Company Name	Name of Chief Executive Officer	**For City Use Only**
Mailing Address		Zoning Completion Date _____
Premise Address		Screening Committee Date Received _____ Action Taken and Date _____
Person to contact concerning information provided herein: Name Title Telephone No.		EIC—Date Received _____ Action Taken and Date _____
Emergency Contact Person: Name Title Telephone No. Work Home		

Section B. Activity Information

1. Principal product or services:

2. Describe the type(s) of operation proposed for this structure in detail:

3. Standard Industrial Classification Code(s) for all processes (if known):

4. Is this industry subject to National Categorical Pretreatment Standards? ☐ Yes ☐ No

5. Regulated substances and/or hazardous materials proposed to be used (use separate sheet if needed).

CAS No.	Chemical Name	Common/Trade Name	Amount Per Month and Per Year	Storage Method

6. Is there a Spill Prevention and Countermeasure Plan in effect for this facility? ☐ Yes ☐ No

7. Type of waste to be discharged:
   - ☐ The use of this building does not involve processes or operations that will produce industrial wastes, thus the wastewater discharge will be domestic strength only. If the intended use of the building will produce domestic strength only, initial here _____, sign statement below, and return form.
   - ☐ The use of this building does involve processes or operations that will produce industrial wastes, thus the wastewater discharge will be a combination of domestic and industrial strength loading. If the intended use of this building will produce a combined strength wastewater, it is necessary to complete Part II of the Industrial Sewer Discharge Review Questionnaire.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I understand that failure to provide accurate and complete information may result in disapproval of the site plan or in denial or revocation of the required Certificate of Occupancy. Also, any proposed changes in use, or changes in the information on this form must be reported to Planning and Building Services prior to those changes taking place, and that those changes must be approved in accord with City ordinances.

_____ Date

_____ Signature of Official

_____ Print Name of Official and Title