



**City of Bloomington Utilities Department  
Wastewater Discharge Survey (Short Form)**

Please complete and return this survey to the City of Bloomington Utilities Department, P.O. Box 1216, Bloomington, IN 47402. Attach additional documents to provide more information if necessary. If you have any questions or need assistance, please contact Jason Wenning, Pretreatment Coordinator, at 812-349-3946 or at [jason.wenning@bloomington.in.gov](mailto:jason.wenning@bloomington.in.gov).

Name of Business: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Contact: \_\_\_\_\_ Contact Telephone \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Shifts \_\_\_\_\_

What Standard Industrial Classification (SIC) Code(s) do you report under:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Description of manufacturing process or service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Raw Materials Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Chemicals Used: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Indicate the wastes that your facility discharges (or has the potential to discharge) to the sewer.

- |   |  |
|---|--|
| <input type="checkbox"/> Cooling water      | <input type="checkbox"/> Chemicals                         |
| <input type="checkbox"/> Oils and/or grease | <input type="checkbox"/> Pesticides                        |
| <input type="checkbox"/> Solvents           | <input type="checkbox"/> Equipment/Vehicle/Tanker cleaning |
| <input type="checkbox"/> Equipment cooling  | <input type="checkbox"/> Rinse waters                      |
| <input type="checkbox"/> Medical wastes     | <input type="checkbox"/> Photo finishing wastes            |
| <input type="checkbox"/> Acids or bases     | <input type="checkbox"/> Stripping compounds               |
| <input type="checkbox"/> Other: _____       |  |

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have a Spill Prevention Control and Countermeasures Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a chemical storage area?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you generate any hazardous waste?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you treat any wastewater prior to discharge to sewer?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please list all water uses and the approximate volume used in gallons per day:

Water Use	Volume Used (gallons per day)
Process:	
Facility Washdown	
Domestic (bathrooms, cafeteria)	
Total:	

This form must be signed by an “authorized representative,” defined as a “person responsible for principle business decisions or other policy decisions for the facility.”

To the best of my knowledge, the information on this form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_