



INDUSTRIAL WATER & SEWER USE SURVEY

1. Facility Name: _____

(PROVIDE THE OFFICIAL OR LEGAL NAME OF THE FACILITY)

2. Owner - The name of the person, firm, or organization that legally owns the facility.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

3. Operator (If different from the Owner, the name of the person, or firm, legally the operating the facility):

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

4. Facility Address - The address where the facility is physically located.

Street: _____

City: _____ State: _____ Zip: _____

5. Business Mailing Address - The business address for day-to-day correspondence.

Street: _____

City: _____ State: _____ Zip: _____

6. Facility Management - The person in responsible charge of the Facility.

Name: _____

Title: _____ Work Phone: _____

e-mail Address: _____ Cell Phone: _____

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1100 E 8th Street Michigan City, IN 46360**

7. Designated Facility Contact - The person to contact for regular day-to-day business.

Name: _____

Title: _____ Work Phone: _____

e-mail Address: _____ Cell Phone: _____

8. Industrial Activity - Briefly describe all production, manufacturing and/or service operations.

9. Standard Industrial Classification Code (SIC) - List applicable codes and descriptions.

SIC. _____ Description. _____

SIC. _____ Description. _____

SIC. _____ Description. _____

10. Water Sources - Indicate all water sources used by your facility.

Michigan City Water Dept. _____ Other Water Utility _____

Private Well _____ Surface Water (stream, pond, etc.) _____

Other Source _____

11. Water Bill Information - Provide information as shown on monthly bill.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Service Account number(s): _____

12. Water Use - Indicate average usage and whether it is measured [M] or estimated [E].

TYPE OF WATER USE	AMOUNT (GALLONS PER DAY)	M/E
a. Contact Cooling		
b. Non-Contact Cooling		
c. Boiler Feed		
d. Process		
e. Sanitary		
f. Air Pollution Control		
g. Contained in Product		
h. Wash-down		
i. Irrigation		
j. Other (specify)		
k. TOTAL (lines a-j)		

Attach additional sheets as necessary.

13. Sewer Use

Is your facility connected to the sanitary sewer system? _____ **Yes** _____ **No**

If "No" to above, are there plans to connect to the system? _____ **Yes** _____ **No**

Is there a pending sewer application? _____ **Yes** _____ **No**

Plans to expand this facility within the next 2 years? _____ **Yes** _____ **No**

14. Wastewater Discharges

Is there any discharge to sanitary sewers other than sanitary sewage? _____ **Yes** _____ **No**

Is there any discharge to storm sewers or streams or rivers? _____ **Yes** _____ **No**

15. Wastewater Treatment

Is any wastewater treated prior to discharge to the sanitary sewer? _____ **Yes** _____ **No**

16. Wastewater Treatment Plant Certified Operator (if applicable).

Name: _____

Title: _____ Work Phone: _____

e-mail Address: _____ Cell Phone: _____

Certified Operator's License No. : _____ License Class: _____

17. Materials Storage

Do you have any chemical storage areas, tanks, bins, etc.? _____ **Yes** _____ **No**

18. Floor Drains

Are there any floor drains in your facility? _____ **Yes** _____ **No**

19. Process Waste

Are any process wastes generated at this facility? _____ **Yes** _____ **No**

20. Other Wastes

Are other wastes disposed of other than basic trash? _____ **Yes** _____ **No**

If Yes, explain _____

21. Environmental Permits

Identify all environmental permits by type and permit number.

Type. _____ Permit No. _____

Type. _____ Permit No. _____

Type. _____ Permit No. _____

Type. _____ Permit No. _____

Type. _____ Permit No. _____

22. Employee and Shift Schedule Information

Provide the time schedule, which days worked and number of employees per shift.

Work Schedule	Days of Week	Employees
a.		
b.		
c.		
d.		

23. Facility Size - Provide the total square footage of the areas listed below.

Office	Warehouse	Production	TOTAL

24. Facility Layout

Attach a scale drawing showing the location of all buildings and structures on the facility premises.

Show map orientation and location of all water meters, storm sewers, unit process areas, storage tanks, public sewers, floor drains, and all facility (private) sewer lines connected to the public sewers.

25. Chemicals Used in the Facilities

Attach a list of all chemicals used in the manufacturing processes or other processes at the facility, and for each chemical listed provide copies of the SDS Sheets.

26. Authorized Representative Statement

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 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

Date

Printed Name

Title

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