

**City of St. Augustine
Industrial Pretreatment Program Questionnaire**

Return signed, completed survey to:
City of St. Augustine
Public Works Department
P.O. Box 210
St. Augustine, FL 32085-0210
Fax: 904-209-4286

1. Company Name _____
Mailing Address _____

Telephone _____ Fax _____ E-Mail _____
2. Production or facility information (if different than above)
Address _____

Telephone _____ Fax _____ E-Mail _____
3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Control Authority
Name/Title _____ Telephone _____
Name/Title _____ Telephone _____
Name/Title _____ Telephone _____
4. Identify type of business or services conducted

5. Describe this company's manufacturing processes (if any)

6. List North American Industrial Classification System (NAICS) codes for the facility

7. List number of employees and shift starting times for the facility

	# of employees	Starting time	
1st Shift	_____	_____	AM/PM
2nd Shift	_____	_____	AM/PM
3rd Shift	_____	_____	AM/PM
8. Average water use (in gallons per month) _____ Estimated [] Measured []
9. Check all types of wastewater generated at the facility

Domestic	[]	Equipment/Facility Washdown	[]
Non-Contact Cooling Water	[]	Air Pollution Control Equipment	[]
Contact Cooling Water	[]	Boiler/Tower Blowdown	[]
Process Water	[]	Stormwater Runoff to Sewer	[]
Other (Explain) _____			
10. This facility discharges to the following (Check all that apply)

Sanitary Sewer	[]	Groundwater	[]
Storm Sewer	[]	Evaporation	[]
Waste Haulers	[]	Other	_____

Signature of Responsible Official

Date