



## Industrial Pretreatment Program Industrial/Commercial User Survey

**Instructions:**

Your facility has been selected to complete this Industrial / Commercial User Survey because it discharges its wastewater to the Lancaster Area Sewer Authority's (LASA) Susquehanna Water Pollution Control Facility. Regulations require LASA to periodically identify and locate all possible Industrial / Commercial Users which might be subject to regulation by LASA's Industrial Pretreatment Program. This requirement is mandated by Title 40 of the Code of Federal Regulations, Part 403, Section 8 (f)(2), and Chapter 60 of LASA's Rules and Regulations.

1. Please answer completely all questions that are applicable. Attach additional pages if more space is necessary. If you would prefer, a fillable form is available on our website to complete, print and mail.
2. Return this form **within 15 days of receipt** to LASA, Attn: Pretreatment Staff, 130 Centerville Road, Lancaster, PA 17603. The form may be scanned and emailed to [syando@lasa.org](mailto:syando@lasa.org) or faxed to 717-344-5906, however, the original must follow in the mail.

**IMPORTANT:**

Falsification of information on this form or failure to respond may be grounds for termination of service or result in civil and/or criminal penalties.

**Section A: General Information**

<b>1.</b> Company Name:	
<b>2.</b> Facility Telephone:	
<b>3.</b> Facility Address (where discharge occurs):	
<b>4.</b> Mailing Address:	
<b>5.</b> Person to whom any further inquiries should be directed (site visits, inspection, monitoring, etc.):	
<b>6.</b> Title:	
<b>7.</b> Phone:	
<b>8.</b> Email:	
<b>9.</b> Fax:	

**Section B: Description of Operation**

1. Check all categories that describe the nature of your business:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Auto (Dealer/Repair)     | <input type="checkbox"/> Gas Station                       | <input type="checkbox"/> Restaurant          |
| <input type="checkbox"/> Bank                     | <input type="checkbox"/> Grocery Store                     | <input type="checkbox"/> Retail              |
| <input type="checkbox"/> Auto (Washing/Detailing) | <input type="checkbox"/> Gym                               | <input type="checkbox"/> Retirement Home     |
| <input type="checkbox"/> Church                   | <input type="checkbox"/> Lodging (Hotel, Motel, Etc.)      | <input type="checkbox"/> Salon/Barber        |
| <input type="checkbox"/> Construction             | <input type="checkbox"/> Manufacturer                      | <input type="checkbox"/> School              |
| <input type="checkbox"/> Dentistry                | <input type="checkbox"/> Medical                           | <input type="checkbox"/> Veterinary Services |
| <input type="checkbox"/> Food Processing          | <input type="checkbox"/> Office Building                   | <input type="checkbox"/> Warehouse           |
| <input type="checkbox"/> Funeral Home             | <input type="checkbox"/> Residential (Apartments, Rentals) | <input type="checkbox"/> Other _____         |

2. Provide a brief description of manufacturing or service activities performed at this facility. If this is a mixed use facility, please describe the nature of the business for each tenant (e.g.: a shopping plaza with a bank, pizza shop, offices, etc.):

<b>3. SIC Code(s):</b>							
<b>4. Number of Employees:</b>							
<b>5. Number of Shifts:</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3				
<b>6. Starting Times of Each Shift:</b>							
<b>7. Days of Week:</b>	<input type="checkbox"/> Su	<input type="checkbox"/> M	<input type="checkbox"/> Tu	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> Sa
<b>8. Comments:</b>							

9. List all chemicals stored onsite in quantities 55 gallons and/or 100 pounds or greater. Attached additional pages if needed.

Chemical Name	Type (liquid or solid)	Quantity (specify gallons or pounds)

10. Are there floor drains present in manufacturing areas or areas of chemical storage?  YES  NO
11. If "YES," are they connected to the LASA sewer system?  YES  NO
12. Does your facility have a grease trap or grease interceptor?  YES  NO

**Section C: Water Supply (Clean Water)**

1. Describe any supply water treatment process used. Include chemicals used in treatment. If none, write "N/A":

**Section D: Wastewater Discharge**

Check this box and proceed to Section E if **all** wastewater discharged is domestic (toilets, hand wash sinks, showers, etc.).

**If any wastewater other than domestic is discharged, please continue.**

1. Briefly describe the non-domestic wastewater and the processes that generate them:

2. Briefly describe any pretreatment technologies applied to the wastewater:

3. Is (100%) of your wastewater discharged into the LASA Sewer System?  YES  NO

4. If "NO," indicate the quantity discharged in gallons per year:

Discharge Point	Estimated Annual Quantity (gallons)
Sanitary Sewer (LASA Sewer System)	=
Storm Sewer (e.g. - non-contact cooling water)	=
Direct Discharge to Stream (e.g. - non-contact cooling water)	=
Septic Waste Hauler / Recycler	=
Other :	=
Other :	=
<b>Total Gallons</b>	=

- 5. Does your company have a National Pollutant Discharge Elimination System (NPDES) Permit?  YES  NO
- 6. If "YES," list the Permit Number: \_\_\_\_\_
- 7. Does your company have a written plan to prevent a Spill, Leak, or "Slug" discharge?  YES  NO
- 8. Does your company have a Resource Conservation and Recovery Act (RCRA) ID number?  YES  NO
- 9. If "YES," list the Permit Number: \_\_\_\_\_

**Section E: Certification and Signature**

"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 qualified 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. I am also aware that should any changes in operation or processes, wastewater characteristics, plumbing changes or change in ownership shall occur, that I shall notify the appropriate personnel at LASA at least thirty (30) days prior to any changes."

**Certified By:**

<b>Printed Name of Authorized Representative*:</b>	
<b>Title:</b>	
<b>Signature:</b>	
<b>Date:</b>	

**Note to signing official:** In accordance with Title 40 of the Code of Federal Regulations, Part 403, Section 14, information and data provided in this survey which identifies the nature and frequency of discharge shall be available to the Public without restriction. Requests for confidential treatment of other information must be asserted at the time of submittal.

\*An Authorized Representative is a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; a general manager or proprietor of a partnership or sole proprietorship; or a person designated in writing by a person described above provided that the written designation has been submitted to LASA.

<b>For LASA use only:</b>	
Date received:	
Reviewed by:	
Date Reviewed:	