Title 21 Chapter 15 of the District’s Municipal Regulations require that this Wastewater Discharge Questionnaire be completed and returned within 15 days of receipt. The completed and signed application is to be mailed to: Pretreatment Manager, DC Water, 5000 Overlook Avenue, S.W., Washington, DC 20032 or emailed to [pretreatment@dcwater.com](mailto:pretreatment@dcwater.com). Call (202) 787‑4177 if you have questions regarding completion of this form.

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| Industry Name |  | | |
| Facility Address |  | Mailing Address (*if different from previous*) |  |
| Signing Official |  | Primary Contact |  |
| Title |  | Title |  |
| Telephone No. |  | Telephone No. |  |

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| 1. Type of business (please check ALL that apply): | | |
| 🞎 Manufacturing | 🞎 Sales | 🞎 Service |
| 🞎 Distribution | 🞎 Other, list | |
| 1. Briefly describe your business activity (major products manufactured, services provided, etc.) | | |
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| 1. Does this facility have the potential to generate wastewater other than that produced from noncommercial preparation of food and human waste? | 🞎 Yes | 🞎 No\* |

\*If the answer to Question 3 is “No,” ignore Questions 4 through 13 and proceed to Item 14 Certification.

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| 1. Please check ALL activities occurring at the above facility address: | | |
| 🞎 Dental care | 🞎 Medical care | 🞎 Plastics processing |
| 🞎 Electrical component assembly or manufacturing | 🞎 Metal finishing (electroless plating, anodizing, coating, etching, etc.) | 🞎 Porcelain enameling |
| 🞎 Electroplating/galvanizing | 🞎 Metal molding and casting | 🞎 Printed circuit board mfg. |
| 🞎 Flammables, explosives use | 🞎 Metal products manufacturing | 🞎 Printing and publishing |
| 🞎 Food or beverage processing | 🞎 Paint or ink formulation | 🞎 Steam/power generation |
| 🞎 Funeral home, morgue | 🞎 Painting, finishing | 🞎 Vehicle repair shop, garage |
| 🞎 Laboratory | 🞎 Photographic processing | 🞎 Vehicle/equipment wash |
| 🞎 Laundry, dry cleaning | 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. Number of employees: | | 1st Shift |  | 2nd Shift |  | | 3rd Shift |  |
| 1. Hours of operation: | |  | | Days/ week |  | | | |
| 1. NAICS Codes\* | Primary |  | Secondary |  | Other |  | | |

\*Go to http://www[.census.gov/eos/www/naics/](http://www.osha.gov/oshstats/sicser.html) for information on NAICS codes.

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| 1. Are/will bulk chemicals (> 30 gal) be received and stored for use at this facility? 🞎 No 🞎 Yes, If Yes attach list |
| 1. Are/will hazardous chemicals and/or wastes be generated or stored at this facility? 🞎 No 🞎 Yes, If Yes attach list |
| 1. Briefly describe methods of handling, storage, and disposal of hazardous and non-hazardous wastes: |
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| 1. Are there floor drains in work areas or chemical storage areas? 🞎 No 🞎 Yes |

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| 1. Provide an estimated average daily flow in gallons per day (*if unknown, use water consumption rate*) |
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| 1. Briefly describe any exisiting or planned on-site pretreatment facilities and/or practices (*grease trap, sand trap, oil/water separator, chemical neutralization, filtration, etc.*) |
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| 1. **Certification** (*to be completed by an offical authorized to sign for the company*) | | |
| I certify, under penalty of law, that I have personally examined and familiar with the above information, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate and complete. | | |
|  |  |  |
| Name (print) |  | Title (print) |
|  |  |  |
| Signature |  | Date |