

WASTEWATER DISCHARGE QUESTIONNAIRE

NOTE: COMPLETE AND RETURN FOR COMPLIANCE WITH THE FEDERAL CLEAN WATER ACT

Section 1502.3 of the District's Wastewater Discharge 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 Coordinator, DC WASA, 5000 Overlook Avenue, S.W., Washington, D.C. 20032 or faxed to 202-787-4226. Call (202) 787-4177 if you have questions regarding completion of this form.

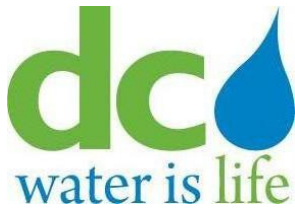
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|------------------|--|--|--|
| Industry Name | | | |
| Facility Address | | Mailing Address <i>(if different from previous)</i> | |
| Primary Contact | | Alt. Contact | |
| Title | | Title | |
| Telephone No. | | Telephone No. | |

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| 1. Type of business (please check ALL that apply): | |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Sales <input type="checkbox"/> Service |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Other, list _____ |
| 2. Briefly describe your business activity (major products manufactured, services provided, etc.) | |
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| 3. Does this facility have the potential to generate wastewater other than that produced from noncommercial preparation of food and human waste? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
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**If the answer to Question 3 is "No," ignore Questions 4 through 13 and proceed to Item 14 Certification.*

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| 4. Please check ALL activities occurring at the above facility address: | | |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Medical care | <input type="checkbox"/> Plastics processing |
| <input type="checkbox"/> Electrical component assembly or manufacturing | <input type="checkbox"/> Metal finishing (electroless plating, anodizing, coating, etching, etc.) | <input type="checkbox"/> Porcelain enameling |
| <input type="checkbox"/> Electroplating/galvanizing | <input type="checkbox"/> Metal molding and casting | <input type="checkbox"/> Printed circuit board mfg. |
| <input type="checkbox"/> Flammables, explosives use | <input type="checkbox"/> Metal products manufacturing | <input type="checkbox"/> Printing and publishing |
| <input type="checkbox"/> Food or beverage processing | <input type="checkbox"/> Paint or ink formulation | <input type="checkbox"/> Steam/power generation |
| <input type="checkbox"/> Funeral home, morgue | <input type="checkbox"/> Painting, finishing | <input type="checkbox"/> Vehicle repair shop, garage |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Photographic processing | <input type="checkbox"/> Vehicle/equipment wash |
| <input type="checkbox"/> Laundry, dry cleaning | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |



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|-------------------------|-----------------------|--|-----------------------|--|-----------------------|--|
| 5. Number of employees: | 1 st Shift | | 2 nd Shift | | 3 rd Shift | |
| 6. Hours of operation: | | | Days/ week | | | |
| 7. SIC Codes* | <i>Primary</i> | | <i>Secondary</i> | | <i>Other</i> | |

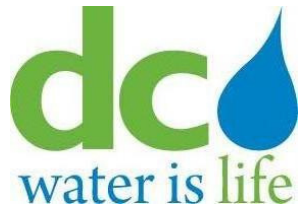
*Go to <http://www.osha.gov/oshstats/sicser.html> for information on SIC codes.

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| 8. Are/will bulk chemicals be received and stored for use at this facility? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes attach list |
| 9. Are/will hazardous chemicals and/or wastes be generated or stored at this facility? <input type="checkbox"/> No <input type="checkbox"/> Yes, If Yes attach list |
| 10. Briefly describe methods of handling, storage, and disposal of hazardous and non-hazardous wastes: |
| |
| 11. Are there floor drains in work areas or chemical storage areas? <input type="checkbox"/> No <input type="checkbox"/> Yes |

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| 12. Provide an estimated average daily flow in gallons per day (<i>if unknown, use water consumption rate</i>) |
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| 13. Briefly describe any existing or planned on-site pretreatment facilities and/or practices (<i>grease trap, sand trap, oil/water separator, chemical neutralization, filtration, etc.</i>) |
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| 14. Certification (<i>to be completed by an official authorized to sign for the company</i>) |
| 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. |
| <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Name (print) Title (print) </div> |



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| | |
|-----------|------|
| Signature | Date |
|-----------|------|