



Non-Residential User Discharge Questionnaire
Please call Tim Zarnowski at (815) 886-1005 with any questions.

User: \_\_\_\_\_
Address: \_\_\_\_\_ Authorized Rep: \_\_\_\_\_
Title: \_\_\_\_\_
Phone at Site: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Number of Employees: Office (Avg and Max) \_\_\_\_\_ All Other (Avg and Max) \_\_\_\_\_

2. What service is performed at this site? (Include details about processes to create product, if applicable)
\_\_\_\_\_
\_\_\_\_\_

3. Please check applicable processes and sub-processes on site:

- Checkboxes for: Retail, Office, Wholesale Distributor, Assembling, Food Establishment, Medical Office, Warehouse, Fabricating, Auto/Truck Repair, R & D Lab, Packaging, Manufacturing, Vehicle Wash, Photo-developing, Printing, Other, Laundry, Computer Center, (not copying)

4. What materials are received at the facility?
\_\_\_\_\_
\_\_\_\_\_

5. Is waste discharged? [ ] Yes [ ] No
If yes, please describe: \_\_\_\_\_

6. Does firm store liquids in drums? [ ] Yes [ ] No
If yes, how many? [ ] Less than 5 [ ] 5 or more
General Substance: \_\_\_\_\_

7. Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc? Circle those that apply, or check "No". If "Yes", please provide general details on back. [ ] No

Is any chemical, paint, oil, ink, dye, or solvent used in your business? Circle those that apply, or check "No". If "Yes", please provide general details on back. [ ] No

By signing below, you endorse the following statement:

"I certify that all 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 willingly submitting false information, including the possibility of fine and imprisonment."

x. \_\_\_\_\_

Date: \_\_\_\_\_