



SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT

Sewer Use Questionnaire

Instructions

- Please print legibly or type
- Complete all information that applies to your business

Company Name _____

Physical Address _____

City _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____

Title _____ Fax or E-mail _____

Is this a home-based business? Yes or No

Description of Business (list types of products/ services/ processes): Please be detailed

Please circle below the operations your business conducts, if any:

- | | | | |
|-------------------------|-------------------|------------------------|-------------------------|
| Alkaline/Acid Cleaning | Anodizing | Chemical Manufacturing | Coating |
| Electronic Crystals Mfg | Etching | Metal Prep | Plating |
| Printed Circuit Boards | Semiconductor Mfg | Soap or Detergent Mfg | Treating Offsite Wastes |

Number of full-time employees at this location: _____

Days and hours of operation: _____

Do you use water in *any* of your business activities, excluding rest rooms, lunchroom, and landscape watering? Yes No

Describe business activities that generate wastewater at this location or at the job site you serve, such as rinsing, filtering, etc. (state 'none' if none):

Approximate amount of any wastewater discharged to the sewer (even if at jobsite) per day, excluding rest room/lunchroom wastewater, (state 'none', if none):

If wastewater is not discharged to the sewer, where/how is it disposed?

List any substances, materials, or chemicals that may be present in your wastewater, such as acids, paints, solvents, grease, metals, etc. (state 'none' if none):

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(You may attach additional sheets if necessary.)

Do you have any of the following? (Circle ones that apply)

Sump Oil/Sand/Water Interceptor Pretreatment Unit (describe) _____
Grease Trap (inside bldg) Grease Interceptor (outside bldg) **None**

I certify that the information furnished herein is true and correct to the best of my knowledge.
(Must be signed by authorized representative of the facility.)

Signature: _____ Date: _____

Name (type or print): _____

Title: _____

Make a copy for your records and send, fax, or e-mail completed questionnaire to:

Sacramento Regional County Sanitation District (Regional San)
Wastewater Source Control Section (WSCS)
10060 Goethe Road
Sacramento, CA 95827
Phone: 916-875-6470
Fax: 916-854-9286
Email: WSCSPermittedUsers@sacsewer.com