



## Wastewater Discharge Application

Check one and print name:	<input type="radio"/> OWN:	
	<input type="radio"/> RENT:	
Business Name:	Property Address:	

I. Select the appropriate wastewater discharge category for the property referenced above:

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**DOMESTIC-RESIDENTIAL:** Liquid waste from bathrooms, shower rooms, toilet rooms, kitchens, or laundry facilities located in residences, apartments, hotels and motels.

**OR**

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**NON-DOMESTIC-COMMERICAL:** Liquid waste from bathrooms, shower rooms, retail, recreational, or other commercial establishments. It also includes similar wastes from industries when separated from industrial waste.

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**NON-DOMESTIC-INDUSTRIAL:** Other liquid waste (industrial, process, cooling water, etc.)

II. Provide a description of the primary business activities conducted at the above referenced address and the principal products produced from the business activities:


"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 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."

Printed Name:	
Signature:	
Phone Number:	
Date:	

# COMMERCIAL NON-DOMESTIC WASTEWATER DISCHARGE QUESTIONNAIRE CITY OF CAYCE

## SECTION A - GENERAL INFORMATION

1. Company name, mailing address, and telephone number:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

A.2. Physical address of business/commercial facility. (If same as above, check here: \_\_\_\_\_)

\_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_

You may attach additional sheets to this document if more space is necessary to give full and complete responses to the following questions. Any additional information that is attached will be deemed to be a part of this questionnaire.

Should a discharge permit be required for your facility, the information in this questionnaire will be used to assist in issuing the permit.

This is to be signed by an authorized official of your facility after adequate completion of this form including any attached documentation and review of the information contained herein by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_

(Date)

(Seal if applicable)

\_\_\_\_\_

Signature of Official

- A.4. Provide the following information for the person authorized to represent this facility in official dealings with the Sewer Authority and/or City:

Name \_\_\_\_\_

Title \_\_\_\_\_

Tel. No. \_\_\_\_\_

E-mail \_\_\_\_\_

- A.5. Identify the type of business conducted (food preparation facility, grocery store, film developing, drycleaner, paint supplier, school, daycare facility, office building, etc.).

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- A.6. Provide a brief narrative description of the services or activities your facility conducts.

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- A.7. List any products that are prepared or manufactured at your facility and the raw materials used in its preparation or manufacture. \_\_\_\_\_

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- A.8. How are any waste materials, scraps, spent items, bad batches of products, or cleaning products disposed of from the facility (trash, sink/drain, waste hauler, other)? \_\_\_\_\_

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A.9. (a) Are any chemicals used at your facility? \_\_\_\_\_  
A.10.]

[If no, skip to

(b) If yes, provide the names of these chemicals (common or brand name) and describe how these chemicals are used at your facility. \_\_\_\_\_

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(c) How are these chemicals disposed of from the facility (trash, sink/drain, waste hauler, other)? \_\_\_\_\_

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A.10 (a) Are there any garbage disposals/grinders at your facility? \_\_\_\_\_  
to A.11.]

[If no, skip

(b) If yes, how many? \_\_\_\_\_

A.11. (a) Is there a grease trap, oil/water separator or a grit trap at your facility? \_\_\_\_\_  
[If no, skip to Section B]

(b) If yes, what is the date of the last maintenance that was performed on it? \_\_\_\_\_

(c) How often is maintenance/servicing performed on the grease trap? \_\_\_\_\_

(d) Who performs the maintenance work on the grease trap? \_\_\_\_\_

(e) Provide the product name for any chemicals added to the grease trap to aid in grease breakdown. \_\_\_\_\_

B.1. Provide the number of employee shifts worked per 24-hour day. \_\_\_\_\_  
Provide the average number of employees per shift. \_\_\_\_\_

B.2. Starting times of each shift: 1<sup>st</sup> \_\_\_\_\_ a.m. 2<sup>nd</sup> \_\_\_\_\_ a.m. 3<sup>rd</sup> \_\_\_\_\_ a.m.  
\_\_\_\_\_ p.m. \_\_\_\_\_ p.m. \_\_\_\_\_ p.m.

B.3. Hours of operation: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

B.4. How many days per week do you operate? \_\_\_\_\_

B.5. (a) Are any expansions or changes in services provided at your facility planned during the next three years? \_\_\_\_\_  
(b) If yes, describe the nature of the planned expansions or changes. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.6. (a) Provide the average monthly water usage at your facility: \_\_\_\_\_  
(b) If water service is not currently provided by the City of Cayce for your facility, provide twelve (12) months of monthly water usage data.  
*[Include as an attachment to this questionnaire]*