



LEE COUNTY UTILITIES
SMALL BUSINESS WASTE SURVEY

Date: _____ (please print or type clearly) Page 1 of 2

Business Name: _____ **SIC #:** _____

Address: _____ **Phone:** _____

Proprietor: _____

Address: _____ **Phone:** _____

Person Filling Out This Form: _____ **Title:** _____

Business Location: Lee County ___ **Yes** ___ **No**

Business Days: ___ thru ___. **Hours:** ___ am/pm to ___ am/pm. **# Employees:** ___

Give Brief Description Of Process Or Business Function: _____

WATER SOURCE (S)

Municipal: ___ **Ground (well)** ___ **Surface (pond, lake)** ___ **COUNTY** ___

Estimated Use: ___ Gals/Day. **Metered:** ___ **Yes** ___ **No**. If Yes, Describe Method: ___

Drinking: ___% ___ GPD **Cooling:** ___% ___ GPD **Sanitary:** ___% ___ GPD

Wash Down of Equipment: ___% ___ GPD **Other/Process** ___% ___ GPD

Specify Use Of Other/Process: _____

WASTEWATER DISCHARGE: SEWER ___ COUNTY ___

Check Off Any Items Used On A Daily Or Regular Basis

Table I	Gals./Lbs. Per Year	Gals./Lbs. Per Year
Acids	() _____	Alkalies () _____
Inks	() _____	Dyes () _____
Oils	() _____	Grease () _____
Paints	() _____	Solvents () _____
Thinners	() _____	Pesticides () _____
Detergents	() _____	Soaps () _____
Sanitizing Products	() _____	Photographic (Silver) _____
Other	() Specify: _____	

For The Above Mentioned Items, Does Your Company Practice:

Any pretreatment of wastewater prior to discharge into sanitary sewer? ___Yes ___No

Do you have any laboratory Analysis of your discharged wastewater? ___Yes ___No
(please enclose)

() On Site Waste Storage

() On Site Waste Disposal

() Off Site Waste Storage

() Off Site Waste Disposal

Do you employ a Waste Disposal Service? ___Yes ___No

If so: Name: _____ Phone: _____

Address: _____ Frequency: _____

What types of wastes does this service take care of? List items from Table I: _____

Are grease traps/oil separators in service? ___Yes ___No. How many: _____

Capacity in gallons: _____ Do you employ a waste hauler service? ___Yes ___No

If so: Name: _____ Phone: _____

Address: _____ Frequency: _____

Date

Signature (Seal, if applicable)

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