

# LEE COUNTY UTILITIES SMALL BUSINESS WASTE SURVEY

DATE \_\_\_\_\_

(Please print or type clearly)

Business Name \_\_\_\_\_ SIC # (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Person filling out this form \_\_\_\_\_ Title \_\_\_\_\_

## BUSINESS OPERATIONS

Which days of the week is the business in open? (Check all the apply)

Mon  Tues  Wed  Thur  Fri  Sat  Sun

Hours of Operations \_\_\_\_\_  am to \_\_\_\_\_  am  
 pm  pm Number of Employees \_\_\_\_\_

Type of commercial activities (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medical Clinic   | <input type="checkbox"/> Veterinary Clinic            | <input type="checkbox"/> Mechanical/Body Shop          |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Assisted Living/Nursing Home | <input type="checkbox"/> Metal Finishing               |
| <input type="checkbox"/> Dental Clinic  | <input type="checkbox"/> Car Wash                     | <input type="checkbox"/> Manufacturing (Specify) _____ |
| <input type="checkbox"/> Food Preparation (Restaurants, Bakeries, Fast Food, etc) |   |  |

Provide a brief description of the process or business function that involves water use:

Check off any item used on a daily or regular basis:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Acids  | <input type="checkbox"/> Detergents              | <input type="checkbox"/> Soap                    |
| <input type="checkbox"/> Inks   | <input type="checkbox"/> Sanitizing Products     | <input type="checkbox"/> Solvents                |
| <input type="checkbox"/> Oils (Minerals, Animal, or Vegetable origin) | <input type="checkbox"/> Dental Amalgams         | <input type="checkbox"/> Pesticides              |
| <input type="checkbox"/> Paints                                       | <input type="checkbox"/> Alkalies                | <input type="checkbox"/> Photography (Silver)    |
| <input type="checkbox"/> Thinners                                     | <input type="checkbox"/> Dyes                    | <input type="checkbox"/> Other Organic Compounds |
| <input type="checkbox"/> Grease                                       | <input type="checkbox"/> Pharmaceutical Products | <input type="checkbox"/> Other (Specify) _____   |

For any of the above mentioned items on Page 1:

Will you discharge wastewater into the sanitary sewer that may contain any quantity of one of the items or other products as a result of the business or cleaning activities?  Yes  No

Will you use any device to pretreat the wastewater prior to discharge into the sanitary sewer?  Yes  No

Do you employ/hire a Waste Disposal Service other than county wastes services?  Yes  No

If yes, please provide the following information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Frequency of Disposal \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

What type of waste does this service remove?  
List all waste that apply.

### WATER SOURCE

Lee County Water  Ground Water Well  Surface Water (Pond, Lake, etc)

Estimated Use in Gallons/Day \_\_\_\_\_ Metered  Yes  No If Yes, Describe Method \_\_\_\_\_

### GREASE TRAPS (Applies to Food Preparation Activities or Mechanic Shops)

Are grease traps/oil separators in service?  Yes  No If Yes, how many? \_\_\_\_\_ Capacity in gallons \_\_\_\_\_

Do you employ/hire a Waste Hauler other than county wastes services?  Yes  No

If yes, please provide the following information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ Frequency of Disposal \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

For questions or help contact: Luis Mendez, EI  
Phone: 239-533-8571  
Email: lmendezsantos@leegov.com

Please return this form within:  
10 business days to: LEE COUNTY UTILITIES  
ATTN: PRETREATMENT PROGRAM COORDINATOR  
1500 MONROE STREET, 3RD FLOOR  
FORT MYERS, FL 33901