| Print | Form |
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| | |

Submit by Email

LEE COUNTY UTILITIES 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 | | |
| Contact Person Email | | | | |
| BUSINESS OPERATIONS | | | | |
| Which days of the week is the business in | open? (Check all the apply) | | | |
| ☐ Mon ☐ Tues ☐ Wed ☐ Thur | Fri Sat S | un | | |
| Hours of Operations Cam to | O O am | Number of Employees | | |
| Type of commercial activities (Check all th | nat apply) | | | |
| ☐ Medical Clinic & Lab. ☐ \ | /eternary Clinic | Mechanical/Body | Shop | |
| ☐ Hospital ☐ H | Healthcare/Nursing Home | Metal Finishing | | |
| ☐ Dental Clinic ☐ \ | | | pecify) | |
| Food Preparation (Restaurants, Baker | ies, 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 regu | ılar basis: | | | |
| ☐ Acids | Detergents | Soa |) | |
| ☐ Inks | Sanitizing Products | ☐ Solv | ents | |
| Oils (Minerals, Animal, or Vegetable origin) | ☐ Dental Amalgams | Pest | icides | |
| Paints | Alkalies | ☐ Pho | tography (Silver) | |
| Thinners | Dyes | Oth | er Organic Compounds | |
| Grease | Pharmaceutical Produc | cts Oth | er (Specify) | _ |
| | | | | |

| For any of the above Will you discharge w of the business or cla | astewater into th | e sanitary : | sewer that may o | contain any quantity of one of the items or other products as a result | | |
|--|--------------------|-------------------|---|--|--|--|
| Will you use any dev | ice to pretreat th | e wastewat | er prior to disch | harge into the sanitary sewer? | | |
| Do you employ/hire If yes, please provide | • | | | y wastes services? | | |
| Name | | | | Phone Number | | |
| Address | | | | Frequency of | | |
| City | State | e ? | Zip Code | Disposal | | |
| What type of waste List all waste that a | | remove? | | | | |
| WATER SOUR | CE | | | | | |
| Lee County Wat | er | Ground Water Well | | Surface Water (Pond, Lake, etc) | | |
| Estimated Use in Ga | allons/Day | | Metered 🗌 Yes | es No If Yes, Describe Method | | |
| GREASE TRAF | PS (Applies to F | ood Prepa | ration Activities | es or Mechanic Shops) | | |
| Are grease traps/oil | separators in serv | vice? ☐ Ye | es No | If Yes, how many? Capacity in gallons | | |
| Do you employ/hire | | | | services?If yes, please provide the following information: Phone Number | | |
| | Frequency of [| Disposal | | | | |
| City | | | | State Zip Code | | |
| Print Name | | | | Signature | | |
| For questions or h | | | z-Santos, El -322-8053 / 239 | Email: lmendezsantos@leegov.com 9-533-818 | | |
| | | ATTN: PRET | Y UTILITIES REATMENT PRO IS, FL 33901 | OGRAM COORDINATOR 1500 MONROE STREET, 3RD FLOOR | | |
| For LCU Indust | rial Pretreatment | Program U | Jse: | | | |
| Wastewater Fr | anchise | | | _ Receiving WWTF | | |