



COUNTY OF HANOVER
DEPARTMENT OF PUBLIC UTILITIES
P. O. Box 470
HANOVER, VIRGINIA 23069

Industrial and Strong Waste Survey Form
Additional Information

Facility Name: _____

Facility Contact Name: _____

Mailing Address: _____

Facility Address: _____

Contact Phone Number: _____ E-mail (optional): _____

DPU Account #: _____ Hours/Days of Operation: _____

Work Order #: _____ Date: _____

Survey conducted by: _____

Type(s) of wastewater discharged by the facility: (Please check and indicate the flow, i.e., estimated gallons discharged per day, and the frequency of the discharge, i.e., batch, intermittent, or continuous.)

	(X)	Wastewater Type / Origin	Flow (gpd)	Frequency
a.		Domestic waste (restrooms, employee showers, break rooms, ...)		
b.		Cooling water, non-contact		
c.		Boiler / Tower blowdown		
d.		Cooling water, contact		
e.		Process wastewater		
f.		Equipment / Facility washdown water		
g.		Air pollution control unit		
h.		Storm water runoff to sanitary sewer		
i.		Other (describe)		

Discharge Monitoring Point:

Location: _____ GIS ID# _____

Type (manhole, cleanout, grease trap, ...): _____

Sampling point depth (approximate): _____

Is the discharge isolated or in the vicinity of other discharges? Isolated Multiple

Types of wastes discharged (if not covered above): _____

Does the facility have any waste removal or recycling programs? Yes _____ No _____
 If yes, explain: _____

Does the facility/location hold any environmental related permits? Yes _____ No _____
 If yes, explain: _____

Does the facility/location provide employee pollution prevention training? Yes _____ No _____
 If yes, explain: _____

Comments/Site Sketch: _____