



County of Hanover
Department of Public Utilities
Industrial and Strong Waste Survey Form

Facility Name: _____

Facility Contact Name: _____

Mailing Address: _____

Facility Address: _____

Contact Phone Number: _____

E-mail (optional): _____

DPU Account #: _____

Hours/Days of Operation: _____

1. What is the nature of the business at this service address?

Account Sub-classification Code (see code sheet): _____

2. Do you have a Back Flow Prevention Device(s)? Yes _____ No _____ Unsure _____

If Yes, What type(s)? _____

Location? _____

3. Do you have an irrigation or fire sprinkler system? Yes _____ No _____ Unsure _____

4. Does your operation provide Food Service to customers or employees? Yes _____ No _____
(If No, skip question 5)

5. Do you have a grease trap or interceptor? Yes _____ No _____ Unsure _____

If Yes, How many? _____

Where are they located in relation to your building? _____

6. Do you have an Oil/Water Separator? Yes _____ No _____ Unsure _____

7. Does your business discharge or have the potential to discharge a waste liquid to the sewer system other than from restroom toilets, sinks, showers, and other potable water fixtures?

Yes _____ No _____ Unsure _____

If Yes, describe:

8. What is your Standard Industrial Classification (SIC) Code (if known)? _____

9. Do you currently treat any of your wastewater onsite? Yes _____ No _____ Unsure _____

If Yes, describe:

9. Additional Comments:

I certify that the information provided is true and represents, to the best of my knowledge, full disclosure of the information requested.

Signature _____
(Authorized Representative)

Title _____ Date _____