



Non-Residential User Pretreatment Questionnaire

Environmental Services

In accordance with Title 40 of the Code of Federal Regulations Part 403, 403.14, information, dates, & data provided within this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a facility discharge permit be required for the facility listed below, information listed in the questionnaire may be used to issue the permit.

A. GENERAL INFORMATION

Company Name	
Company Mailing Address/ P.O. Box	
Company City & State	
Zip Code	
Premise Address	
Premise City & State	
Zip Code	
Name & Title of Signatory Official	
Telephone No.	Email Address
Alternate Contact Name (if any)	
Telephone No.	Email Address
Check One If Proposed, date of anticipated discharge Existing Discharge <input type="checkbox"/> Proposed Discharge <input type="checkbox"/>	
<input type="checkbox"/> There are no changes to the wastewater discharge from 2022 <input type="checkbox"/> Changes to wastewater discharge have occurred and are reflected	

I certify under penalty of law that this document and all attachments were prepared under my direction and/or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, to the best of my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of monetary fine and/or imprisonment for knowledge of violations.

Date

Name Printed of Authorized Representative

Signature of Authorized Representative