



# City of Marietta

Wastewater Department

440 E. 8th St. Marietta, Ohio 45750  
Phone: (740) 373-3858 Fax: (740) 373-8214

# COMMERCIAL SERVICE WASTE QUESTIONNAIRE

## GENERAL INSTRUCTIONS

Please type or print in ink when filling out questionnaire. All questions are to be completed Section A through E. Where a question does not apply, a "Not-applicable (N/A) response should be entered.

### SECTION A. GENERAL INFORMATION

**Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**Telephone #:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_

### SECTION B. PRODUCT OR SERVICE INFORMATION

1. Brief description of service activity at this site.  
\_\_\_\_\_  
\_\_\_\_\_

2. Circle days of week of operation: 1 2 3 4 5 6 7

3. Hours per day of operation: \_\_\_\_\_

4. Shift information: Start time: \_\_\_\_\_ Stop time: \_\_\_\_\_

5. Number of employees per shift: \_\_\_\_\_

6. Are expansion plans scheduled within the next 3 years? Yes / No

If yes, check all appropriate types of expansion

\_\_\_\_\_ New products      \_\_\_\_\_ Same products - additional capacity

\_\_\_\_\_ New Facility      \_\_\_\_\_ Expand current facility

\_\_\_\_\_ Relocate within      \_\_\_\_\_ Sewer service area

\_\_\_\_\_ New Services

### SECTION C. SEWER CONNECTION AND DISCHARGE INFORMATION

7. Is this facility connected to the sanitary sewer system? Yes / No

8. Is wastewater pretreated prior to disposal? Yes / No

9. Are all liquid wastes discharged to the sanitary sewer?  
Yes / No

10. If no, describe any other liquid disposal method(s): \_\_\_\_\_  
\_\_\_\_\_

11. Briefly describe discharge to the sanitary sewer:(nature of waste, volume,frequency)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
12. Does the Sewer have more than one (1) sanitary sewer connection?  
Yes / No
13. Is there a grease trap or interceptor in use? Yes / No
14. Size of trap or interceptor: \_\_\_\_\_gal.
15. Frequency of cleaning: \_\_\_\_\_
16. Is there a non-interceptor oil storage container? Yes / No  
If yes, capacity and location of container: \_\_\_\_\_
- \_\_\_\_\_
18. Describe trap or interceptor cleaning and/or removal procedures:\_\_\_\_\_
- \_\_\_\_\_
19. Person or Company that cleans the trap or interceptor:  
\_\_\_\_\_
20. Do you have a spill prevention plan? Yes / No
21. Is there a sampling manhole available to collect a sample for analysis? Yes/ No

**Additional Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION E. VERIFICATION**

*"I certify under the penalty of law that the information submitted is true, accurate and complete. I am aware there are significant penalties for submitting false information including the possibility of fine and imprisonment."*

**PRINT THE NAME OF THE PERSON WHO COMPLETED THIS QUESTIONNAIRE:**

\_\_\_\_\_

**PRINT THE NAME OF THE PERSON TO CONTACT ON INFORMATION CONTAINED IN THIS QUESTIONNAIRE:**

\_\_\_\_\_

**TITLE:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE RETURN THIS QUESTIONNAIRE FORM TO:  
ATTN: CHRISTY KING  
CHEMIST/PRETREATMENT COORDINATOR**