APPENDIX A.

CITY OF MIDDLETOWN, NY

INDUSTRIAL PRETREATMENT PROGRAM

INDUSTRIAL USER SURVEY

Please fill in all boxes of this form. If information is Not Applicable please mark, N/A in the appropriate box.

1.	Company Name:		2. NAICS and/or SIC Code:
	Service Address:		
	Phone No.:		
3.	Mailing Address		
4.	Approximate No. Employees	Full Time	Part Time
5.	Principal business activities and products produced (examples: Circuit board manufacturer, restaurant, frozen food (e.g. peas & carrots) producer, etc.). Please be specific:		
6.	Process Wastewater Discharged		
	General Information:		Frequency (circle)
	a. Quantities and concentrations of pollutants discharged		☐ Periodic ☐ Weekday only ☐ None ☐ Other (please describe)
	b. Locations of discharge points		
	c. Raw materials used or stored at the site		
	d. Flow diagram or sewer map for the industry (please provide if available)		
	e. Operation and production schedules		
	Type:	Estimated Quantity (gallons per day)	
	a. Domestic		
	b. Industrial		
	c. Combined		
	d. Floor drain/washdown		
	e. Cooling water		
	f. Other (please describe)		
	TOTAL		
7.	Wastewater Characteristics (other than domestic). Circle those that apply.		
	☐ Acidic ☐ Alkaline ☐ Metallic	☐ Toxic organics ☐ Color dyes ☐ Oil & Grease	g. Other (describe):
8.	Describe any pretreatment facilities or practices used to remove pollutants or protect the City's sewer system:		
9.	Comments:		

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

Signature (Person Authorized to sign for Company)	Title	Date