



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: CRAIG JOHNSON
PRETREATMENT OPERATOR
MARIETTAPRETREATMENT@MARIETTAOH.NET
CITY OF MARIETTA WWTP
440 EAST EIGHTH STREET
MARIETTA, OH 45750