

Yes No

SECTION II -- PROCESS DISCHARGES

1. Standard Industrial Classification Number (S.I.C.) _____

2. Categorical Industry as defined by 40CFR
 No Yes, Describe _____

2. List of Raw Materials/Process Additives Used in Operation Chemicals on Hand in Excess of Five Gallons (Include cleaning chemicals.)

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3. Industrial Operations: (Check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Coatings |
| <input type="checkbox"/> Electroless Plating | <input type="checkbox"/> Chemical Etching & Milling |
| <input type="checkbox"/> Anodizing | <input type="checkbox"/> Printed Circuit Board Manuf. |
| <input type="checkbox"/> Acid Pickling & Rinsing | <input type="checkbox"/> _____ |

Possible Pollutants in Wastewater Discharge (Check all that apply.)

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Arsenic | <input type="checkbox"/> Lead |
| <input type="checkbox"/> Cadmium | <input type="checkbox"/> Mercury |
| <input type="checkbox"/> Chromium (Hexavalent) | <input type="checkbox"/> Nickel |
| <input type="checkbox"/> Chromium (Trivalent) | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Copper | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Cyanide | <input type="checkbox"/> _____ |

4. Do you have One or More of the Following?	Yes	No
a. Floor drains located in your production/maintenance area?	<input type="checkbox"/>	<input type="checkbox"/>
b. Oil Interceptor(s). Auto repair, vehicle washes?	<input type="checkbox"/>	<input type="checkbox"/>
c. Silver Recovery Unit(s). (X-ray/photo processing, printers)	<input type="checkbox"/>	<input type="checkbox"/>
d. Solids Interceptor(s). (Hospitals, dentists, restaurants)	<input type="checkbox"/>	<input type="checkbox"/>
e. Lint trap(s). (Laundromats, commercial laundries, hotel)	<input type="checkbox"/>	<input type="checkbox"/>
g. Water recycling system(s). (Auto/truck washes)	<input type="checkbox"/>	<input type="checkbox"/>
h. Grease Interceptor(s). (Restaurants/bars, schools)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION III- – Oil and Grease Handling

This section should only be completed if you answered yes to 4b in section II. If you answered no, please pass this section, sign and return to the Building department at the below address.

2. Describe the size of the unit: _____
3. How often is the grease trap serviced: _____
4. When was the grease trap last serviced: _____
5. Is your dishwasher and garbage grinder connected to the grease trap: Yes___No___
6. Are your kitchen sinks connected to your grease traps: Yes_____ No_____
7. How does your facility dispose of cooking grease and deep fry grease: _____
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8. How are the grill cleanings disposed of: _____
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9. Are your kitchen sinks connected to a garbage disposal: Yes___No___
10. How is by products of food process contained (in reference to):
- a. Solid Wastes: _____
 - b. Oil & Grease: _____
 - c. Viscous Wastes: _____
 - d. Liquid Wastes: _____
10. Please describe food preparation and clean up activities: _____
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I certify that I am familiar with the information provided herein, and that to the best of my knowledge and belief, such information is true, complete and accurate.

Responsible Official

Signature

Name/Title

Phone

PLEASE RETURN COMPLETED FORM TO:
Carol Stream Public Works Department
124 Gerzevske Ln.
Carol Stream, IL 60188
Phone: Voice -- 630/871-6260 Fax: 630/462-3650