

**PRETREATMENT DIVISION
PRE-IDS QUESTIONNAIRE**

Please complete all questions - type or printed ink

Recd _____	
Initials _____	
Pretreatment Review	
Date _____	
Initials _____	
____ Req. IDS/Permit	
____ Req. NFA	

1. Date: _____
2. Company Name: _____
3. Mailing Address:

4. Facility Location: _____
5. Name and Title of Signing Official: _____
6. Telephone Number: _____
7. Check ALL activities that are PRESENT at this facility:

<input type="checkbox"/> Electroplating	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Repair shop, Garage
<input type="checkbox"/> Flammable, Explosives	<input type="checkbox"/>	Medical Care	<input type="checkbox"/>	Research
<input type="checkbox"/> Food Processing	<input type="checkbox"/>	Military	<input type="checkbox"/>	Residential
<input type="checkbox"/> Food Service	<input type="checkbox"/>	Office Unit	<input type="checkbox"/>	Retail Trade
<input type="checkbox"/> Government	<input type="checkbox"/>	Painting, Finishing	<input type="checkbox"/>	Vehicle/Equip Washdown
<input type="checkbox"/> Laboratory	<input type="checkbox"/>	Plant Wash down	<input type="checkbox"/>	Warehousing
<input type="checkbox"/> Laundry, All Cleaning	<input type="checkbox"/>	Printing, Photo	<input type="checkbox"/>	Wholesale Trade
<input type="checkbox"/> Laundry, Dry Cleaning Only	<input type="checkbox"/>	Printing, Graphics	<input type="checkbox"/>	_____

8. Give a brief description of what your firm does including primary products produced:

9. Water Source (check all that apply):
 Harford County Private Well Bel Air Surface Water
10. Wastewater Discharge/Treatment
 Harford County Septic Tank Own System
11. Average Water Use (Refer to Water bill where applicable) _____ Gallons/Day
12. Does this facility discharge any wastewater other than from Restrooms or Cafeterias?
 Yes No
13. Signature _____