

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