



WASTEWATER DISCHARGE SURVEY

Dept. of Industrial Monitoring
7472 Cochran Road, College Park, GA 30349
404-612-0212-office
404-612-2931-fax
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Project Name: _____

Project Location: _____

Type of business (check all that apply) that will be conducted at the facility discharging into the Fulton County wastewater collection system:

- | | |
|---|---|
| <input type="checkbox"/> CLF (Congregate Living Facility | <input type="checkbox"/> General Office/Retail |
| <input type="checkbox"/> Food Preparation and Processing: | <input type="checkbox"/> Medical Office |
| <input type="checkbox"/> Funeral Home | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Medical Waste Storage & Processing | <input type="checkbox"/> Biogenetic Laboratory |
| <input type="checkbox"/> Automotive Repair Shop | <input type="checkbox"/> Car Wash |
| <input type="checkbox"/> Fuel Storage | <input type="checkbox"/> Chemical Storage & Sale |
| <input type="checkbox"/> Photo Development | <input type="checkbox"/> Laundromat /
Drycleaner |
| <input type="checkbox"/> Dental Office | |
| <input type="checkbox"/> Others (Specify) _____ | |

Name of Property Owner/Developer/Authorized Agent: _____

Address: _____

Telephone Number: _____

Projected Connection Date: _____

List all chemicals/pollutants other than Domestic Waste that might be present in your proposed discharge:



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What type of process (es) will generate wastewater other than Domestic Waste?

Describe any pretreatment methods and facilities employed. Check all that apply:

- Oil/Grease Interceptor Grease Trap
- Sand oil Interceptor Neutralization process
- Storage and Off-site Disposal without discharge to the Fulton County Wastewater Collection System
- Other (specify): _____

I herein certify that 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.

SIGNATURE: _____

DATE: _____