

Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Phone numbers \_\_\_\_\_

Daily average water usage \_\_\_\_\_ gpd  
 Daily average sewer discharge \_\_\_\_\_ gpd  
 Daily average BBLs produced \_\_\_\_\_  
 Number of employees \_\_\_\_\_

List Side streams	Disposal location
1	1
2	2
3	3
4	4
5	5

Wastewater treatment	yes	no	
Equalization	yes	no	
pH adjustment	yes	no	
Diffused Air Flotation	yes	no	
Other	yes	no	explain _____

Flow measurement	yes	no
water	yes	no
sewer	yes	no
deduct	yes	no

Boiler	yes	no
Cooling tower	yes	no

Food prepared on-site	yes	no
Grease trap	yes	no
Food trucks allowed on-site	yes	no

Comments

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