New Castle County
Department of Special Services
Wastewater Discharge Survey

Instructions:
1. Type or print all responses in ink
2. Answer each question as completely as practicable

Part i: General
Applicant Business Name: ________________________________
Address of facility:
Street ____________________________________________
City _______________________________ Zip _____________
Contact person
Name _______________________________ Phone ____________
Title ________________________________

Part II: Business Description
Business Activity (Complete a separate Part II for each major business activity occurring on the premise. Copies may be made of this form.)

Activity: ___________________________ SIC Code: _____________
NAICS Code: _________________________

Part III: Wastewater discharge
Total volume of process wastewater discharged per production day at production design capacity (GPD): __________________________

Discharge point for process wastewater (mark all that apply with 'X')


Public sewer system
Storm drain
Stream/river
Product
Other (please explain) ________________________________

Signature ___________________ Date ___________ Title __________________
