

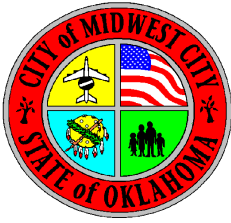
*The City of*  
**MIDWEST CITY**  
*Public Works Administration*

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8730 SE 15TH STREET \* MIDWEST CITY OKLAHOMA 73110  
(405) 739-1060 FAX (405) 739-1090

**City of Midwest City**  
**Sewer Use Survey**

1. Facility Name: \_\_\_\_\_
2. Operator's Name: \_\_\_\_\_
3. Facility Owner Name and Phone Number: \_\_\_\_\_
4. Facility's Physical Address: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_
  - a) Facility Contact & Title: \_\_\_\_\_
  - b) Phone Number(s): \_\_\_\_\_
  - c) Survey Prepared by: \_\_\_\_\_ Title \_\_\_\_\_
6. Type of Business (Check):  **Industrial**  **Commercial**  **Professional**  
 **Other** (Specify) \_\_\_\_\_  
  
Brief Description of Business Operations (Include a separate sheet of paper if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Indicate applicable North American Industry Classification System (NAICS) code(s) and/or Standard Industrial Classification (SIC) code(s) for all business processes: \_\_\_\_\_  
\_\_\_\_\_
8. Indicate the following:
  - a) Water Sources:  **Private well**  **Surface Water**  **Municipal Water**  
 **Other Utility** (Specify) \_\_\_\_\_
  - b) Name on the bill: \_\_\_\_\_
9. Types of wastewater produced at the facility:  **Domestic**  **Industrial/Process**
10. Method(s) of wastewater discharge/disposal:
  - a) Domestic:  **City Sewer System**  **Private septic tank & leaching**  
 **Other** (Specify) \_\_\_\_\_
  - b) Industrial/Process Wastewater:  **City sewer system**  **Private septic tank & leaching**  
 **Hauled off site** (Identify Hauler) \_\_\_\_\_  
 **Other** (Specify): \_\_\_\_\_



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- c) Wash water used for washing Equipment, Vehicles, Floors, Dishes etc. (Excluding hand washing):  City sewer system  Septic tank  Hauled off site (Identify Hauler)

Other (Specify)\_\_\_\_\_

11. Do you serve food?  Yes  No, If yes, do you have a grease trap?  Yes  No. Do you have a dishwasher?  Yes  No. Do you have a garbage disposal in use?  Yes  No
12. Do you service, repair, wash and/or detail vehicles?  Yes  No, If yes, do you have an oil/water separator and or grit trap(s)  Yes  No
13. Does this facility practice pollution prevention? If so, explain?  
\_\_\_\_\_  
\_\_\_\_\_
14. Are there any wastewater treatment practices at this facility?  Yes  No  
Specify type\_\_\_\_\_
15. List all existing or pending Federal, State or Local Environmental Permits and the Permit numbers for the facility\_\_\_\_\_

*I certify under the penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, 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, including the possibility of fine or imprisonment for knowing violations.*

\_\_\_\_\_  
*Signature of Officer of the Company*

\_\_\_\_\_  
*Please Print Title*

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Date*

*Please return completed survey to: Attn: Michelle Aumiller at the address or fax number above*