

BUSINESS SURVEY
 AN ATTACHMENT TO DH 4081
 ASSESSMENT OF WASTE HANDLING AND BUSINESS ACTIVITIES

New: _____ Application/Permit Number _____
 Renewal: _____
 Change of Tenancy/Amendment: _____

Please provide the following information regarding your business facilities and the activities which will take place on site.

Business Name _____ Occupational License #: _____
 Business Owner's Name _____
 Business Mailing Address _____ Telephone _____
 City _____ State _____ Zip _____
 Street Address of Business _____ Unit Number _____
 City _____ State _____ Zip _____

How many employees will use this facility _____ Hours of operation _____
 What type and number of sanitary facilities will be available at this location: Anticipated flow: _____ gpd Based on _____
 Toilets _____ Urinals _____ Hand Washing Sinks _____ Utility Sinks _____
 Showers _____ Floor Drains _____ Equipment Drains(Describe) _____
 2-Compartment Sinks _____ 3-Compartment Sinks _____
 Laundry Facilities _____ Garbage Grinder/Disposal _____
 Commercial Dish Machines (heat sanitizing) _____ (chemical sanitizing) _____
 Can Washing Facilities _____ Other(Describe) _____

Completely describe the activities which will take place at your business location (i.e. types of waste generated, volume of raw materials handled, amount of wastes generated, equipment used in the process):

List any chemical compounds routinely used in your business: Attach Material Safety Data Sheets for Compounds Used or Stored

Name	Gal or lbs./Month	Amt. on hand	Storage Method	Disposal Method	SIC Code
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list licensed waste haulers removing wastes from your site.

Company Name	Type of Waste Removed
_____	_____
_____	_____
_____	_____

Describe how emergencies, such as spills, will be handled at this site:

As the business owner, I understand that information contained in this application serves as a basis for determining the suitability of the onsite sewage disposal system to serve the business described above. Information contained herein is an accurate reflection of the activities which will be allowed on this site. I also agree to perform any testing as may be required by this permit, and collection & analysis of samples will be done at my own expense by a state certified laboratory. I also agree to notify the county health department of the change in any material fact used to determine the issuance of this permit.

Business Owner or Agent's Signature: _____ Date _____

Property Owner or Agent's Signature: _____ Date _____

TO BE COMPLETED BY COUNTY HEALTH DEPARTMENT:

Will monitoring be required: Yes _____ No _____ Sample location _____ Compounds to be examined: _____
 Is DER/ County Haz Waste review required: Yes _____ No _____ Monitoring Frequency _____

Survey disapproved _____ Date: ____/____/____ Reason _____

Survey approved: _____ By: _____ Title _____ CHD Date: ____/____/____