



PUBLIC WORKS DEPARTMENT

6015 Glenwood Street ■ Garden City, Idaho 83714
Phone 208/472-2900 ■ Fax 208/472-2996

Industrial User Data Disclosure Form

1. Company Name: _____
2. Division Name: _____
3. Facility Address: _____
4. Mailing address: _____
5. Company Owner(s): _____
6. Authorized Representative completing this form:
Name: _____ Title: _____
Telephone: _____ Fax: _____ Email: _____
7. Briefly describe type of business i.e. principal products and/or services:

8. Number of employees: ____ Normal operating schedule ____ hours/day ____ days/week
9. Is your building presently hooked to the City sewer system? Y/N ____ Septic System? Y/N ____
10. Is your building connected to City Water? Y/N ____ Does your business have its own separate water meter? Y/N ____
Do you have a well? Y/N ____
11. Do you or will you use fats, oils or greases in your business? Y/N ____ Grease trap/interceptor present? Y/N ____
Oil & sand trap/interceptor present? Y/N ____
12. Do you or will you use chemicals in your business? Y/N ____ Are these chemicals stored on site? Y/N ____
Are any of these chemicals stored in containers exceeding 1 gallon capacity? Y/N ____
13. Do you have an RCRA hazardous waste generators number? Y/N ____
If yes list number: _____
14. Are floor drains present in your facility? Y/N ____ Outdoor equipment/vehicle wash down pad or wash area? Y/N ____
15. Do you or will you discharge wastewater other than domestic water from bathrooms to the City Sewer System? Y/N ____
16. Do you have an accidental spill prevention plan for your business? Y/N ____

The information in this questionnaire is to the best of my knowledge true and complete.

Signature _____ Date _____