COMMERCIAL / FOOD SERVICE ESTABLISHMENT (FSE) / INDUSTRIAL FACILITY QUESTIONNAIRE

(To Be Completed By Commercial, FSE or Industrial Facilities Requesting Sewer Service)

1. Company Name: ________________________________________________________________

2. Mailing Address: ______________________________________________________________
   ___________________________ Zip Code: ______________________

3. Premise Address: ______________________________________________________________
   ___________________________ Zip Code: ______________________

4. Primary Contact (Name & Title): _________________________________________________
   Phone No.: (____) _______ Fax No.: (____) _______ Email:

5. Give a brief narrative description of the primary and ancillary manufacturing or service activities at premise address:
   _______________________________________________________________________________

6. Will the facility discharge wastewater from any of the following sources/activities? [ ] Yes (check all that apply) [ ] No
   FSE/Restaurant/Food Preparation [ ] Dinning Facility Clean-up [ ]
   Manufacturing/Production [ ] Plant & Equipment Wash-down [ ]
   Contact Cooling Water [ ] Non-contact Cooling Water [ ]
   Boiler Blow-down [ ] Cooling Tower Blow-down [ ]
   Contaminated Stormwater [ ] Non-contaminated Stormwater [ ]
   Maintenance/Repair Shop [ ] Laboratory/QC Department [ ]
   Sanitary (Bathrooms, etc.) [ ] Other (specify) [ ]

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I certify under 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 gather and evaluate 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 and imprisonment for knowing violations.

___________________________  _______________________  _____________
Signature of Official (Seal if applicable)  Title  Date

Please Return Completed Questionnaire to:

RENEWABLE WATER RESOURCES
Attention: Kim Volek, Development Services Coordinator
561 Mauldin Road
Greenville, SC 29607
Email: development@re-wa.org

For all pretreatment questions, please call: 864.299.4000, ext. 222

Renewable Water Resources