



City of Elmhurst

New Business/Occupant Wastewater Survey

Business Name: _____

Address: _____

City, State, Zip: _____

Site Representative: _____

Title: _____

Site Phone: _____

Email: _____

Number of units in building occupied by this company: Stand-alone building Multiple Units: # of Units: _____

Number of Employees: _____ 1st Shift _____ 2nd Shift _____ 3rd Shift

Operating Days: Mon Tues Wed Thurs Fri Sat Sun

Operating Hours per Day (Mon-Fri): _____ (Sat-Sun): _____

Date That Service / Production Began at this site: Month _____ Year _____

What services are performed or products produced at this site?

What raw materials are used on site?

Does your business do manufacturing at this facility? Yes No

Does your business do assembly or fabrication at this facility? Yes No

Does your business have an office at this facility? Yes No

Does your business have a warehouse at this facility? Yes No

Does your business have a cafeteria that prepares meals at this facility? Yes No

Does your business discharge process wastewater (non-domestic) to the sewer? Yes No

Description of process wastewater discharged:

Does your business have any process waste (solid or liquid) hauled offsite? Yes No

Description of process waste or wastewater hauled:

Does your business treat your discharge at any point within your process? Yes No

Does your business have grease interceptors at this facility? Yes No

Does your business have triple basins at this facility? Yes No

Does your business have cooling towers at this facility? Yes No

Does your business have spill containment and/or spill policies? Yes No

If yes, list spill containment and/or policies:

Does your business store liquids in drums (typically 55 gal.)? Yes No

If yes, how many drums: Less Than 5: 5 or more:

Drum general substance: _____

Does your business store liquids in totes or bulk tanks? Yes No

If yes, how many totes: _____ How many bulk tanks: _____

Tote or bulk tank general substance and number of gallons:

Does your facility use any materials which include, but are not limited to, cleaning products, raw materials or chemicals in a process which contain PHOSPHORUS in the ingredients? Yes No

Are any inks or dyes used: Yes No
If yes, are any inks or dyes washed down the drain: Yes No

Does your facility precondition your water? Yes No
If yes, check how: Water Softener Reverse Osmosis Ion Exchange Distilled

Does your facility have a backflow preventer on the domestic service (not fire suppression system)? Yes No

Does your facility have a separate fire service? Yes No

Does your facility have any IEPA Permits for this facility's operations (Air (Land), Water, or Stormwater)? Yes No

This survey must be completed and returned with the Application for an Occupancy Permit and all inspections must be APPROVED, before a new Business License can be issued.



ELMHURST FIRE DEPARTMENT ALARM SYSTEM MONITORING APPLICATION

Date Submitted: _____

- New Customer Connection
- Change From Direct Connect to Radio
- Disconnect

SERVICE AT ADDRESS:

Name of Business	Site Phone:
Street Address	Site Fax:
City	Zip:
Contact Person Name (to schedule connection)	Contact Phone: Contact Cell Phone: Contact Fax:

Monitoring: Direct Connect Position # _____ Wireless Radio

COMPANY NAME RESPONSIBLE FOR CONNECTING AT ALARM SITE:

Company Name	Phone:
Address:	Fax:
City / State / Zip:	E-Mail
TYCO	

BILLING INFORMATION:

Billing Name:	Phone:
Billing Address:	Fax:
City / State / Zip:	Cell Phone:

EMERGENCY CONTACT PERSON INFORMATION:

1.	Phone:
2.	Phone:
3.	Phone:

POSITION #
CIRCUIT #
RADIO SERIAL #
SCHEDULED

INSTALLED