

# WASTEWATER DISCHARGE SURVEY



## TOWN OF TYRONE

Public Works - Environmental Management & Engineering  
950 Senoia Road  
Tyrone, GA 30290  
770-487-4038 -office  
770-881-8320- direct  
dboullion@tyrone.org

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Type of business (check all that apply) that will be conducted at the facility discharging into the Town of Tyrone's wastewater collection system:

- |   |   |
|---|---|
| <input type="checkbox"/> CLF (Congregate Living Facility    | <input type="checkbox"/> General Office/Retail      |
| <input type="checkbox"/> Food Preparation and Processing:   | <input type="checkbox"/> Medical Office             |
| <input type="checkbox"/> Funeral Home                       | <input type="checkbox"/> Hospital                   |
| <input type="checkbox"/> Medical Waste Storage & Processing | <input type="checkbox"/> Biogenetic Laboratory      |
| <input type="checkbox"/> Automotive Repair Shop             | <input type="checkbox"/> Car Wash                   |
| <input type="checkbox"/> Fuel Storage                       | <input type="checkbox"/> Chemical Storage & Sale    |
| <input type="checkbox"/> Photo Development                  | <input type="checkbox"/> Laundromat /<br>Drycleaner |
| <input type="checkbox"/> Dental Office                      |   |
| <input type="checkbox"/> Others (Specify) _____             |   |

Name of Property Owner/Developer/Authorized Agent: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Projected Connection Date: \_\_\_\_\_

List all chemicals/pollutants other than Domestic Waste that might be present in your proposed discharge:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What type of process (es) will generate wastewater other than Domestic Waste?

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Describe any pretreatment methods and facilities employed. Check all that apply:

- Oil/Grease Interceptor     Grease Trap  
 Sand oil Interceptor     Neutralization process  
 Storage and Off-site Disposal without discharge to the Town of Tyrone's Wastewater Collection System  
 Other (specify): \_\_\_\_\_

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I herein certify that 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.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_