

Spring-Benner-Walker Joint Authority EDU Assessment Form

_____	(Business Name)	_____	(Owner)
_____	(Address)	_____	(Address)
_____	(City)	_____	(City)
_____	(State)	_____	(State)
_____	(Zip)	_____	(Zip)

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____

1. Does your business engage in any manufacturing, production or service activities? Yes No
2. Do you have a Spill Prevention Control and Countermeasure Plan? Yes No
3. Do you anticipate any discharge to the sanitary sewer other than domestic sewage? Yes No
4. What is the source of your potable water supply? _____

Nature of Business: _____ Bldg Sq. Footage: _____

Type of Business Operation: In-home Commercial Property
 Other _____

_____ Number of Employees (Non-Transient)¹ _____ Number of Garbage Grinders²
_____ Number of Transient Employees¹ Grease Trap(s): Yes No

Water Flow for Previous Year ³ :	
1 st Quarter: _____	3 rd Quarter: _____
2 nd Quarter: _____	4 th Quarter: _____

Accessory Seating:
Type: <input type="checkbox"/> Grange Hall <input type="checkbox"/> Fire Hall <input type="checkbox"/> Banquet/Catering Facility _____ Number of Seats
<input type="checkbox"/> Church

Schools:

Type: Elementary Jr. High _____ Number of Pupils and Staff
 Sr. High Vocational

Car Wash Facilities/Service Stations/Automotive Repair Shop:

Type: Number of Car Wash Bays: _____ Automatic _____ Manual
 In a service station, garage, etc. _____ Service Bays with Floor Drain
 Grit Separator _____ Yes _____ No

_____ Number of Daycare Pupils

_____ Hospital/Nursing Home (or similar institution) Patients and Staff⁴

_____ Number of Rooms (hotels, bed & breakfast, etc.)⁵

_____ Number of Seats (eating establishments)⁶

_____ Number of Cells/Rooms (Jail/Prison or Similar Institution)

_____ Number of Bowling Lanes

_____ Total Number of Clothes Washers⁷

_____ Number of Apartments or Mobile Homes on this property

_____ Number of Hair Cutting Stations⁸

Notes: 1 – Schools, Hospitals/Nursing Homes do not list their employees here. The number of employees for these business types is added to the Patient or Pupil totals.

2 – Commercial Garbage Grinder, ¾ horsepower or greater.

3 – This information should be in Gallons per Quarter. The Spring-Benner-Walker Joint Authority may request any business customers to provide copies of water bill for the previous year.

4 – This includes hospitals, nursing homes, group homes, and facilities that provide all day care for patients or clients.

5 – This includes hotels, motels, boarding houses and Bed and Breakfasts.

6 – This includes restaurant, tavern, and club.

7 – This is for laundromats and apartment complexes.

8 – Include all chairs

THE PERSON SIGNING THIS EDU ASSESSMENT FORM CERTIFIES THAT ALL OF THE INFORMATION CONTAINED IN THIS FORM AND ANY ATTACHMENT OR AMENDMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER INFORMATION, KNOWLEDGE AND BELIEF.

Signature

Date _____

Print Name

Title

****PLEASE NOTE: Incomplete and/or unsigned forms will not be accepted.**