

# Spring-Benner-Walker Joint Authority EDU Assessment Form

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

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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)<sup>1</sup> \_\_\_\_\_ Number of Garbage Grinders<sup>2</sup>  
\_\_\_\_\_ Number of Transient Employees<sup>1</sup> Grease Trap(s):  Yes  No

Water Flow for Previous Year<sup>3</sup>:

1 <sup>st</sup> Quarter: _____	3 <sup>rd</sup> Quarter: _____
2 <sup>nd</sup> Quarter: _____	4 <sup>th</sup> Quarter: _____

Accessory Seating:

Type:  Church  Grange Hall  Fire Hall \_\_\_\_\_ Number of Seats



**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.**