



**BOARD OF COUNTY COMMISSIONERS**  
**LEE COUNTY UTILITIES**

**CITY OF FORT MYERS/LEE COUNTY UTILITIES**  
**SMALL BUSINESS WASTE SURVEY**

Date: \_\_\_\_\_ (please print or type clearly)

Business Name: \_\_\_\_\_ **SIC CODE:** \_\_\_\_\_  
(if unknown, leave blank)

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

Proprietor: \_\_\_\_\_

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

Person Filling Out This Form: \_\_\_\_\_ Title: \_\_\_\_\_

Business Location: **Lee County** \_\_\_ **Yes** \_\_\_ **No**, **City of Fort Myers** \_\_\_ **Yes** \_\_\_ **No**

Business Days: \_\_\_ thru \_\_\_ Hours: \_\_\_ am/pm to \_\_\_ am/pm # Employees: \_\_\_

Give Brief Description Of Process Or Business Function: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WATER SOURCE (S)**

Municipal: \_\_\_ Ground (well) \_\_\_ Surface (pond, lake) \_\_\_ **CITY** \_\_\_ **COUNTY** \_\_\_

Estimated Use: \_\_\_ Gals/Day Metered: \_\_\_ Yes \_\_\_ No. If Yes, Describe Method: \_\_\_\_\_  
\_\_\_\_\_

Drinking: \_\_\_% \_\_\_ GPD Cooling: \_\_\_% \_\_\_ GPD Sanitary: \_\_\_% \_\_\_ GPD

Wash Down of Equipment: \_\_\_% \_\_\_ GPD Other/Process \_\_\_% \_\_\_ GPD

Specify Use Of Other/Process: \_\_\_\_\_  
\_\_\_\_\_

**WASTEWATER DISCHARGE:** SEWER \_\_\_ SEPTIC \_\_\_ **CITY** \_\_\_ **COUNTY** \_\_\_

**Check Off Any Items Used On A Daily Or Regular Basis**

<b>Table I</b>	<b>Gals./Lbs.</b>	<b>Gals./Lbs. Per Year</b>
<b>Per Year</b>		
Acids	( ) _____	Alkalies ( ) _____
Inks	( ) _____	Dyes ( ) _____
Oils	( ) _____	Grease ( ) _____
Paints	( ) _____	Solvents ( ) _____
Thinners	( ) _____	Pesticides ( ) _____
Detergents	( ) _____	Soaps ( ) _____
Sanitizing Products	( ) _____	Photographic (Silver) _____
Other	( ) Specify: _____	

**For The Above Mentioned Items, Does Your Company Practice:**

Any pretreatment of wastewater prior to discharge into sanitary sewer? \_\_\_Yes \_\_\_No

Do you have any laboratory Analysis of your discharged wastewater? \_\_\_Yes \_\_\_No  
(please enclose)

( ) On Site Waste Storage

( ) On Site Waste Disposal

( ) Off Site Waste Storage

( ) Off Site Waste Disposal

Do you employ a Waste Disposal Service? \_\_\_Yes \_\_\_No

If so: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

What types of wastes does this service take care of? List items from Table I: \_\_\_\_\_

Are grease traps/oil separators in service? \_\_\_Yes \_\_\_No. How many: \_\_\_\_\_

Capacity in gallons: \_\_\_\_\_ Do you employ a waste hauler service? \_\_\_Yes \_\_\_No

If so: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Date**

**Signature** (Seal, if applicable)

**MAIL TO: LEE COUNTY UTILITIES  
INDUSTRIAL PRETREATMENT COORDINATOR  
1366 SAN SOUCI DRIVE  
FORT MYERS, FL 33919  
ATTENTION: PAYNE MOORE**