



**(225)567-2700**

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## **DISCHARGE QUESTIONNAIRE**

In order to ensure the accurate completion of your application for a Louisiana Department of Environmental Quality Discharge permit, please answer the following questions:

1. What is the legal name of the business/company?

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2. Please state the owner's name, phone #, address and email.

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3. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location the physical location of the project. Please provide GPS coordinates if available.

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4. If community/municipal wastewater treatment is available, please explain why you are not connecting to the existing treatment facility?

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5. Please state the Name and the Title of the owner/operator of the wastewater treatment facility:

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6. Please provide the Facility Federal Tax ID

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7. Responsible water billing party name/ title, company, phone #, fax, email and address:

\_\_\_\_\_

\_\_\_\_\_

8. Does the Louisiana Public Service Commission regulate this facility?  Yes  No

If yes, under what Company name is this facility regulated?

\_\_\_\_\_

9. Does the treatment facility receive any commercial food service waste?  Yes  No

10. Is the facility located on Indian Lands?  Yes  No

11. Is the facility located with 10,000 yards of an airport?  Yes  No

12. Facility Type:

\_\_\_\_\_

(Federal, Parish, Municipal, State, Public, Private, Other) (If other, please explain)

13. Anticipated Date of Discharge: \_\_\_\_\_

14. What is the date by which this permit is needed? \_\_\_\_\_

15. Are there any activities that generate wastewater, other than sanitary, which occur at this site?

If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

16. Does the treatment facility receive any commercial food service wastes and/or participate in commercial food preparation?  Yes  No

17. Do any of the following activities occur at this site?

Yes  No Equipment and/or vehicle washing (with or without soaps/detergents).

Yes  No Loading & unloading of chemicals/compounds.

Yes  No Outside material and/or equipment storage.

Yes  No Outside material and/or equipment storage.

18. Do you owe any outstanding fees or final penalties to the Department?  Yes  No

If yes, please explain.

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19. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

Permits in Louisiana. List Permit numbers:

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Permits in other states (list states):

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No other environmental permits.

20. Is your company a corporation or limited liability company?  Yes  No

If yes, is the corporation or LLC registered with the Secretary of State?  Yes  No

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**If yes, please attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.**

21. For new or proposed facilities; if approval of the plans and specifications for the treatment facility has been granted by the Louisiana Department of Health and Hospitals, Office of Public Health, a copy of the approval letter shall be attached to this application.

22. Please include any available Engineering or Site plans of the project or the facility. Please indicate the locations of the preferred discharge point(s) and the front gate (entrance) to the facility.

*(Please provide the engineering plans only if they are available)*

Completed by:

\_\_\_\_\_

Name

\_\_\_\_\_

Title

Please return this questionnaire by fax or Email to:

Gaineys's Concrete Products

Attention : Cyndi Glascock

[cyndi@gaineysconcrete.com](mailto:cyndi@gaineysconcrete.com)

Phone : (225) 567-2700

*Thank you and we appreciate your business!*