



North Shore Water Reclamation District

P.O. BOX 750, 14770 W. WM. KOEPEL DRIVE

GURNEE, ILLINOIS 60031-0750

Telephone: (847) 623-6060

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www.northshorewrdd.org

Metal Finishing Survey

Please complete this questionnaire and submit back to the NSWRD at the above address.

BUSINESS NAME:	_____	AUTHORIZED REPRESENTATIVE:	_____
ADDRESS:	_____	TITLE:	_____
	_____	SIGNATURE:	_____
CITY / ZIP CODE:	_____	DATE:	_____

	Does your company perform any of the following activities on any base material?		If YES, is wastewater generated during this process?	
Electroplating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electroless Plating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Anodizing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coating (Chromating)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coating (Phosphating)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coating (Coloring)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chemical Etching & Milling	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Printed Circuit Board Manufacturing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

In addition to one or more of the above activities, does your company perform the following activities on any base material?

Cleaning	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Laser Beam Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Plasma Arc Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grinding	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Ultrasonic Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Polishing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sintering	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tumbling	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Laminating	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Burnishing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Hot Dip Coating	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Impact Deformation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Sputtering	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pressure Deformation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vapor Plating	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Shearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Thermal Infusion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Heat Treating	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Salt Bath Descaling	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Thermal Cutting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Paint Stripping	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Welding	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Painting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brazing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Electrostatic Painting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Soldering	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Electropainting	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Flame Spraying	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vacuum Metalizing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sand Blasting	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Assembly	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Abrasive Jet Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Calibration	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electric Discharge Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electrochemical Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Mechanical Plating	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Electron Beam Machining	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

NSWRD USE ONLY:	DATE REC'D:	INITIALS:
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