



Waste Stream Submittal Form

Company Name: _____ Date: _____

Address: _____ Phone: _____

_____ Fax: _____

City: _____ ST: _____ Zip: _____

Contact: _____

Type of Industry: _____

Discharge Permit Yes No If "Yes", please provide a copy of permit. Please provide a copy of discharge limits if available.

EPA Certified Laboratory Analysis is preferred. Attach copy of analytical results. Detailed analytical data is required so please be as complete as possible. List constituent levels and parameters (if known):

Hazardous Material: YES NO

CONSTITUENT	ACTUAL	REQUIRED
pH		
Suspended Solids		
Organics		
Total Oil & Grease		
Color		
Heavy Metals		

Is treated water to be recycled or sewerred? _____

If recycled, how will treated water be used? _____

Regulatory levels to be achieved? _____

Volume of water to be treated (gpm, gph, gpd, etc.): _____

Comments: _____

If further analysis is required, testing may be provided through Sabo Industrial at an additional cost.

SUBMIT 2 ONE GALLON SAMPLES TO ADDRESS BELOW

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