



**INDUSTRIAL WASTE AND PRETREATMENT QUESTIONNAIRE**

**PART I**

Name of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Business Location \_\_\_\_\_

Business Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_ Email \_\_\_\_\_

Owner of Property Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

1. Standard Industrial Classification Code (SIC) #'s - \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

2. Principal Products or Services  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Avg. # of Employees per Shift 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_, 3<sup>rd</sup> \_\_\_\_\_

4. Shift Start Time 1<sup>st</sup> \_\_\_\_\_, 2<sup>nd</sup> \_\_\_\_\_, 3<sup>rd</sup> \_\_\_\_\_

5. Shift Normally Worked Each Day

	Sun	Mon	Tues	Wed	Thu	Fri	Sat
1 <sup>st</sup>	_____	_____	_____	_____	_____	_____	_____
2 <sup>nd</sup>	_____	_____	_____	_____	_____	_____	_____
3 <sup>rd</sup>	_____	_____	_____	_____	_____	_____	_____

**PART II**

1. Do you discharge or have the potential to discharge any type or amount of non-sanitary waste into the public sewer system? Yes No

2. Do you generate any type or amount of waste that is transported to a location other than a sanitary landfill? Yes No

3. Is there a commercial kitchen or food processing facility at this location? (check "Yes" if there is a 3-compartment sink located in the facility) Yes No

*If you answered "No" to all Part II questions, please sign on page 4 and return questionnaire.*

*If you answered "Yes" to any Part II question, please continue to Part III*

**PART III**

1. Describe manufacturing or service activities at this location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Which of these activities are seasonal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Principal raw materials used.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Chemicals used and stored at this location (include cleaning solvents, soaps, oils, waste chemicals, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are Material Safety Data Sheets (MSDS) on site? Yes No

6. Do you have a Spill Prevention Control and Countermeasure (SPPC) plan? Yes No  
(If yes, please attach copy to this questionnaire)

**PART IV**

1. Raw Water Sources

Private Well \_\_\_\_\_ gpm    Public Supply \_\_\_\_\_ gpm  
Water Company \_\_\_\_\_

2. Describe any water treatment process in use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Wastewater Discharge

Average Daily Flow Rate \_\_\_\_\_ gpm  
Peak Daily Flow Rate \_\_\_\_\_ gpm  
Total Annual Flow Volume \_\_\_\_\_ million gallons (2 decimal place)

4. Water Consumption

Cooling	_____ gal/day	Sanitary	_____ gal/day
Boiler Feed	_____ gal/day	Consumed in Product	_____ gal/day
Process	_____ gal/day	Other	_____ gal/day

**PART V**

- List all other non-sanitary pollutants discharged in the Public Wastewater System (include oils, solvents, waste chemical, etc.).

<u>Substance</u>	<u>Quantity/Concentration (if known)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- Is discharge of non-sanitary flow intermittent or steady? \_\_\_\_\_

- Periods of maximum discharges? \_\_\_\_\_

- Are discharges monitored? Yes    No  
(If yes, describe and attach most recent data)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Briefly describe any industrial pretreatment practices employed at this site. Industrial pretreatment is any type of pollution treatment or reduction used before discharge into public sewer system (including oil/grease/sand interceptors, grease traps, sumps, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- If sludges, solids, or process waters are produced by industrial pretreatment activities, how are these byproducts disposed of or used?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- List all other liquid wastes removed from the premises that do not flow to the sewer.

<u>Description</u>	<u>Gal/mo.</u>	<u>Removed by (name &amp; address)</u>	<u>Disposal Site</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Attach additional sheets for any needed information.

- On a separate sheet, provide a diagram or sketch showing flow of materials and water from start to finish of all unit processes generating and treating wastewater. This information will enable the District to assess the quality, volume, and peak flows of the discharge.

**PART VI**

Comments:

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**ACKNOWLEDGMENT**

To the best of my knowledge, the above statements represent current and accurate information.

Name (please print) \_\_\_\_\_  
Title \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

***DISTRICT NOTES***

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