WASTEWATER DISCHARGE QUESTIONNAIRE

Completed Questionnaire Due Date: __________________________

For questions regarding this questionnaire, please call (719) 448-4800 and ask for the Industrial Pretreatment Section.

GENERAL INFORMATION:

Date: __________________________ SIC and/or NAICS Code(s): __________________________

Company Name: __________________________

Facility Address: __________________________

City: __________________________ State: ___________ Zip: __________________________

Phone: (_____) __________________________ Utilities Account No(s): __________________________

Mailing Address: __________________________

City: __________________________ State: ___________ Zip: __________________________

Phone: (_____) __________________________

Person(s) to be contacted regarding this questionnaire:

Name: __________________________ Title: __________________________

Phone: (_____) __________________________ Email: __________________________

Name: __________________________ Title: __________________________

Phone: (_____) __________________________ Email: __________________________

FACILITY OPERATIONS AND WASTEWATER INFORMATION:

1. Check all activities which are or will be present at your facility:

☐ Assembly ☐ Medical Services
☐ Auto Services ☐ Retail
☐ Food Processing/Service ☐ Vehicle/Equipment Wash
☐ Manufacturing ☐ Warehousing
☐ Material Transfer/Distribution ☐ Other (specify): __________________________
☐ Office (not medical)
2. Describe in detail the type of work (service or manufacturing) performed at this location. Include processes, products, services, etc.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

3. List the basic materials used, sold, and/or distributed in the operation at your facility. Include base materials and end products.

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

4. Are there any floor drains in the work or storage areas at your facility: YES □ NO □
If yes, please describe the location (s):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

5. Are any liquid wastes, sludges, or other waste materials generated from this facility’s processes?
   YES □ NO □

6. Are any of the wastes that are generated by this facility’s processes, service, or manufacturing activities discharged to the sanitary sewer system?
   YES □ NO □
If you do not have a connection to the Colorado Springs Utilities wastewater collection system, how often is your septic/holding tank pumped?
______________________________________________________________________________________
______________________________________________________________________________________

(Please provide waste hauler information on page 6)
7. What chemicals are used in this facility’s processes, service, or manufacturing activities?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

8. Number of shifts at this facility:________________________________

Average number of employees per shift: _______________ 1st _______________ 2nd _______________ 3rd

9. Indicate the total daily process (non-domestic) wastewater discharge from your facility.

_______________ Gallons per _______________ Day

Information Obtained From

☐ Estimate
☐ Water bill
☐ Flow meter or totalizer
☐ Other source (please specify):________________________________________

10. Indicate the overall average water use at this facility.

_______________ Gallons per _______________ Day

Information Obtained From

☐ Estimate
☐ Water bill
☐ Flow meter or totalizer
☐ Other source (please specify):________________________________________

11. Are any of the following plans in effect at this facility?

RCRA plan to handle hazardous waste? ☐ YES ☐ NO
Spill prevention plan? ☐ YES ☐ NO
Closure plan? ☐ YES ☐ NO
Plan for handling solvents and/or solvent wastes? ☐ YES ☐ NO
12. Below is a list of processes/activities that are either categorically defined and regulated by the US Environmental Protection Agency (EPA) or considered significant by the Colorado Springs Utilities Industrial Pretreatment Section. Do any operations in your facility include any of the following processes or activities?

☑ Yes (check all that apply) ☐ No

☐ Adhesives
☐ Airport Deicing
☐ Aluminum Forming
☐ Asbestos Manufacturing
☐ Battery Manufacturing
☐ Beverage Manufacturing
☐ Canned & Preserved Fruits & Vegetables
☐ Canned & Preserved Seafood
☐ Carbon Black Manufacturing
☐ Cement Manufacturing
☐ Coal Mining
☐ Coil Coating
☐ Copper Forming
☐ Dairy Products
☐ Electrical & Electronic Components
☐ Electroplating
☐ Explosives Manufacturing
☐ Feedlots
☐ Ferroalloy Manufacturing
☐ Fertilizer Manufacturing
☐ Glass Manufacturing
☐ Grain Mills
☐ Gum & Wood Chemicals Manufacturing
☐ Hazardous Waste Combustors
☐ Hospitals
☐ Industrial Laundry
☐ Ink Formulating
☐ Inorganic Chemicals
☐ Iron & Steel Manufacturing
☐ Landfills
☐ Leather Tanning & Finishing
☐ Meat Products

☐ Metal Finishing
☐ Metal Molding & Casting (Foundry)
☐ Mineral Mining & Processing
☐ Nonferrous Metals Forming & Metal Powders
☐ Nonferrous Metals Manufacturing
☐ Oil & Gas Extraction
☐ Ore Mining & Dressing
☐ Organic Chemicals
☐ Paint Formulating
☐ Paving & Roofing Materials
☐ Pesticide Chemicals
☐ Petroleum Refining
☐ Pharmaceutical Manufacturing
☐ Phosphate Manufacturing
☐ Photographic or X-ray Processing
☐ Plastics Manufacturing
☐ Plastics Molding & Forming
☐ Porcelain Enameling
☐ Pulp, Paper & Paperboard
☐ Rubber Manufacturing
☐ Soap & Detergent Manufacturing
☐ Steam Electric Power Generating
☐ Sugar Processing
☐ Synthetic Fibers
☐ Textile Mills
☐ Timber Products
☐ Tobacco Products Processing
☐ Transportation Equipment Cleaning
☐ Waste Treatment

Describe: ____________________________
__________________________________
13. For each item checked in Question 12, describe the type of wastewater discharged: *Attach additional sheets if needed.*

<table>
<thead>
<tr>
<th>Operation / Activity</th>
<th>Description of wastewater discharged from the operation/activity</th>
</tr>
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<tbody>
<tr>
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14. Do you anticipate any operational or process changes in the future: **YES** □ **NO** □  
   If yes, please explain:
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

15. Is any of your wastewater treated prior to discharge to the sanitary sewer? **YES** □ **NO** □  
   (i.e. interceptors/traps, metals treatment, pH adjustment, filtration, etc.)

   If yes, indicate pretreatment devices or processes that are used for treating wastewater. Check all that apply.

   - [ ] Air Flotation
   - [ ] Amalgam Separator
   - [ ] Biological (specify): _____________
   - [ ] Centrifuge
   - [ ] Chlorination
   - [ ] Cyclone
   - [ ] Filtration
   - [ ] Flocculation
   - [ ] Flow Equalization
   - [ ] Grease Trap / Interceptor
   - [ ] Grit Removal
   - [ ] Ion Exchange
   - [ ] Neutralization, (pH adjustment)
   - [ ] Oil Separation
   - [ ] Ozonation
   - [ ] Precipitation
   - [ ] Sand Interceptor
   - [ ] Screening
   - [ ] Sedimentation
   - [ ] Septic Tank
   - [ ] Silver Recovery
   - [ ] Solvent Separation
   - [ ] Other (specify): _________________

16. Describe the treatment system and/or treatment unit(s):

   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________
   
   ____________________________________________________________

17. Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

   - [ ] Analyses Attached  
   - [ ] No Analyses Available
WASTE DISPOSAL:

18. Provide the following information on all waste hauler(s) and or onsite treatment vendor(s) if used (not including typical garbage haulers):

Waste Hauler or On-Site Treatment Vendor #1

Name:_____________________________________________________________________________
Address:___________________________________________________________________________
City:___________________________________State:______________Zip:______________________
Phone: (_____)__________________________

Waste Hauler or On-Site Treatment Vendor #2

Name:_____________________________________________________________________________
Address:___________________________________________________________________________
City:___________________________________State:______________Zip:______________________
Phone: (_____)__________________________

Attach additional sheets as needed.

19. What is your RCRA waste generator status?
   ☐ Large Quantity Generator
   ☐ Small Quantity Generator
   ☐ Categorically Exempt Small Quantity Generator
   ☐ None

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

STATEMENT OF CERTIFICATION:
I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Signature:_________________________________________ Date:______________________________
Print Name:________________________________________ Title:______________________________