



South Fort Collins Sanitation District
Industrial Pretreatment Business Questionnaire

5150 Snead Drive
Fort Collins, Colorado 80525
(Office) 970-226-3104 (Fax) 970-226-0186

The South Fort Collins Sanitation District (the District) requires that **all commercial and industrial businesses** fill out the following Industrial Pretreatment Business Questionnaire. The information provided will be used to update the District’s Wastewater Pretreatment User Database and assist us in monitoring what types of waste are being discharged into the sanitary sewer system.

IMPORTANT:

Before submitting this questionnaire, please complete as thorough and as accurate as possible. All of the sections are important and should be completed to the best of your knowledge. Take extra care to ensure that all sections have been filled out properly and section IV. Certification of the form is carefully understood and signed. If you do not understand any of the sections contained in this questionnaire, please contact Dave Haughey for assistance at 970-226-3104, x110.

I. GENERAL INFORMATION

Business Name: _____

Individual Responsible for Operation: _____ Individual Providing Information: _____

Name: _____ Name: _____

Title: _____ Title: _____

Phone: _____ Phone: _____

Location Address: _____

Subdivision Development: _____

Lot Number: _____ Block Number: _____

Contact Address (if different from above): _____

Phone: _____

Fax Number: _____

Email Address: _____

Days of Operation: _____

Hours of Operation: _____

Number of Employees: _____

Is this Business in a multi-use building (are there other Businesses in the same building)?

Yes No If Yes, which unit(s) do you occupy?

Are you the owner of the property?

Yes No If No, please provide the name and address of the owner.

If you lease the building to several different clients, please list the name of each client, suite and description of the activity or operation of each client.

Client's Name Address Activity / Operation

Business official to be contacted about this survey:

Name Title Phone #

II. PRODUCT INFORMATION

Give a brief description of the operations at this facility including primary products and services.

Check all activities that occur at your facility.

<input type="checkbox"/> Assembly	<input type="checkbox"/> Machining – Sheet Metal Shop
<input type="checkbox"/> Auto body, Shop, Vehicle Repair	<input type="checkbox"/> Painting / Finishing / Stripping
<input type="checkbox"/> Auto / Truck Wash	<input type="checkbox"/> Photography
<input type="checkbox"/> Battery Manufacturing	<input type="checkbox"/> Plant Wash Down
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Plastics/ Manufacturing/Molding/Forming
<input type="checkbox"/> Cement Manufacturing	<input type="checkbox"/> Pharmaceutical Manufacturing
<input type="checkbox"/> Chemical Manufacturing	<input type="checkbox"/> Photo Processing
<input type="checkbox"/> Copper / Aluminum Forming	<input type="checkbox"/> Plastics manufacturing / molding
<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Dry Cleaning / Laundries	<input type="checkbox"/> Printed Circuit Board Manufacturing
<input type="checkbox"/> Education/Vocation	<input type="checkbox"/> Printing/Publishing
<input type="checkbox"/> Electrical Component Assembly	<input type="checkbox"/> Pulp, Paper, Paperboard Manufacturing
<input type="checkbox"/> Electroplating	<input type="checkbox"/> Research
<input type="checkbox"/> Engraving/Coating	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Retail Trade
<input type="checkbox"/> Flammables/Explosives	<input type="checkbox"/> Rubber Manufacturing / Processing
<input type="checkbox"/> Food Processing	<input type="checkbox"/> Smelting
<input type="checkbox"/> Funeral Services	<input type="checkbox"/> Soap / Detergent Manufacturing
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Steam/Power Generation
<input type="checkbox"/> Glass Manufacturer	<input type="checkbox"/> Sugar Manufacturing
<input type="checkbox"/> Government	<input type="checkbox"/> Textile Manufacturing
<input type="checkbox"/> Grain Mill	<input type="checkbox"/> Timber Products
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Vehicle Repair
<input type="checkbox"/> Leather / Tanning/Finishing	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Office Unit	<input type="checkbox"/> Wholesale Trade
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wood Preserving / Finishing
<input type="checkbox"/> Medical Care	<input type="checkbox"/> Woodworking Shop
<input type="checkbox"/> Metal finishing (plating, anodizing, coating, etching)	<input type="checkbox"/> X-ray
<input type="checkbox"/> Metal Modeling and Casting	<input type="checkbox"/> Other (Specify)_____

III. WASTE GENERATION AND DISPOSAL INFORMATION

No drains, roof downspouts, exterior foundation drains, sumps, area drains or other sources of surface runoff or groundwater shall be connected directly or indirectly to a Sanitary Sewer unless such connection is approved by the General Manager.

Are There Any Floor Drains in the storage or use area(s)? Yes No

Note: Floor drains are drainage fittings that sit flush with the floor. They're used in basements, bathrooms, laundry and furnace rooms, garages, etc. Since floor drains are connected to the SFCSD sewer system, the District needs to know what potentially goes down the drain and where it is located.

Where are the floor drains located? (You may include a separate drawing.)

Identify which of the following discharge to the sanitary sewer:

- Pool Fountain Loading dock drain Sump pump(s)
 Roof drain Storm water Outside drains

What is the maximum water use at this facility? _____ gallons per day month
 estimated unknown

Is there a grease trap or sand & oil interceptor? Yes No

If yes, please list the capacity (gallons): _____

Method of Wastewater Disposal (check one): Municipal Sewer Septic Tank

Type of Wastewater Discharge into Municipal Sewer (check one or both):

___ Domestic ___ Industrial

List types and amounts of chemicals, fluids, and/or liquid waste used in gallons per day. Indicate the method of disposal for each by listing the letter that corresponds to the appropriate method. Attach additional sheets if necessary. If none are used, write NA in the space.

Methods of waste disposal:

- a. Discharge to SFCSD sewer system. c. Placement with trash for collection.
b. Discharge to SFCSD sewer system after pretreatment. d. On-site storage, treatment or disposal.
e. Shipment off-site by outside hazardous waste hauler to waste management facility.

<u>Chemical, Fluid, Liquid Waste</u>	<u>Amount (gal/day)</u>	<u>Method of Disposal</u>

If an outside firm removes hazardous waste, state the name and address of all waste haulers and indicate the wastes picked up and the frequency.

<u>Firm's Name and Address</u>	<u>Waste picked up</u>	<u>Frequency of pickup</u>

IV. FLOW PREVENTION

Do you have a back flow prevention device on-site? Yes ____ No ____

If yes, when was the last time (mm/dd/yyyy) it was inspected? _____

V. CERTIFICATION

The discharge of listed or characteristic RCRA hazardous waste, as set forth in 40CFR Part 261, into the South Fort Collins Sanitation District (the "District") sanitary sewer system is strictly prohibited without prior notification to the District, and the completion and approval of a Hazardous Waste Notification form. Failure to comply with this regulation is a violation of Federal law contained in 40CFR 403.12(p) and will subject your business to enforcement actions by the USEPA.

As a duly authorized representative of this business, I hereby certify under penalty of law that I have personally examined and am familiar with the information found in this questionnaire and all attachments submitted herein. To the best of my knowledge the information is complete and represents an accurate statement of fact.

Name: _____ Title: _____
(Please Print Clearly)
Signature: _____ Date: _____