CITY OF STERLING

WASTEWATER QUESTIONNAIRE

DIRECTIONS: All industrial users of the City of Sterling wastewater treatment system are required to submit a completed Wastewater Questionnaire as required by EPA 40 CFR. (The industrial user is required to update the questionnaire whenever significant changes are made in an industrial operation or process.) The completed and signed questionnaire is to be returned to the Director of Public works (Telephone 522-9700) within two weeks. Your cooperation will be greatly appreciated.

SECTION A GENERAL INFORMATION (Please Print)

523-Business name of applicant: _____

2. Mailing address: _____

   Street: _____

   City: Zip Code:

3. Facility address (if different than mailing address): _____

   Street: _____

   City: _____ Zip Code: _____

4. Person to contact concerning this survey:

   Name: _____ Title: _____ Tel: No. _____

SECTION B. PRODUCT/SERVICE INFORMATION

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

___ Assembly	___ Medical Care	___ Retail Trade
___ Electroplating	___ Metal Finishing	___ Vehicle Equip. Wash
___ Flammables, Explosives	___ Office Unit	___ Warehousing
___ Painting, Stripping or Finishing	___ Food Processing	___ Wholesale Trade
___ Government	___ Plant Wash Down	___ Laboratory
___ Printing, Photo	___ Manufacturing	___ Repair Shop, Garage
___ Laundry	___ Research	___ Other
___ Other (Specify): _____	_____	_____
_____	_____	_____
_____	_____	_____

2. Give a brief description of the operations at the facility: _____
   _____
   _____

3. List basic materials used in your product or operation: _____
   _____
   _____

Continue on reverse side.

SECTION C. SEWER USE

1. Is your monthly water usage greater than 2,000,000 gallons? (Please refer to your water billing and any other water sources, e.g., (private wells, etc.) Yes: _____ No: _____

2. Does this facility generate any wastewater other than from restrooms, cafeterias, or kitchen areas? Yes: _____ No: _____

3. Are there changes proposed which will cause generation of wastewater other than from restrooms, cafeterias, or kitchen areas? Yes: _____ No: _____

4. Are any liquid wastes or sludges generated at the facility site? Yea: _____ No: _____ If no, skip to question 10. If yes, please check the following items that best describe the waste and quantity:

	Units Per Month		Units Per Month
___	Grease	___	Pretreatment Sludge
___	Oil	___	Pesticides
___	Waste Solvent	___	Radioactive Wastes
___	Inks or Dyes	___	Waste Product
___	Paints	___	Thinner
___	Acids & Alkalis	___	Plating Wastes
___	Other (1)	___	(2)

5. Does your company discharge these checked wastes to the City Sewer? Yes: ____ No: ____

6. Does your company remove these checked wastes from the facility? Yes: ____ No: ____

7. Does Another Company remove these checked wastes from the facility? Yes: ____ No: ____

8. Are any of these checked wastes places with trash for disposal? Yes: ____ No: ____

9. Does your company practice on-site disposal of any of the checked waste? Yes: ____ No: ____

10. Have you had any laboratory tests of the discharge? Yes: _____ No: _____

SECTION D. CERTIFICATION

I hereby certify that the information found in this questionnaire is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

Name: _____ Title: _____

Signature: _____ Date: _____/_____/_____