

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)

1. 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:

| | | |
|---|---|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Retail Trade |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Vehicle Equip. Wash |
| <input type="checkbox"/> Flammables, Explosives | <input type="checkbox"/> Office Unit | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Painting, Stripping, or Finishing | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Plant Wash Down | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Government | <input type="checkbox"/> Printing, Photo | _____ |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Repair Shop, Garage | _____ |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Research | |
| <input type="checkbox"/> Laundry | | |
2. Give a brief description of the operations at this facility: _____

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

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

| <u>Units Per Month</u> | <u>Units Per Month</u> |
|---|--|
| <input type="checkbox"/> Grease _____ | <input type="checkbox"/> Pretreatment Sludge _____ |
| <input type="checkbox"/> Oil _____ | <input type="checkbox"/> Pesticides _____ |
| <input type="checkbox"/> Waste Solvent _____ | <input type="checkbox"/> Radioactive Wastes _____ |
| <input type="checkbox"/> Inks/Dyes _____ | <input type="checkbox"/> Waste Product _____ |
| <input type="checkbox"/> Paints _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Thinner _____ | _____ |
| <input type="checkbox"/> Acids & Alkalies _____ | _____ |
| <input type="checkbox"/> Plating Wastes _____ | _____ |

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
If so, to where? _____
7. Does another company remove these checked wastes from the facility? Yes No
If yes; name, address, and telephone of company: _____

8. Are any of these checked wastes placed with trash for disposal? Yes No
9. Does your company practice on site disposal of any of the checked wastes? Yes No
Specify: _____
10. Have you had any laboratory tests of your discharge? Yes No
If yes, please attach most recent data. Indicate any anticipated changes in this discharge quality.

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: _____