



Industrial Pretreatment Division

Industrial Waste Questionnaire

Submit the completed and signed questionnaire via mail, email, or fax to:

City of Northglenn
Industrial Pretreatment Division
P.O. Box 330061 Northglenn, CO 80233-8061

iprogram@northglenn.org
Fax: 303-450-4044

For questions regarding this questionnaire, please call the Industrial Pretreatment Division at 303-450-4026. Based upon your classification of the type of business or wastewater discharged, an additional survey may be required.

I. Contact Information *(Please Print or Type)*

Business Name: _____ Business Telephone: _____
Mailing Address: _____ City: _____ Zip: _____
Contact Name: _____ Title: _____
Contact Telephone: _____ Email: _____

Address of facility discharging wastewater *(If different from mailing address):*

Address: _____ Telephone: _____
City: _____ Zip: _____

II. Facility Operations and Wastewater Information

1. Type of Business:

Commercial Industrial SIC Code(s): _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Photo Processing |
| <input type="checkbox"/> Automotive Services | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Research |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Dental Office | <input type="checkbox"/> Material Transfer/Distribution | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Dry Cleaning/Laundry | <input type="checkbox"/> Medical Office | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Wholesale Trade |
| <input type="checkbox"/> Flammables/Explosives | <input type="checkbox"/> Office <i>(not medical)</i> | <input type="checkbox"/> Other <i>(specify):</i> |
| <input type="checkbox"/> Food Processing | <input type="checkbox"/> Painting/Stripping/Finishing | _____ |
| <input type="checkbox"/> Food Service/Restaurant | <input type="checkbox"/> Printing | _____ |

3. Briefly describe your business activities *(processes, products, services, etc.):*

All Businesses Must Complete This Form to Fulfill EPA Regulations

4. Is your business a Food Service Establishment (FSE)?

- Yes No

"Food Service Establishment," (FSE) is any facility engaged in preparing food for consumption by the public such as, but not limited to, restaurants, commercial kitchens, caterers, hotels, bakeries, public and private schools, hospitals, or care institutions.

If yes, please fill out the GI sizing form and attach kitchen design plan. *The kitchen design plan should include drawing displaying the location of all kitchen equipment, floor sinks, and floor drains. Hand drawings or copies of plumbing/equipment plans are acceptable.*

5. Indicate the type and amount of solutions or materials used in manufacturing, cleaning, or other operations whose containers exhibit hazard warning labels used *(Attach additional sheets as needed or MSDS documents. Amounts should be listed in gallons per day.):*

6. Description of facilities *(kitchen, number of restrooms, laundry facilities, chemical storage, etc.):*

7. Are there any floor drains in the work or storage areas at your facility?

- Yes No

If yes, please list location(s):

8. Water use *(What it is used for and approximate quantities in gallons/per day?):*

III. Type of Wastewater Discharged Into Municipal Sewer

- Domestic Industrial

Domestic (sanitary) wastewater is liquid wastes: (a) from the non-commercial preparation, cooking, and handling of food, or (b) containing only human excrement and similar matter from the sanitary conveniences of dwellings, commercial buildings, industrial facilities, and institutions. All other wastewater should be considered "Industrial."

Describe any pretreatment devices or processes used for treating wastewater or sludge. *(Grease interceptor, DAF, filtration, pH adjustment, etc.):*

IV. Certification of Information

I certify under penalty of law that 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.

Name: _____ **Title:** _____
(Please Print)

Signature: _____ **Date:** _____