



Business/Industrial Waste Questionnaire

The City of Golden's Pretreatment Program requires that all commercial and industrial businesses fill out the following questionnaire. The information provided will be used to update our Wastewater Pretreatment files and assist us in monitoring what types of wastes are being discharged into the City's sanitary sewer system. **Please completely fill out and sign this questionnaire.** Any questions which do not pertain to your company, please complete using "N/A." If you have any questions, please contact the number listed above for assistance.

Business Information

Name:	
Physical Address:	
Mailing Address if different:	
Phone:	Fax:
Website:	
Days of Operation:	Hours of Operation:
Number of Employees:	
Is this a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a multi-unit building? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which Unit?	

Contact Information

Individual Responsible for Operation	Individual Providing Information
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:

Type of Business (please check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Manufacturing/Assembly | <input type="checkbox"/> Storage/Warehouse | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Sales/Distribution | <input type="checkbox"/> Food Preparation/Service | <input type="checkbox"/> Retail Sales only |
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Medical/Dental Office | <input type="checkbox"/> Other: |

Briefly describe your business Activities including Services, Processes and Products(attach additional sheets if needed) :

Please list all Raw Materials used at this facility, if applicable (attach additional sheets if needed):

Does this facility have:

- | | | |
|--|------------------------------|-----------------------------|
| Any Floor Drains in the Work Areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boiler Heating System? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cooling Towers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A septic tank for wastewater disposal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Municipal Sewer Service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Wastewater is discharged to municipal sewer, please indicate the type:

Note: "Domestic" wastewater includes wastewater produced from the non-commercial preparation of food, or wastewater containing only human wastes and other similar matter from the sanitary conveniences of dwellings and commercial, industrial or institutional buildings. All other wastewater should be considered "Industrial".

- Domestic Industrial

Please check the boxes of all processes/activities that occur at this facility.

- | | |
|--|---|
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Metal Finishing (plating, anodizing, coating, etching) |
| <input type="checkbox"/> Auto body Shop, Vehicle Repair | <input type="checkbox"/> Metal Products manufacturing |
| <input type="checkbox"/> Auto/Truck Wash | <input type="checkbox"/> Metal molding, casting, forming |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Machining-Sheet Metal Shop |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Painting/Finishing |
| <input type="checkbox"/> Copper/Aluminum Forming | <input type="checkbox"/> Paint/Ink Formulation |
| <input type="checkbox"/> Coil Coating/Can Making | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Chemical Manufacturing | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Photo Processing |
| <input type="checkbox"/> Dry Cleaning/Laundries | <input type="checkbox"/> Plastics Manufacturing/Molding |
| <input type="checkbox"/> Electrical/Electronic Component Manufacturing | <input type="checkbox"/> Porcelain Coating |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Printed Circuit Board Manufacturing |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Pulp, Paper, Paperboard Manufacturing |
| <input type="checkbox"/> Fertilizer manufacturing | <input type="checkbox"/> Rubber Manufacturing/Processing |
| <input type="checkbox"/> Flammables/Explosives Use | <input type="checkbox"/> Radioactive Materials Use |
| <input type="checkbox"/> Fuel Oil Dealer | <input type="checkbox"/> Smelting |
| <input type="checkbox"/> Funeral Services | <input type="checkbox"/> Soap/Detergent Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Steam/Power Generation |
| <input type="checkbox"/> Grain Mill | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Iron/Steel Manufacturing | <input type="checkbox"/> Textile Manufacturing |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Leather Tanning/refinishing | <input type="checkbox"/> Woodworking Shop |
| <input type="checkbox"/> Medical Procedures/Surgeries | |

Chemical Inventory-Does this business use any of the materials listed below?

(place an "x" in the appropriate box)

Category	Yes	No	Not Sure	If Yes, Please Identify
Inks/Dyes/Paints				
Acids/Caustics				
Solvents/Incl. Cleaning				
Flammables/Explosives				
Grease/Oils				
Pesticides/Herbicides				
Metals/Inorganics				
Mercury or Silver Compounds				
Halogenated Aliphatics				
Ethers				
Monocyclic Aromatics				
Phenols/Cresols				
Phthalate Esters				
Polycyclic Hyrdorcarbons				
Nitrosamines				
Nitrogen Containing Compounds				
Radioactive Isotopes				

If you are unsure of the category, please list any other chemicals used on a separate sheet.

Is any wastewater from this facility treated before it leaves this facility? Yes No

If yes, what kind of treatment was performed?

- | | |
|---|--|
| <input type="checkbox"/> Sand/Sediment Interceptor | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Oil/Grease Interceptor | <input type="checkbox"/> Amalgam Separator |
| <input type="checkbox"/> pH Correction | <input type="checkbox"/> Solvent Recovery |
| <input type="checkbox"/> Chemical or Physical Treatment | <input type="checkbox"/> Other |

Specify:

Specify:

Has any chemical analysis been performed on wastewater flows from this facility in the last Three years?

Yes No

Note: If yes, please attach a copy of all analyses performed on wastewater from this facility in the past three years.

Are there any wastes generated at this facility that are not discharged to sanitary sewer?

Yes No Note: If yes, please describe the waste and the disposal method used for the waste.

	Other Waste	Disposal Method
1		
2		
3		

Does this facility generate any hazardous waste? Yes No

If Yes, please list what of Hazardous wastes are generated and its disposal method in the blanks below. Please attach additional sheets if necessary.

	Hazardous Waste	Disposal Method
1		
2		
3		

Please provide the following information any onsite waste treatment vendors and any companies that haul solid, liquid, hazardous or non-hazardous wastes from this facility for offsite treatment and/or disposal.

Company Name:	_____		
Address:	_____		
Phone:	_____	Fax:	_____
Website:	_____	Email:	_____
Company Name:	_____		
Address:	_____		
Phone:	_____	Fax:	_____
Website:	_____	Email:	_____

Please estimate this facility's average monthly water usage for the winter and summer months.

Average Monthly Gallons Used:	Winter:	Summer:
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Do you anticipate any future Changes in your current operation or processes? Yes No

In the area below, please sketch a layout of the facility that labels the activities performed in each area, all water sources and all wash down sinks and floor drains. (Please attach additional sheets as needed.)

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 confidential by the submitter. Such claims must be asserted at the time of submission by stamping the words "Confidential Business Information" 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.

Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment for knowing violations."

Name: _____ <small>(Please Print)</small>	Title: _____
Signature: _____	Date: _____