



**SOUTH PLATTE
RENEW**
OWNED BY LITTLETON/ENGLEWOOD

Office Use Only:

____ Priority

____ NFA

**Industrial Pretreatment Division
Wastewater Survey**

Return the completed questionnaire by:

Remit the completed and signed questionnaire via mail to:

South Platte Renew
Industrial Pretreatment Division
2900 South Platte River Drive
Englewood, Colorado 80110

For questions regarding this survey, please contact the Industrial Pretreatment Division at 303-762-2600.

1.0 Contact Information (Please Print or Type)

Business Name: _____

Mailing Address: _____

City: _____ Zip: _____

Telephone: _____

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

Address: _____

City: _____ Zip: _____

Telephone: _____

Person(s) to be contacted regarding this questionnaire:

*Name: _____ Name: _____

Title: _____ Title: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

* If you are a property manager, include a comprehensive list of your tenants with their corresponding unit numbers.

2.0 Facility Operations and Wastewater Information

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

- Assembly
- Auto Services
- Food Processing/Service
- Manufacturing
- Material Transfer/Distribution
- Office (not medical)
- Medical Services
- Retail
- Vehicle/Equipment Wash
- Warehousing
- Other (specify): _____

Briefly describe your Business Activities (processes, products, services, etc.):

List the basic materials used, sold, and/or distributed in the operation at your facility:

Are there any floor drains in the work or storage areas at your facility? YES NO

If yes, please list location(s):

Do you anticipate any operational or process changes in the future? YES NO

If yes, please explain:

Indicate the total daily process (non-domestic) wastewater discharge from your facility. This information may come from an estimate, water bill, flow meter, or other source.

Daily Flow Volumes

- Less than 25,000 gal/day
- More than 25,000 gal/day
- None (Process Wastewater is hauled by a contract waste hauler, recycled, etc.)
- None produced (domestic only)

Below is a list of processes/activities that are either categorically defined by the US Environmental Protection Agency (EPA) or considered significant by the South Platte Water Renewal Pretreatment Division. Do any operations in your facility include any of the following processes or activities?

Yes (check all that apply) No

- | | |
|---|--|
| <input type="checkbox"/> Adhesives | <input type="checkbox"/> Metal Finishing |
| <input type="checkbox"/> Airport Deicing | <input type="checkbox"/> Metal Molding & Casting (Foundry) |
| <input type="checkbox"/> Aluminum Forming | <input type="checkbox"/> Mineral Mining & Processing |
| <input type="checkbox"/> Asbestos Manufacturing | <input type="checkbox"/> Nonferrous Metals Forming & Metal Powders |
| <input type="checkbox"/> Battery Manufacturing | <input type="checkbox"/> Nonferrous Metals Manufacturing |
| <input type="checkbox"/> Beverage Manufacturing | <input type="checkbox"/> Oil & Gas Extraction |
| <input type="checkbox"/> Canned & Preserved Fruits & Vegetables | <input type="checkbox"/> Ore Mining & Dressing |
| <input type="checkbox"/> Canned & Preserved Seafood | <input type="checkbox"/> Organic Chemicals |
| <input type="checkbox"/> Carbon Black Manufacturing | <input type="checkbox"/> Paint Formulating |
| <input type="checkbox"/> Cement Manufacturing | <input type="checkbox"/> Paving & Roofing Materials |
| <input type="checkbox"/> Coal Mining | <input type="checkbox"/> Pesticide Chemicals |
| <input type="checkbox"/> Coil Coating | <input type="checkbox"/> Petroleum Refining |
| <input type="checkbox"/> Copper Forming | <input type="checkbox"/> Pharmaceutical Manufacturing |
| <input type="checkbox"/> Dairy Products | <input type="checkbox"/> Phosphate Manufacturing |
| <input type="checkbox"/> Electrical & Electronic Components | <input type="checkbox"/> Photographic or X-ray Processing |
| <input type="checkbox"/> Electroplating | <input type="checkbox"/> Plastics Manufacturing |
| <input type="checkbox"/> Explosives Manufacturing | <input type="checkbox"/> Plastics Molding & Forming |
| <input type="checkbox"/> Feedlots | <input type="checkbox"/> Porcelain Enameling |
| <input type="checkbox"/> Ferroalloy Manufacturing | <input type="checkbox"/> Pulp, Paper & Paperboard |
| <input type="checkbox"/> Fertilizer Manufacturing | <input type="checkbox"/> Rubber Manufacturing |
| <input type="checkbox"/> Glass Manufacturing | <input type="checkbox"/> Soap & Detergent Manufacturing |
| <input type="checkbox"/> Grain Mills | <input type="checkbox"/> Steam Electric Power Generating |
| <input type="checkbox"/> Gum & Wood Chemicals Manufacturing | <input type="checkbox"/> Sugar Processing |
| <input type="checkbox"/> Hazardous Waste Combustors | <input type="checkbox"/> Synthetic Fibers |
| <input type="checkbox"/> Hospitals | <input type="checkbox"/> Textile Mills |
| <input type="checkbox"/> Industrial Laundry | <input type="checkbox"/> Timber Products |
| <input type="checkbox"/> Ink Formulating | <input type="checkbox"/> Tobacco Products Processing |
| <input type="checkbox"/> Inorganic Chemicals | <input type="checkbox"/> Transportation Equipment Cleaning |
| <input type="checkbox"/> Iron & Steel Manufacturing | <input type="checkbox"/> Waste Treatment |
| <input type="checkbox"/> Landfills | Describe: _____ |
| <input type="checkbox"/> Leather Tanning & Finishing | _____ |
| <input type="checkbox"/> Meat Products | |

For each item checked above, describe the type of wastewater discharged: *Attach additional sheets if needed.*

Operation / Activity	Description of wastewater discharged from the operation/activity

Is any of your wastewater treated prior to discharge to the sanitary sewer? YES NO
(i.e. interceptors/traps, metals treatment, pH neutralization, filtration, etc.)

If yes, indicate pretreatment devices or processes that are used for treating wastewater.
(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization (pH adjustment) |
| <input type="checkbox"/> Amalgam Separator | <input type="checkbox"/> Oil Separation |
| <input type="checkbox"/> Biological (specify): _____ | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Sand Interceptor |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grease Trap / Interceptor | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Ion Exchange | |

Describe the Treatment and/or Treatment Unit(s):

Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

- Analyses Attached No Analyses Available

3.0 Waste Disposal

List all waste hauler(s) and/or onsite treatment vendor(s) if used (not including domestic garbage haulers):

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 as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, 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.

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: _____