

Office Use Only:
Priority
NFA
Reviewer (initial & date)

Industrial Pretreatment Division Wastewater Survey

Return the completed and signed questionnaire via mail or email to:

South Platte Renew Industrial Pretreatment Division 2900 S. Platte River Drive Englewood, CO 80110

wwtppretreatment@englewoodco.gov

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

1.0 Contact Information (Please Print)

Business Name			
Mailing Address			
City	Zip	Telephone	
Address of facility discharging wastewater (if different from mailing address):			
Address	City		_Zip
Person to be contacted regarding this questionnaire:			
* Name		Title	
Telephone	Email		
* If you are a property manager, in	clude a comprehei	າsive list of your tena	ants with

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 D NO D			
Does your facility discharge, or have the ability to discharge, Technologically-Enhanced Naturally Occurring Radioactive Material (TENORM) containing material to the sanitary sewer? YES D NO D *Unknown D			
Does your facility discharge, or have the ability to discharge, Per- and polyfluoroalkyl substances (PFAS) which are a group of man-made chemicals that includes Perfluorooctanoic Acid (PFOA), Perfluorooctanesulfonic acid (PFOS), and many other chemicals. YES NO * VINknown * *Contact the Industrial Pretreatment Division if you have questions about TENORM, PFAS, or PFOA			
Do you anticipate any operational or process changes i If yes, please explain:	in the future? YES NO		

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.)
- \Box 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 South Platte Renew Industrial Pretreatment Division.

Do any operations in your facility include any of the following processes or activities?

NO 🗆

YES \Box (check all that apply)

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

YES D NO D

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

Air Flotation	Neutralization (pH adjustment)
Amalgam Separator	Oil Separation
Biological (specify):	Ozonation
Centrifuge	Precipitation
Chlorination	Sand Interceptor
Cyclone	Screening
Filtration	Sedimentation
Flocculation	Septic Tank
Flow Equalization	Silver Recovery
Grease Trap / Interceptor	Solvent Separation
Grit Removal	Other (specify):
lon 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 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