



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

Office Use Only:

_____ Follow-up

_____ NFA

Industrial Pretreatment Division

Wastewater Survey for Multi-Tenant Property Managers

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 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 survey:

Name: _____ Name: _____
Title: _____ Title: _____
Telephone: _____ Telephone: _____
Email: _____ Email: _____

2.0 Facility Operations and Wastewater Information

Check all activities that may be present at the discharging facility address:

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

3.0 Tenant Information

Provide a comprehensive list of tenants located at the discharging facility address in the table below, you may attach a separate sheet. Be sure to include each tenant’s unit number and business name. If a unit is vacant, list “vacant” as the business name.

Unit Number	Business Name

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: _____