



Snyderville Basin Water Reclamation District

2800 Homestead Road • Park City, Utah 84098 • Phone 435-649-7993 • Fax 435-649-8040

INDUSTRIAL WASTE AND PRETREATMENT QUESTIONNAIRE

PART I

Name of Business: _____

Mailing Address: _____ Telephone #: _____

_____ Fax #: _____

Business Location: _____

Business Contact : Name: _____ Telephone #: _____

Title: _____

Owner of Property: Name: _____ Telephone #: _____

Mailing Address: _____

1. Standard Industrial Classification Code (SIC) #(s) - _____, _____, _____

2. Principal Products or Services.

3. Avg. # of Employees per Shift: 1st _____, 2nd _____, 3rd _____

4. Shift Start Time: 1st _____, 2nd _____, 3rd _____

5. Shift Normally Worked Each Day:

	<u>Sun.</u>	<u>Mon.</u>	<u>Tue.</u>	<u>Wed.</u>	<u>Thu.</u>	<u>Fri.</u>	<u>Sat.</u>
1 st	_____	_____	_____	_____	_____	_____	_____
2 nd	_____	_____	_____	_____	_____	_____	_____
3 rd	_____	_____	_____	_____	_____	_____	_____

PART II

- 1. Do you discharge or have the potential to discharge any type or amount of non-sanitary waste into the public sewer system? Yes ___ No ___
- 2. Do you generate any type or amount of waste that is transported to a location other than a sanitary landfill? Yes ___ No ___
- 3. Is there a commercial kitchen or food processing facility at this location? Yes ___ No ___

If you answered "no" to all of the questions to Part II, please sign on page #5 and return questionnaire.

If you answered "yes" to any of the questions to Part II, please continue with questionnaire.

PART III

- 1. Describe manufacturing or service activities at this location.

- 2. Which of these activities are seasonal?

- 3. Principal raw materials used.

- 4. Chemicals used and stored at this location (include cleaning solvents, soaps, oils, waste chemicals, etc.).

- 5. Are Material Safety Data Sheets (MSDS) on site? Yes ___ No ___
- 6. Do you have a Spill Prevention Control and Countermeasure (SPCC) Plan? (If yes, please attach copy to this questionnaire.) Yes ___ No ___

PART IV

1. Raw Water Sources:
Private wells _____ gal/day Public supply _____ gal/day

2. Describe any water treatment process in use.

3. Wastewater Discharge:
Average Daily Flow Rate: _____ (gpm)
Peak Daily Flow Rate: _____ (gpm)
Total Annual Flow Volume: _____ (million gallons, 2 decimal places)

4. Water Consumption:
Cooling _____ gal/day Sanitary _____ gal/day
Boiler Feed _____ gal/day Consumed in product _____ gal/day
Process _____ gal/day Other _____ gal/day

PART V

1. List all other non-sanitary pollutants discharged into the Public Wastewater System (include oils, solvents, waste chemicals, etc.).

<u>Substance</u>	<u>Quantity/Concentration (if known)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Is discharge of non-sanitary flow intermittent or steady? _____

3. Periods of maximum discharges: _____

4. Do you monitor your discharges? Yes ___ No ___

(If yes, please describe and attach most recent data.)

5. Briefly describe any industrial pretreatment practices employed at this site. Industrial pretreatment is any type of pollution treatment or reduction used before discharge into public sewer system (including oil, grease, sand interceptors, grease traps, sumps, etc.).

6. If sludges, solids, or process waters are produced by industrial pretreatment activities, how are these byproducts disposed of or used?

7. List all other liquid wastes removed from the premises that do not flow to the sewer.

<u>Description</u>	<u>Gal/mo.</u>	<u>Removed by (name & address)</u>	<u>Disposal Site</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Attach additional sheets for any needed information.

Industrial Waste and Pretreatment Questionnaire

- 9. On a separate sheet, provide a diagram or sketch showing flow of materials and water from start to finish of all unit processes generating and treating wastewater. This information will enable the District to assess the quality, volume, and peak flows of the discharge.

PART VI

Comments:

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 fine and imprisonment for knowing violations.

Name (please print): _____
Title: _____
Signature: _____
Date: _____

DISTRICT NOTES
