

ST. VRAIN SANITATION DISTRICT
NON-RESIDENTIAL WASTE SURVEY

1. BUSINESS NAME _____
 MAILING ADDRESS _____
 BUSINESS LOCATION _____

INDIVIDUAL RESPONSIBLE FOR OPERATION

Name	Title	Phone No.
INDIVIDUAL PROVIDING INFORMATION		

Name	Title	Phone No.
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2. TYPE OF BUSINESS MANUFACTURING [] SALES [] SERVICE []
 (Please check) DISTRIBUTION [] OTHER [] _____

DESCRIBE YOUR BUSINESS ACTIVITY _____

CHECK ALL ACTIVITIES OCCURRING AT YOUR LOCATION

- | | |
|--|--|
| <input type="checkbox"/> Centralized Waste Treatment
<input type="checkbox"/> Copper or Aluminum Forming
<input type="checkbox"/> Chemical Manufacture
<input type="checkbox"/> Electrical Component Assembly or Manufacturing
<input type="checkbox"/> Electroplating
<input type="checkbox"/> Flammables/Explosives Use
<input type="checkbox"/> Glass Manufacture
<input type="checkbox"/> Grain Mills
<input type="checkbox"/> Laundry, Commercial
<input type="checkbox"/> Leather Tanning & Finishing
<input type="checkbox"/> Metal Finishing (Including electroless plating, anodizing, coating, chemical etching, etc.)
<input type="checkbox"/> Metal Molding and Casting

<input type="checkbox"/> None of the Listed Activities | <input type="checkbox"/> Mining
<input type="checkbox"/> Non Ferrous Metals Forming
<input type="checkbox"/> Oil & Gas Refining/Extraction
<input type="checkbox"/> Pharmaceutical Manufacture
<input type="checkbox"/> Painting/Finishing
<input type="checkbox"/> Photographic/X-Ray developing
<input type="checkbox"/> Porcelain Enameling
<input type="checkbox"/> Printing/Publishing
<input type="checkbox"/> Rubber Processing
<input type="checkbox"/> Smelting/Metal Refining
<input type="checkbox"/> Steam Power Generation
<input type="checkbox"/> Timber Products & Processing
<input type="checkbox"/> Transportation Equipment Cleaning
<input type="checkbox"/> Vehicle Repair Shop/Garage
<input type="checkbox"/> Trucked/Hauled Waste |
|--|--|

LIST PRINCIPAL PRODUCTS OR SERVICES _____

LIST RAW MATERIALS USED _____

LIST PROCESSES INVOLVED _____

STANDARD INDUSTRIAL CLASSIFICATION CODE(S) FOR MANUFACTURING AND SERVICE INDUSTRIES. (www.osha.gov/pls/imis/sicsearch.html) _____

3. METHOD OF WASTEWATER DISPOSAL:

MUNICIPAL SEWER [] SEPTIC TANK [] HAUL []

If answer is septic tank, skip to the end of the form, sign, date and return.

TYPE OF WASTEWATER DISCHARGED INTO MUNICIPAL SEWER:

DOMESTIC [] INDUSTRIAL []

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

4. DOES YOUR ACTIVITY INVOLVE THE USE OF ANY OF THE FOLLOWING:

CHEMICAL	NOT			IF YES, PLEASE IDENTIFY	TO SEWER
	YES	NO	SURE		
Antifreeze/Glycol Compounds					
Greases/ Oils					
Acids/Corrosives					
High Solids Wastes					
Solvents (incl. cleaning solvents)					
Flammables/Explosives					
Pesticides/Herbicides					
Phenols					
Cyanides					
Metals/ Metal Solutions					
Nitrogen Containing Compounds					
Organic Chemicals					
Hazardous Waste Accumulation					
Radioactive Isotopes					
Trucked or Hauled Wastes					
High Temperature Wastes					

5. IF ANY OF THE TABLE CONSTITUENTS ARE DISCHARGED OR PROPOSED TO BE DISCHARGED INTO THE PUBLIC SANITARY SEWER, INDICATE WITH AN (X) IN THE FAR RIGHT HAND TABLE COLUMN. PLEASE USE AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED FOR ANY INFORMATION.

6. DO THE CONTAINERS OF THE SOLUTIONS OR MATERIALS USED IN YOUR MANUFACTURING, CLEANING, OR OTHER OPERATIONS BEAR ANY HAZARD WARNING LABELS? IF SO, PLEASE LIST THE NAME OF SOLUTION OR MATERIAL AND TYPICAL QUANTITIES KEPT ON-SITE.

7. IS YOUR WASTEWATER TREATED BEFORE IT LEAVES YOUR FACILITY BY SEDIMENT INTERCEPTOR, OIL SEPERATOR OR OTHER MEANS? YES NO
IF YES, PLEASE DESCRIBE; INCLUDE DIMENSIONS & SITE LOCATION.

8. ARE THERE ANY FLOOR DRAINS IN THE WORK AREA YES NO

9. DO YOU ANTICIPATE ANY FUTURE CHANGES IN OPERATION? YES NO
IF YES, PLEASE DESCRIBE.

10. ESTIMATE THE TOTAL WATER USAGE AT YOUR BUSINESS.
This information is usually available from your water bill. _____

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 READ THE ENCLOSED INFORMATION AND BELIEVE THAT IT IS ACCURATE AND CORRECT.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____