



# SERVICE APPLICATION CHECKLIST

All commercial, industrial, retail and/or multi-family projects (including apartments, mobile homes, parks, duplexes, etc.) are required to complete the service application if there is a change in ownership, change in operation, a new lease or modifications to the facilities. The **completed** application should be emailed to the District's Development Department at 10200 E. 102nd Avenue, Commerce City, Colorado, 80640, [jnelson@sacwvsd.org](mailto:jnelson@sacwvsd.org).

Service Application submittals **must** include all of the following information and pass the clerical review process in order to commence the review process. Incomplete submittals will not be accepted.

<b>SUBMITTAL DOCUMENTS</b>	<b>Yes</b>	<b>No</b>	Please check the appropriate boxes. All questions <b>must</b> be answered.
	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a completed Water Questionnaire? <b>(Required)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a completed Wastewater Questionnaire? <b>(Required)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a completed Water Customer Data/Fixture Value Sheet to help determine the proper meter size? <b>(Required)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a site plan that shows the location and size of the existing/proposed water and sewer services lines into the building, property boundaries, dimensions and streets? <b>(Required)</b>
	<input type="checkbox"/>	<input type="checkbox"/>	Have you attached a plan that shows the interior plumbing detail, including pipe sizes and back flow? <b>(Required)</b>

**Any request for new service must include the following information at the time of submittal. The information can be obtained from the City of Commerce City and/or Adams County. Additional information is also available at <http://www.gis.co.adams.co.us/quicksearch/>**

<b>OTHER INFORMATION</b>	<b>Yes</b>	<b>No</b>	Please check the appropriate boxes. All questions <b>must</b> be answered. Is the
	<input type="checkbox"/>	<input type="checkbox"/>	property in the District's Service Area? <a href="#">Please refer to SACWSD Service Area map.</a>
	<input type="checkbox"/>	<input type="checkbox"/>	If <b>yes</b> , have you attached proof that the project is in the District?
	<input type="checkbox"/>	<input type="checkbox"/>	If <b>no</b> , have you filled a petition to be included in the District? All Inclusions into the District must be approved by the Board and can sometimes take up to 90 days to be completed depending upon when the <b>completed</b> Inclusion packet is submitted.
			_____ Is the property in the GSA or GID?
	<input type="checkbox"/>	<input type="checkbox"/>	If GSA, have you been annexed to the City of Commerce City?
	<input type="checkbox"/>	<input type="checkbox"/>	If no, have you provided a letter from the City of Commerce City indicating that your property is <i>exempt</i> from annexation?
	<input type="checkbox"/>	<input type="checkbox"/>	Are there any wells (Active/Dormant/Domestic/Irrigation/Agricultural/Monitoring) on the property? (If yes, please indicate) _____
	<input type="checkbox"/>	<input type="checkbox"/>	Is there an Individual Sewage Disposal System (ISDS) or Onsite Wastewater System (OWS) on the property? (If yes, the District may review it to determine if the applicant can continue on septic or must abandon and connect to District services.
	<input type="checkbox"/>	<input type="checkbox"/>	Are you planning on re-platting this property?
<input type="checkbox"/>	<input type="checkbox"/>	Has the property been subdivided or re-platted recently either through Adams County or the City of Commerce City? If yes, please provide a date: _____	



# SERVICE APPLICATION

## Part A: General Information

<b>BUSINESS/PROJECT</b>	Account Number _____ (If existing or applicable)			
	Name _____			
	<i>Service Address (Property Address)</i>		<i>Mailing Address (If different from service address)</i>	
	Street _____		Street _____	
	City, State _____		City, State _____	
	Zip Code _____	Unit/Apt/Suite/P O Box _____	Zip Code _____	Unit/Apt/Suite/P O Box _____
Subdivision _____		Filing _____	Block _____	Lot _____

<b>PROPERTY OWNER</b>	Name _____		Title _____	
	Company _____		Unit/Apt/Suite/P O Box _____	
	Street _____		City, State _____	
	Zip Code _____	Telephone _____	Fax _____	
	E-mail _____			

<b>OWNER'S REPRESENTATIVE</b>	Name _____		Title _____	
	Company _____		Unit/Apt/Suite/P O Box _____	
	Street _____		City, State _____	
	Zip Code _____	Telephone _____	Fax _____	
	E-mail _____			

<b>TENANT/LEASEE</b>	Name _____		Unit/Apt/Suite/P O Box _____	
	Street _____		City, State _____	
	Zip Code _____	Telephone _____	Fax _____	
	E-mail _____			



**Part B: Project or Development Type**

<input type="checkbox"/> Land Development Residential Infrastructure	
<input type="checkbox"/> Land Development Commercial Infrastructure	
<input type="checkbox"/> New Commercial Building <input type="checkbox"/> Single Unit Building <input type="checkbox"/> <i>Unknown Tenant</i> <input type="checkbox"/> <i>Known Tenant</i> <input type="checkbox"/> Multiple Unit Bldg.      _____ Units <input type="checkbox"/> <i>Unknown Tenants</i> <input type="checkbox"/> <i>Known Tenants</i> _____ Units      _____ Units	<input type="checkbox"/> Existing Commercial Building <input type="checkbox"/> Single Unit Building <input type="checkbox"/> <i>New Tenant Finish</i> <input type="checkbox"/> <i>Existing Tenant Finish</i> <input type="checkbox"/> <i>New Owner Same Process</i> <input type="checkbox"/> Multiple Unit Bldg.      _____ Units <input type="checkbox"/> <i>New Tenant Finish</i> <input type="checkbox"/> <i>Existing Tenant Finish</i> _____ Unit(s)      _____ Unit(s) <input type="checkbox"/> <i>New Owner Same Process Same Unit(s)</i>
<input type="checkbox"/> Irrigation Only	
<input type="checkbox"/> Fire Line	

**PRODUCT/SERVICE INFORMATION**

<input type="checkbox"/> Assembly <input type="checkbox"/> Food Processing <input type="checkbox"/> Food Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Material Transfer <input type="checkbox"/> Office <input type="checkbox"/> Other _____	<input type="checkbox"/> Plant Wash down <input type="checkbox"/> Professional Service <input type="checkbox"/> Retail Trade <input type="checkbox"/> Vehicle Equipment Wash <input type="checkbox"/> Warehousing <input type="checkbox"/> Wholesale Trade	
<b>Yes</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Have you obtained and attached a plan approval certificate/letter from Tri-County Health Department <b>(Required-<u>Restaurant facilities</u>)</b></p> <p>Have you obtained and provided the current zoning for the entire project? _____</p> <p>Is the property <i>Included</i> in the District (<i>i.e. Does the property receive water or wastewater services from the District or are property taxes being paid to the District on behalf of this property?</i>)?</p> <p>If the project is a portion of a larger improvement district, include a description of the next phase(s) of development below or using additional sheets).</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>



# WATER QUESTIONNAIRE

## DESCRIPTION OF FACILITIES/PROJECT

Please check the appropriate box if the completed and/or existing facility **includes** the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Pumps   | <input type="checkbox"/> Tanks, Vats   |
| <input type="checkbox"/> Fire Sprinkler System                             | <input type="checkbox"/> Chemical Mixing                                     |
| <input type="checkbox"/> Lawn Irrigation System                            | <input type="checkbox"/> Boiler System                                       |
| <input type="checkbox"/> Air Compressor                                    | <input type="checkbox"/> Car Wash  |
| <input type="checkbox"/> Pressure Washers                                  | <input type="checkbox"/> Auxiliary Water Supply                              |
| <input type="checkbox"/> Cooling Systems<br>(water cooled equipment, etc.) | <input type="checkbox"/> More than one business will occupy<br>this facility |

District regulations require that plumbing drawings be submitted along with this completed questionnaire. If professional drawings are not available, a hand drawn site plan will be acceptable provided it includes size and location of water main, connections to water service, sinks and any processes using water - please use graph paper. In addition, all properties served by the District are subject to a cross-connection control inspection. Upon the results of the cross-connection inspection, the contractor/owner will be required to install the appropriate backflow device(s) as required by the District.

**Each backflow prevention device must be tested annually by June 30<sup>th</sup> and results sent to the Klein Water Treatment Plant. Please contact the Water Systems Department at 720.286.0447 with any questions concerning the Cross Connection Control Program.**



# WATER QUESTIONNAIRE

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Fixture values are an amount used by the District to assist in determining the appropriate tap size and ultimately the number of ERUs required.



# WATER QUESTIONNAIRE

Days/Hours of Operation:	<input type="checkbox"/>	Sun	_____	to	_____	No. of personnel at this facility: _____
	<input type="checkbox"/>	Mon	_____	to	_____	
	<input type="checkbox"/>	Tues	_____	to	_____	
	<input type="checkbox"/>	Wed	_____	to	_____	
	<input type="checkbox"/>	Thurs	_____	to	_____	
	<input type="checkbox"/>	Fri	_____	to	_____	
	<input type="checkbox"/>	Sat	_____	to	_____	

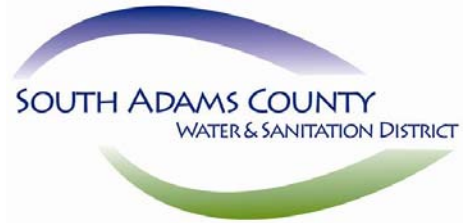
Fixture	Connection	Fixture Value 60 psi	X	No. of Fixtures	=	Fixture Value
Bathtub		8	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Bedpan Washers		10	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Combo Sink & Tray		3	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Dental Unit		2	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Dental Lavatory		2	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Drinking Fountain		2	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Kitchen Fountain	1/2" connection	2.2	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	3/4" connection	7	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Lavatory	3/8" connection	1.5	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	1/2" connection	4	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Laundry Tray	1/2" connection	3	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	3/4" connection	7	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Shower Head (Shower only)		2.5	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Service Sink	1/2" connection	3	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	3/4" connection	7	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Urinal Pedestal	Flush Valve	35	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	Wall Flush Valve	16	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
	Trough (2' Unit)	12	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
Wash Sink (Each set of faucets)		4	X	<input style="width: 40px; height: 20px;" type="text"/>	=	<input style="width: 40px; height: 20px;" type="text"/>
<b>FIXTURE VALUE TOTAL (PAGE 1)</b>						<input style="width: 40px; height: 20px;" type="text"/>



# WATER QUESTIONNAIRE

Fixture	Connection	Fixture Value 60 psi	X	No. of Fixtures	=	Fixture Value
Water Closet	Flush Valve	35	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
Water Closet	Tank Type	4	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
Dishwasher	1/2" connection	2	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
	3/4" connection	10	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
Washing Machine	1/2" connection	6	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
	3/4" connection	12	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
	1" connection	25	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
Hose Connection (Wash Down) 1/2"		5	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
Hose (50' Wash Down)	5/8" connection	9	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
	3/4" connection	12	X	<input style="width: 40px;" type="text"/>	=	<input style="width: 60px;" type="text"/>
<b>FIXTURE VALUE TOTAL (PAGE 2)</b>						<input style="width: 60px;" type="text"/>
<b>FIXTURE VALUE TOTAL (PAGE 1)</b>						<input style="width: 60px;" type="text"/>
<b>COMBINED FIXTURE VALUE TOTAL</b>						<input style="width: 60px;" type="text"/>

ADDITIONAL INFORMATION			
<p><b>IRRIGATION</b></p> <p>Square feet of irrigated area <input style="width: 80px;" type="text"/></p> <p>No. of trees on drip system <input style="width: 80px;" type="text"/></p> <p>No. of shrub on drip system <input style="width: 80px;" type="text"/></p> <p>No. of perennials on drip system <input style="width: 80px;" type="text"/></p>	<p><b>SWIMMING POOLS</b></p> <p>Dimensions/Depth <input style="width: 80px;" type="text"/></p> <p>Rate of fill/GPM <input style="width: 80px;" type="text"/></p> <p><b>CAR WASH</b></p> <p>No. of Wash Bays <input style="width: 80px;" type="text"/></p> <p>Gallons per Minute per Bay <input style="width: 80px;" type="text"/></p>		



# WASTEWATER QUESTIONNAIRE

## SECTION A: GENERAL NOTICE

This questionnaire must be completed and signed by the actual discharger or tenant. A complete set of the District's Industrial Pretreatment Program Rules and Regulations may be obtained from the Industrial Pretreatment Coordinator. Please contact Industrial Pretreatment Department at 303-289-5769 with any questions or concerns.

**DIRECTIONS: All non-residential users of the South Adams County Water and Sanitation District wastewater treatment system are required to submit a completed wastewater questionnaire. Information given in the questionnaire will be used to determine if a wastewater discharge permit is required. The user is required to report in writing any changes in the information contained in the questionnaire or changes in numerical values outside of the ranges stated in the questionnaire within 30 days of occurrence.**

Please return the completed and signed questionnaire along with the remainder of the Service Application to:

Development Review Supervisor  
South Adams County Water and Sanitation District  
10200 E. 102nd Avenue  
Henderson, CO, 80640





# WASTEWATER QUESTIONNAIRE

**This questionnaire must be approved by the Industrial Pretreatment Coordinator before the District will issue the wastewater connection permit.**

A complete set of the District's Industrial Pretreatment Program Rules and Regulations may be obtained from the Industrial Pretreatment Coordinator.

**DIRECTIONS:** All non-residential users of the South Adams County Water and Sanitation District wastewater treatment system are required to submit a completed wastewater questionnaire. Information given in the questionnaire will be used to establish if a wastewater discharge permit is required. The user is required to report in writing any changes in the information contained in the questionnaire or changes in numerical values outside of the ranges stated in the questionnaire within 30 days of occurrence.

Return the completed and signed questionnaire to:

Industrial Pretreatment Coordinator  
South Adams County Water and Sanitation District  
PO Box 597  
Commerce City, Colorado 80037-597

Telephone: 303-289-5769

## Section - A - GENERAL INFORMATION (Please Print)

Account Number: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

**A-1** Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**A-2** Facility Address (if different from mailing address):

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

**A-3** Person(s) to contact concerning this questionnaire:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

**A-4** If multi-unit building, how many units do you have? \_\_\_\_\_, which unit are you? \_\_\_\_



# WASTEWATER QUESTIONNAIRE

## Section B: PRODUCT/SERVICE INFORMATION

**B-1** Check all activities which will occur at your facility:

- |  |   |
|--|---|
| <input type="checkbox"/> Assembly          | <input type="checkbox"/> Plant Wash-down        |
| <input type="checkbox"/> Food Production   | <input type="checkbox"/> Professional Service   |
| <input type="checkbox"/> Food Service      | <input type="checkbox"/> Retail Trade           |
| <input type="checkbox"/> Manufacturing     | <input type="checkbox"/> Vehicle Equipment Wash |
| <input type="checkbox"/> Material Transfer | <input type="checkbox"/> Warehousing            |
| <input type="checkbox"/> Office            | <input type="checkbox"/> Wholesale Trade        |
| <input type="checkbox"/> Other _____       |   |

**B-2** Briefly describe the operations, processes, services performed and the products produced at your facility:

**B-3** List basic materials used in the operation at your facility:

# WASTEWATER QUESTIONNAIRE

**B-4** If your facility expects to employ processes in any of the nationally regulated industrial categories or business activities listed below, please indicate the category or business activity (check all that apply).

- |   |   |
|---|---|
| <input type="checkbox"/> Adhesives                                  | <input type="checkbox"/> Meat Processing                              |
| <input type="checkbox"/> Aluminum                                   | <input type="checkbox"/> Mechanical Products                          |
| <input type="checkbox"/> Asbestos Manufacturing                     | <input type="checkbox"/> Metal Finishing                              |
| <input type="checkbox"/> Auto & Other Laundries                     | <input type="checkbox"/> Metal Molding & Casting (Foundries)          |
| <input type="checkbox"/> Battery Manufacturing                      | <input type="checkbox"/> Non-Ferrous Metals Manufacturing             |
| <input type="checkbox"/> Builders Paper & Board Mills               | <input type="checkbox"/> Non-Ferrous Metals Forming & Powders         |
| <input type="checkbox"/> Carbon Black Manufacturing                 | <input type="checkbox"/> Ore Mining                                   |
| <input type="checkbox"/> Cement Manufacturing                       | <input type="checkbox"/> Organic Chemicals                            |
| <input type="checkbox"/> Coal Mining                                | <input type="checkbox"/> Paint & Ink Formulation                      |
| <input type="checkbox"/> Coil Coating                               | <input type="checkbox"/> Paving & Roofing Materials (Tars & Asphalts) |
| <input type="checkbox"/> Copper Forming                             | <input type="checkbox"/> Pesticide Chemicals                          |
| <input type="checkbox"/> Dairy Products Processing                  | <input type="checkbox"/> Petroleum Refining                           |
| <input type="checkbox"/> Electric & Electronic Components           | <input type="checkbox"/> Pharmaceutical Manufacturing                 |
| <input type="checkbox"/> Electroplating                             | <input type="checkbox"/> Phosphate Manufacturing                      |
| <input type="checkbox"/> Explosives Manufacturing                   | <input type="checkbox"/> Plastics Molding & Forming                   |
| <input type="checkbox"/> Feedlots                                   | <input type="checkbox"/> Porcelain Enameling                          |
| <input type="checkbox"/> Ferro Alloy Manufacturing                  | <input type="checkbox"/> Printing & Publishing                        |
| <input type="checkbox"/> Fertilizer Manufacturing                   | <input type="checkbox"/> Pulp, Paper & Paperboard Manufacturing       |
| <input type="checkbox"/> Fruit & Vegetable Processing Manufacturing | <input type="checkbox"/> Rubber Manufacturing                         |
| <input type="checkbox"/> Foundries                                  | <input type="checkbox"/> Seafood Processing                           |
| <input type="checkbox"/> Glass Manufacturing                        | <input type="checkbox"/> Soaps & Detergents                           |
| <input type="checkbox"/> Grain Mills                                | <input type="checkbox"/> Steam Electric Power Plants                  |
| <input type="checkbox"/> Gum & Wood Chemicals                       | <input type="checkbox"/> Sugar Processing                             |
| <input type="checkbox"/> Ink Foundation                             | <input type="checkbox"/> Textile Mills                                |
| <input type="checkbox"/> Inorganic Chemicals                        | <input type="checkbox"/> Timber Products Processing                   |
| <input type="checkbox"/> Iron & Steel                               | <input type="checkbox"/> Transportation and Equipment Cleaning        |
| <input type="checkbox"/> Leather Tanning & Finishing                | <input type="checkbox"/> Centralized Waste Management                 |



# WASTEWATER QUESTIONNAIRE

List the Standard Industrial Classification (SIC) and/or the North American Industrial Classification System (NAICS) code numbers for all processes at your facility:

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Section C: WATER USE

**C-1** List water sources and approximate range of water usage (check all that apply).

<input type="checkbox"/> South Adams County Water & Sanitation District	_____	to	_____	Gal. per day
<input type="checkbox"/> Private Well(s)	_____	to	_____	Gal. per day
<input type="checkbox"/> Other (specify)	_____	to	_____	Gal. per day

**C-2** List the approximate range of water consumption leaving your facility (check all that apply).

**Estimate/Measured**

<input type="checkbox"/> Sanitary Sewer	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Storm Drain	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contained in Product	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Evaporation	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Waste Hauler*	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leach Field	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> On-site Sludge Storage/Disposal	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>

\* Provide name and address of waste hauler(s) if used:

<b>WASTEHAULER1</b>	Company _____	Unit/Apt/Suite/P O Box _____
	Street _____	City, State _____
	Zip Code _____	Telephone _____
		Fax _____
	E-mail _____	

<b>WASTEHAULER2</b>	Company _____	Unit/Apt/Suite/P O Box _____
	Street _____	City, State _____
	Zip Code _____	Telephone _____
		Fax _____
	E-mail _____	



# WASTEWATER QUESTIONNAIRE

## Section D: WASTEWATER GENERATION

**D-1** List the approximate range of wastewater generation that will be discharged into the sanitary sewer (check all that apply).

Estimate/Measured

<input type="checkbox"/> Domestic Waste	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Non-Contact, Cooling Water	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Contact, Cooling Water	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Boiler/Tower Blow down	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>

Process (specify flow for each process and for each regulated category checked in question B-4) Specify Category:

<input type="checkbox"/> A	_____	_____	t	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> B	_____	_____	o	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> C	_____	_____	t	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rinse & Wash down	_____	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (specify)	_____	_____	to	_____	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

**D-2** Has a Spill Prevention Control and Countermeasure Plan been prepared for the facility? **If yes,** attach a copy of the plan to this questionnaire.

## Section E: FACILITY OPERATION

**E-1** Indicate shifts normally worked each day:

Shift	Sun	Mon	Tues	Wed	Thur	Fri	Sat
1st	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E-2**

**1st Shift**

**2nd Shift**

**3rd Shift**

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Average No. of Employees (Range): \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_



# WASTEWATER QUESTIONNAIRE

**NOTE:** THE FOLLOWING INFORMATION IN THIS SECTION MUST BE COMPLETED FOR EACH PRODUCT LINE.

**E-3** Principal product produced:

**E-4** Raw materials and process additives used:

**E-5** Is discharge from this process during the work shift:  Batch  Continuous  Both

Indicate average number of batches per workday: \_\_\_\_\_

Indicate % batch: \_\_\_\_\_

Indicate % continuous: \_\_\_\_\_

**E-6** Is operation expected to be subject to seasonal variation?  Yes  No

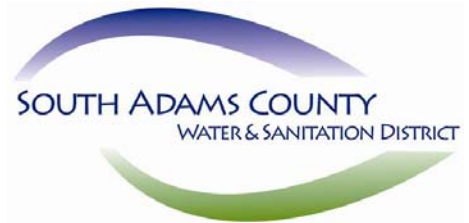
If yes, indicate months of peak operation: \_\_\_\_\_

Indicate period(s) of shutdown: \_\_\_\_\_

**E-7** Are any process changes or expansions planned during the next three years?  Yes  No

If yes, give a brief explanation describing the nature of planned changes or expansions.

# WASTEWATER QUESTIONNAIRE



## Section F: WASTEWATER INFORMATION

**F-1** Indicate pretreatment devices or processes that will be used for treating wastewater or sludge (check as many as appropriate).

- |  |   |
|--|---|
| <input type="checkbox"/> Unknown                       | <input type="checkbox"/> Centrifuge             |
| <input type="checkbox"/> No Pretreatment provided      | <input type="checkbox"/> Chemical Precipitation |
| <input type="checkbox"/> Grease Trap                   | <input type="checkbox"/> Cyclone                |
| <input type="checkbox"/> Sand Trap                     | <input type="checkbox"/> Filtration             |
| <input type="checkbox"/> Oil Separation                | <input type="checkbox"/> Grit Removal           |
| <input type="checkbox"/> Solvent Tank                  | <input type="checkbox"/> Ion Exchange           |
| <input type="checkbox"/> Neutralization, pH Correction | <input type="checkbox"/> Ozonation              |
| <input type="checkbox"/> Chlorination                  | <input type="checkbox"/> Reverse Osmosis        |
| <input type="checkbox"/> Flow Equalization             | <input type="checkbox"/> Screening              |
| <input type="checkbox"/> Air Flotation                 | <input type="checkbox"/> Sedimentation          |
| <input type="checkbox"/> Biological (specify): _____   |   |
| <input type="checkbox"/> Other (specify): _____        |   |

**F-2** Indicate the constituents that are or could be present in the wastewater discharge:

- |  |   |
|--|---|
| <input type="checkbox"/> High pH (caustics, etc.)  | <input type="checkbox"/> Insoluble Substances Heavier than Specific Gravity of 2.65 |
| <input type="checkbox"/> Low pH (acids)  | <input type="checkbox"/> Large Particles that would be Retained on a No. 8 Standard |
| <input type="checkbox"/> Hydrogen Sulfide  | <input type="checkbox"/> Sieve or Particles greater than 2" in Any Dimension        |
| <input type="checkbox"/> Nitrous Oxide   | <input type="checkbox"/> Toxic Gases  |
| <input type="checkbox"/> Chlorine  | <input type="checkbox"/> Chlorine Demand Greater than 15 mg/l                       |
| <input type="checkbox"/> Bromine   | <input type="checkbox"/> Phenols  |
| <input type="checkbox"/> Iodine  | <input type="checkbox"/> Toxic or Irritating Substances                             |
| <input type="checkbox"/> Other Disinfectants   | <input type="checkbox"/> Pesticides   |
| <input type="checkbox"/> Explosive Substances  | <input type="checkbox"/> PCBs   |
| <input type="checkbox"/> Flammable Substances  | <input type="checkbox"/> Radioactive Substances                                     |
| <input type="checkbox"/> High Temperature Waste (above 140 deg. F)   | <input type="checkbox"/> Salt Brines  |
| <input type="checkbox"/> Grease or Oil   | <input type="checkbox"/> Solvents   |
| <input type="checkbox"/> Dissolved Metals such as Arsenic, Beryllium, Cadmium, Chromium, Copper, Iron, Lead, Manganese, Mercury, Nickel, Selenium, Silver and Zinc |   |
| <input type="checkbox"/> Cyanide   |   |



# WASTEWATER QUESTIONNAIRE

## F-3 EPA Priority Pollutant Information:

Please indicate by placing an "X" in the appropriate box by each listed chemical used in your facility or generated as a by-product whether the chemical is **discharged (D)** to the District's sanitary sewer system or is **used but not discharged (ND)** to the District's sanitary sewer system. Some compounds are known by other names. Refer to MSDS sheets for additional information.

### I. METALS & INORGANICS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
1 Antimony	<input type="checkbox"/>	<input type="checkbox"/>	9 Lead	<input type="checkbox"/>	<input type="checkbox"/>
2 Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	10 Mercury	<input type="checkbox"/>	<input type="checkbox"/>
3 Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	11 Nickel	<input type="checkbox"/>	<input type="checkbox"/>
4 Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	12 Selenium	<input type="checkbox"/>	<input type="checkbox"/>
5 Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	13 Silver	<input type="checkbox"/>	<input type="checkbox"/>
6 Chromium	<input type="checkbox"/>	<input type="checkbox"/>	14 Thallium	<input type="checkbox"/>	<input type="checkbox"/>
7 Copper	<input type="checkbox"/>	<input type="checkbox"/>	15 Zinc	<input type="checkbox"/>	<input type="checkbox"/>
8 Cyanide	<input type="checkbox"/>	<input type="checkbox"/>			

### II. PHENOLS & CRESOLS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
16 Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	22 Phenol, 4-dnitro	<input type="checkbox"/>	<input type="checkbox"/>
17 Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	23 Phenol, 2, 4-dnitro	<input type="checkbox"/>	<input type="checkbox"/>
18 Phenol 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	24 Phenol, 2, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>
19 Phenol, 2 trichloro	<input type="checkbox"/>	<input type="checkbox"/>	25 m-cresol p-chloro	<input type="checkbox"/>	<input type="checkbox"/>
20 Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	26 O-cresol, 4, 6-dnitro	<input type="checkbox"/>	<input type="checkbox"/>
21 Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>			

### III. MONOCYCLIC AROMATICS EXCLUDING (PHENOLS, CRESOLS & PHTHALATES)

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
27 Benzene	<input type="checkbox"/>	<input type="checkbox"/>	33 Benzene Hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
28 Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	34 Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>
29 Benzene, 1, 2-dnitro	<input type="checkbox"/>	<input type="checkbox"/>	35 Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>
30 Benzene, 1, 3-dnitro	<input type="checkbox"/>	<input type="checkbox"/>	36 Toluene	<input type="checkbox"/>	<input type="checkbox"/>
31 Benzene, 1, 4-dnitro	<input type="checkbox"/>	<input type="checkbox"/>	37 Toluene, 2,4-dnitro	<input type="checkbox"/>	<input type="checkbox"/>
32 Benzene, 1, 2, 4-dnitro	<input type="checkbox"/>	<input type="checkbox"/>	38 Toluene, 2, 6-dnitro	<input type="checkbox"/>	<input type="checkbox"/>



# WASTEWATER QUESTIONNAIRE



## IV. PCB'S & RELATED COMPOUNDS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
39 PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	43 PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>
40 PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	44 PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>
41 PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	45 PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>
42 PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	46 2-Chloronaphthalene	<input type="checkbox"/>	<input type="checkbox"/>

## V. ETHERS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
47 Ether, bis (chloromethyl)	<input type="checkbox"/>	<input type="checkbox"/>	51 Ether, 4-bromophenyl	<input type="checkbox"/>	<input type="checkbox"/>
48 Ether, bis (chlororthyl)	<input type="checkbox"/>	<input type="checkbox"/>	52 Ether, 4-chlorophenyl	<input type="checkbox"/>	<input type="checkbox"/>
49 Ether, bis (chlorosopropyl)	<input type="checkbox"/>	<input type="checkbox"/>	53 Bis, (2-chloroethoxy) methane	<input type="checkbox"/>	<input type="checkbox"/>
50 Ether, 2-chloroethyl vinyl	<input type="checkbox"/>	<input type="checkbox"/>			

## VI. NITROSAMINES & OTHER NITROGEN CONTAINING COMPOUNDS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
54 Nitrosamine, dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	58 Benzidine, 3, 3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
55 Nitrosamine, diphenyl	<input type="checkbox"/>	<input type="checkbox"/>	59 Hydrazine, 1, 2-diphenyl	<input type="checkbox"/>	<input type="checkbox"/>
56 Nitrosamine, di-n-propyl	<input type="checkbox"/>	<input type="checkbox"/>	60 Acrylonitrile	<input type="checkbox"/>	<input type="checkbox"/>
57 Benzedrine	<input type="checkbox"/>	<input type="checkbox"/>			

## VII. HALOGENATED ALIPHATICS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
61 Methane, brome	<input type="checkbox"/>	<input type="checkbox"/>	74 Ethane, 1, 1, 2-trichloro	<input type="checkbox"/>	<input type="checkbox"/>
62 Methane, chloro	<input type="checkbox"/>	<input type="checkbox"/>	75 Ethane, 1, 1, 2, 1-tetrachloro	<input type="checkbox"/>	<input type="checkbox"/>
63 Methane, di chloro	<input type="checkbox"/>	<input type="checkbox"/>	76 Ethane, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
64 Methane, chlorodibromo	<input type="checkbox"/>	<input type="checkbox"/>	77 Ethane, chloro	<input type="checkbox"/>	<input type="checkbox"/>
65 Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	78 Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
66 Methane, tribromo	<input type="checkbox"/>	<input type="checkbox"/>	79 Ethane, trans-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
67 Methane, trichloro	<input type="checkbox"/>	<input type="checkbox"/>	80 Ethane trichloro	<input type="checkbox"/>	<input type="checkbox"/>
68 Methane, tetra chloro	<input type="checkbox"/>	<input type="checkbox"/>	81 Ethane, tetra chloro	<input type="checkbox"/>	<input type="checkbox"/>
69 Methane, trichlorofluoro	<input type="checkbox"/>	<input type="checkbox"/>	82 Propane 1, 2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
70 Methane, dichloro	<input type="checkbox"/>	<input type="checkbox"/>	83 Propane 2, 4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>
71 Ethane, 1, 1-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	84 Butadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>
			85 Cyclopentadiene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>

# WASTEWATER QUESTIONNAIRE

## VIII. PHTHALATE ESTERS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
86 Phthalate, di-c-methyl	<input type="checkbox"/>	<input type="checkbox"/>	89 Phthalate, di-n-octyl	<input type="checkbox"/>	<input type="checkbox"/>
87 Phthalate, di-n-ethyl	<input type="checkbox"/>	<input type="checkbox"/>	90 Phthalate, bis (2-ethylhexyl)	<input type="checkbox"/>	<input type="checkbox"/>
88 Phthalate, di-n-butyl	<input type="checkbox"/>	<input type="checkbox"/>	91 Phthalate, butyl benzyl	<input type="checkbox"/>	<input type="checkbox"/>

## IX. POLYCYCLIC AROMATIC HYDROCARBONS

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
92 Acenaphthene	<input type="checkbox"/>	<input type="checkbox"/>	100 Chrysene	<input type="checkbox"/>	<input type="checkbox"/>
93 Acenaphthylene	<input type="checkbox"/>	<input type="checkbox"/>	101 Dibenzo Anthracene	<input type="checkbox"/>	<input type="checkbox"/>
94 Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	102 Fluoranthacene	<input type="checkbox"/>	<input type="checkbox"/>
95 Benzo (a) Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	103 Fluorene	<input type="checkbox"/>	<input type="checkbox"/>
96 Benzo (b) flouranthene	<input type="checkbox"/>	<input type="checkbox"/>	104 Indene (1,2,3-cd) Pyrene	<input type="checkbox"/>	<input type="checkbox"/>
97 Benzo (k) flouranthene	<input type="checkbox"/>	<input type="checkbox"/>	105 Naphthalene	<input type="checkbox"/>	<input type="checkbox"/>
98 Benzo (ghi)	<input type="checkbox"/>	<input type="checkbox"/>	106 Phenanthrene	<input type="checkbox"/>	<input type="checkbox"/>
99 Benzo (s) pyrene	<input type="checkbox"/>	<input type="checkbox"/>	107 Pyrene	<input type="checkbox"/>	<input type="checkbox"/>

## X. PESTICIDES

Chemical Compound	(D)	(ND)	Chemical Compound	(D)	(ND)
108 Acrolein	<input type="checkbox"/>	<input type="checkbox"/>	119 Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>
109 Aldrin	<input type="checkbox"/>	<input type="checkbox"/>	120 Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>
110 BHC (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	121 Endosulfan (Sulfate)	<input type="checkbox"/>	<input type="checkbox"/>
111 BHC (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	122 Endrin	<input type="checkbox"/>	<input type="checkbox"/>
112 BHC (Gamma)	<input type="checkbox"/>	<input type="checkbox"/>	123 Endrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>
113 BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	124 Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>
114 Chlorodane	<input type="checkbox"/>	<input type="checkbox"/>	125 Heptachlorepoide	<input type="checkbox"/>	<input type="checkbox"/>
115 DDD	<input type="checkbox"/>	<input type="checkbox"/>	126 Isophrone	<input type="checkbox"/>	<input type="checkbox"/>
116 DDE	<input type="checkbox"/>	<input type="checkbox"/>	127 TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>
117 DDT	<input type="checkbox"/>	<input type="checkbox"/>	128 Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>
118 Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>			

# WASTEWATER QUESTIONNAIRE



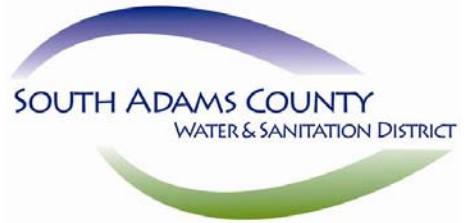
**F-4** List those chemical compounds indicated in the previous question as being discharged and provide the following information. If the concentration is not known, indicate by marking "unknown".

Item No.	Chemical Compound	Known or Suspected Concentration at end of Process Stream or mass Discharge (mg/l or lb/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F-5** If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis, and the location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).



# WASTEWATER QUESTIONNAIRE



## SECTION G: CONFIDENTIALITY

In accordance with 40 CFR part 2, any information submitted to EPA pursuant to these regulations may be claimed as confidential by the submitter. Any such claim must be asserted at the time of submission in the manner prescribed on the application form or instructions, or, in the case of other submissions, by stamping the words "confidential business information" on each page containing such information. If no claim is made at the time of submission, EPA may make the information available to the public without further notice. If a claim is asserted, the information will be treated in accordance with the procedures in 40 CFR part 2 (Public Information).

Information and data provided to the Control Authority pursuant to this part that is effluent data shall be available to the public without restriction (40 CFR 403.14).

## SECTION H: CERTIFICATION

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 (40 CFR 403.6 (a) (2) (ii)).

THIS IS TO BE SIGNED BY AN AUTHORIZED OFFICIAL OF YOUR FIRM **AFTER** COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICIAL

THIS IS TO BE SIGNED BY THE ACTUAL DISCHARGER OR TENANT AFTER COMPLETION OF THIS FORM AND REVIEW OF THE INFORMATION BY THE SIGNING OFFICIAL.

Name: \_\_\_\_\_

(Please Print)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_