



**Wastewater Production:**

Indicate below the operations at your facility which discharge wastes into the sanitary sewer.

- General Cleaning       Machine Operations       High Pressure Cleaning  
 Laundry       Laboratory Practices       Other \_\_\_\_\_

Estimate the average volume of discharge or water loss to the City sanitary sewer: \_\_\_\_\_gpd

Estimate the average volume of discharge or water loss not to the City sanitary sewer:

- Natural Outlet: \_\_\_\_\_gpd      Waste Hauler: \_\_\_\_\_gpd  
 Evaporation: \_\_\_\_\_gpd      Other: \_\_\_\_\_gpd  
 Irrigation: \_\_\_\_\_gpd

Describe any Industrial or Commercial Process wastewater generation at your facility:

**Dental Specific Questions**

Are old amalgams removed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many per week? _____
Are new amalgams installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many per week? _____
Does your facility use an amalgam <b>trap</b> ? (e.g. Chairside)	Yes <input type="checkbox"/> No <input type="checkbox"/>	What type? _____
Does your facility use an amalgam <b>separator</b> ? (e.g. Near Vacuum System)	Yes <input type="checkbox"/> No <input type="checkbox"/>	What type? _____
What does your facility do with waste amalgam?		
Does your facility have X-Ray unit(s) that produce photographic or X-Ray fixer waste?	*Yes <input type="checkbox"/> No <input type="checkbox"/>	*How many? _____
	* Do not list digital X-ray unit(s) that produce no waste	
Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disposal? _____
Does your facility generate medical waste (red or yellow bag)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disposal? _____

**Does a waste hauler pick up any chemicals or liquid wastes from your facility?**

- Yes.** Indicate what is picked up. \_\_\_\_\_  
 **No.**

Type of Wastewater Discharged:

- \_\_\_\_\_ Domestic Wastewater Only (For example: restrooms only)  
 \_\_\_\_\_ Combination of Domestic and Process Wastewater (Industrial or Commercial)

Signature of Facility Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**This Portion for Official City Use Only**

**SIU DETERMINATION:**

Does IU generate more than 25,000 gpd of process wastewater? ( )Yes ( )No

Does IU's process wastestream make up 5 percent of POTW dry weather flow? ( )Yes ( )No

Does EPA classify the IU as a categorical industrial user? ( )Yes ( )No

Does the IU have a reasonable potential for adversely affecting the POTW? ( )Yes ( )No

IU has violated pretreatment standards or requirements? ( )Yes ( )No

Is this company currently classified as an SIU? ( )Yes ( )No

Comments:

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Determination by: \_\_\_\_\_ Date: \_\_\_\_\_