

Wastewater Questionnaire

Name of Firm: _____ Facility Representative: _____
 Address: _____ Representative Title: _____
 Phone No.: _____ Date: _____

General Information:

1. Type of Facility: _____
2. Principal Product or Service: _____
3. Years In Operation (this location): _____
4. Satellite Operations (in City Limits): _____
5. Storm Drains on Property? ()Yes ()No
6. Sanitary Sewer Floor Drains on Site (exclude bathrooms)? ()Yes ()No
7. Manufacturing Conducted on Site? ()Yes ()No
8. Hazardous Chemicals Stored on Site? ()Yes ()No
9. Standard Industrial Classification Code (SIC): _____

Employee Information:

1. Average number of employees per shift: ____1st ____2nd ____3rd
2. Average hours per shift: ____1st ____2nd ____3rd
3. Average work week: 1st shift; Mon Tue Wed Th Fri Sat Sun
 (Please circle days) 2nd shift; Mon Tue Wed Th Fri Sat Sun
 3rd shift; Mon Tue Wed Th Fri Sat Sun

Chemical Inventory: (include additional sheets if necessary)

<u>Material</u>	<u>Quantity</u>	<u>Disposal</u>	<u>Hazardous?</u>
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No

Does a waste hauler pick up any chemicals or liquid wastes?

- Yes. Indicate what is picked up. _____
 No.

Storm Water Discharge:

1. Does this facility have a Surface Water Discharge (SWD) permit that covers storm water discharges?
 Yes No
 If yes, what is the permit number? _____
2. Does this facility have a Storm Water Pollution Prevention Plan (SWPPP)? Yes No

Daily Water Use:

Source of Water: _____ Acct. # _____
 Total Daily Water: _____
 Estimated gallons of Domestic Water (drinking, restrooms, kitchen, etc.): _____
 Estimated gallons of Industrial or Commercial Process Water (cooling water, boiler feed, floor washing, etc.): _____
 Describe Industrial or Commercial Process water usage: _____

Wastewater Production:

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

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Cleaning Solvents | <input type="checkbox"/> Dye/Leak Testing Tanks | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Caustic or Acid Tanks | <input type="checkbox"/> RO or Deionizing Systems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Car Washing | <input type="checkbox"/> Steam Cleaning | <input type="checkbox"/> Surface Prep for Painting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> High Pressure Cleaning | <input type="checkbox"/> Machine Operations | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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

Describe any Non-Sanitary wastewater generation at your facility: _____

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

Catch Basins (Sand Traps and Sand/Oil Interceptors) (if applicable):

Number of Catch Basins: _____

How often are these Catch Basins cleaned? _____

What is done with the waste removed from these Catch Basins? _____

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: _____

Mail Survey to 1017 E Chambers St., SF, SD 57104. Any questions please call 367-8280.

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: _____

Determination by: _____ Date: _____