

Liquid Waste Generator Questionnaire

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

General Information:

1. Type of Facility: _____
2. Principal Product or Service: _____
3. Hazardous Chemicals Stored on Site? ()Yes ()No
4. Are there floor drains in your facility? ()Yes ()No
5. Are chemicals stored within 20 feet of floor drains? ()Yes ()No
 -If Yes, is secondary containment in place? ()Yes ()No Type: _____
6. Is a Spill Kit available? ()Yes ()No Type: _____

Chemical Inventory / Regulated Substances: (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
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No
_____	_____	_____	()Yes ()No

Wastewater Production:

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

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Floor 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"/> Vehicle 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 _____ |

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? _____

Septic and/or Holding Tanks (circle if applicable):

Number of Septic Tanks: _____ How often are the Septic Tanks cleaned? _____
 Number of Holding Tanks: _____ How often are the Holding Tanks cleaned? _____
 What is done with the waste removed from these tanks? _____

Liquid Waste Disposal Practices chosen for your Facility:

Indicate below the Liquid Waste Disposal Practices at your facility:

Part I. (Select only one option)

- We do **NOT** generate any liquid waste (domestic, commercial or industrial) at this facility.
- We do generate liquid waste (domestic, commercial or industrial) at this facility.

Part II. (Select only one option)

- We intend on completing the requirements of the Liquid Waste Control Program and wish to obtain a Permit.
- We have chosen an alternative legal disposal method for our liquid waste (**Describe method below**).
- We have chosen to self-monitor each load of our liquid waste for compliance with local limits.

Describe: _____

Signature of Facility Representative: _____ Date: _____

Mail Survey to 1017 E Chambers St., SF, SD 57104. Any questions please call 367-8276.