**Dental Office Wastewater Questionnaire**

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

### General Information:
1. Type of Facility: ____________________________________________________________
   ________________________________________________________________________
2. Principal Product or Service: __________________________________________________
   ________________________________________________________________________
3. Years in Operation (this location):______________________________________________
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

### 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)

<table>
<thead>
<tr>
<th>Material</th>
<th>Quantity</th>
<th>Disposal</th>
<th>Hazardous?</th>
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</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td>(  )Yes (  )No</td>
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<td>(  )Yes (  )No</td>
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### 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.

- [ ] 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**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>How many per week?</th>
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<tbody>
<tr>
<td>Are old amalgams removed?</td>
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<td></td>
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<tr>
<td>Are new amalgams installed?</td>
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<td>Does your facility use an amalgam trap? (e.g. Chairside)</td>
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<tr>
<td>Does your facility use an amalgam separator? (e.g. Near Vacuum System)</td>
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<tr>
<td>What does your facility do with waste amalgam?</td>
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<tr>
<td>Does your facility have X-Ray unit(s) that produce photographic or X-Ray fixer waste?</td>
<td>*Yes</td>
<td>No</td>
<td>*How many?</td>
</tr>
<tr>
<td>Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste?</td>
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<td>Does your facility generate medical waste (red or yellow bag)?</td>
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</table>

**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: _______________
<table>
<thead>
<tr>
<th>SIU DETERMINATION:</th>
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<tr>
<td>Does IU generate more than 25,000 gpd of process wastewater? (  )Yes (  )No</td>
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<td>Does IU’s process wastestream make up 5 percent of POTW dry weather flow? (  )Yes (  )No</td>
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<td>Does EPA classify the IU as a categorical industrial user? (  )Yes (  )No</td>
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<td>Does the IU have a reasonable potential for adversely affecting the POTW? (  )Yes (  )No</td>
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<td>IU has violated pretreatment standards or requirements? (  )Yes (  )No</td>
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<td>Is this company currently classified as an SIU? (  )Yes (  )No</td>
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<tr>
<td>Comments:</td>
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<td>__________________________________________________________________________</td>
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Determination by: ______________________ Date: ______________________