Wastewater Questionnaire

**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>
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<tr>
<th>Material</th>
<th>Quantity</th>
<th>Disposal</th>
<th>Hazardous?</th>
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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.

- General Cleaning
- Cleaning Solvents
- Dye/Leak Testing Tanks
- Other
- Laundry
- Caustic or Acid Tanks
- RO or Deionizing Systems
- Other
- Car Washing
- Steam Cleaning
- Surface Prep for Painting
- Other
- High Pressure Cleaning
- Machine Operations
- Other
- 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: ______________________

IWS Mail Questionnaire