Veterinary/Medical 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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<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:

IWS - Medical Establishments Please continue on back side of form.
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:

Veterinary/Medical Specific Questions

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<th>Does your facility have an X-Ray unit? If so, how many?</th>
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<td>Does your facility have a silver recovery unit installed to treat photographic or X-Ray fixer waste?</td>
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<td>Please indicate the approximate number per week your office handles:</td>
<td>Patients X-rays Processed Surgeries/Procedures</td>
</tr>
<tr>
<td>Does your facility generate medical waste (red or yellow bag)? If so, how is medical waste disposed?</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: _______________

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

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: ______________________