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)

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

- Floor Cleaning
- Cleaning Solvents
- Dye/Leak Testing Tanks
- Other

- Laundry
- Caustic or Acid Tanks
- RO or Deionizing Systems
- Other

- Vehicle Washing
- Steam Cleaning
- Surface Prep for Painting
- Other

- High Pressure Cleaning
- Machine Operations
- 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.