



# INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form       Renewal Form

## Section: 1

Name of Business: \_\_\_\_\_

Property Address: (street, city, zip) \_\_\_\_\_

Mailing Address: (street, city, zip) \_\_\_\_\_

Contact Person: (Name) \_\_\_\_\_

Contact Person: (Title) \_\_\_\_\_ Phone # \_\_\_\_\_

Facility is: Owned:  Leased:  Home Business:  Other: \_\_\_\_\_

Check the appropriate box's which may apply to your business or give a brief description below of the business products or service's provided;

- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Auto-body   | <input type="checkbox"/> Car Wash    | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Restaurant / Fast Foods   |
| <input type="checkbox"/> Auto-repair | <input type="checkbox"/> Dental      | <input type="checkbox"/> Medical      | <input type="checkbox"/> Screen Printer / Printing |
| <input type="checkbox"/> Auto-sales  | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Office Only  | <input type="checkbox"/> Warehouse / Storage       |
| <input type="checkbox"/> Other       |                                      |                                       |  |

**Required; Brief Description of business:** \_\_\_\_\_

## Section: 2

Average Number of Employees: Day: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Total: \_\_\_\_\_

Types of Waste Water Discharges; other than SANITARY WASTEWATER (restrooms) check the box's below which may apply to your business

- |  |  |
|--|--|
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Equipment Wash Down |
| <input type="checkbox"/> Contact Cooling Water     | <input type="checkbox"/> Boiler Blow Down    |

*Other Discharges; Explain:* \_\_\_\_\_

List Expected Daily Water Use in Gallons Per Day (GPD): \_\_\_\_\_

## Section: 3

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes  No

*If yes, list Standards: Code of Federal Regulations (CFR)* \_\_\_\_\_

Will any chemicals be used or stored on site? Yes  No

*If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs or more on the back of this form.*

Will any hazardous waste be generated at this facility? Yes  No

*If yes, list types on the back of this form.*

*Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100*

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein is true, accurate, and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( FOR C.V.W.R.F. USE ONLY )

Business Classification: ( \_\_\_\_\_ )

Is there a (GOSI) Installed at this location: Yes  No       Is a (GOSI) Needed at this location: Yes  No  Reviewed by: (CV) \_\_\_\_\_ Date: \_\_\_\_\_

## CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

## HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD