

**CITY OF GREELEY**  
**COMMERCIAL / INDUSTRIAL WASTE SURVEY**

**A. GENERAL INFORMATION**

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

Mailing Address \_\_\_\_\_

Address of Premises \_\_\_\_\_

Description of Business \_\_\_\_\_

**B. TYPE OF BUSINESS** (Check **all** that apply):

\_\_\_\_\_ Sales \_\_\_\_\_ Service \_\_\_\_\_ Distribution \_\_\_\_\_ Manufacturing \_\_\_\_\_ Other

**C. TYPE OF WASTEWATER DISCHARGED INTO MUNICIPAL SEWER**

(Check one or both) \_\_\_\_\_ \*Domestic \_\_\_\_\_ Industrial

\*NOTE: “**Domestic**” wastewater includes wastewater produced from the *noncommercial* preparation of food, or wastewater containing only human excrement and similar matter from the sanitary conveniences of dwellings and commercial, industrial, or institutional buildings. All other wastewater should be considered “**industrial.**”

**D. METHOD OF WASTEWATER DISPOSAL** (Check **all** that apply):

\_\_\_\_\_ City Sewer

\_\_\_\_\_ Waste Hauler (this includes sand/oil and grease interceptor waste) – If this is checked, then please complete the following questions:

Are receipts/manifests available? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of the company that hauls the waste:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Recycle water

\_\_\_\_\_ Septic Tank and Leaching – **If only “Septic Tank” is checked, then sign, date, and return form.**

**BRIEF DESCRIPTION OF YOUR BUSINESS ACTIVITY:**

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**E. TYPE OF WASTEWATER DISCHARGED TO THE CITY SANITARY SEWER SYSTEM** (Check all that apply):

- Sanitary waste from bathrooms
- Cleanup waste from floor drains
- Dental waste
- Kitchen waste
- Wastewater from laundry equipment
- Wastewater from dry cleaning equipment
- Wastewater from paint booth(s)
- Wastewater from parts cleaning or preparation
- Wastewater from x-ray / photo finishing equipment
- Wastewater from car wash
- Wastewater from vehicle maintenance
- Boiler / cooling system discharge
- Wastewater from manufacturing processes (describe below):

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**F. DISCHARGE TO SEWER IS:**  Steady  Intermittent

**H. IS THERE A SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN IN EFFECT FOR THIS FACILITY?**  Yes  No

**I. PLEASE DESCRIBE HOW SPILLED CHEMICALS WOULD BE CONTAINED AND DISPOSED OF:**

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**J. HOW ARE OTHER WASTES DISPOSED OF? (Check all that apply)**

	<b>Sewer</b>	<b>Trash</b>	<b>Recycle</b>	<b>Haul</b>	<b>N/A</b>
<b>1. Solid Wastes</b>	_____	_____	_____	_____	_____
<b>2. Oily Wastes</b>	_____	_____	_____	_____	_____
<b>3. Process-generated Sludges</b>	_____	_____	_____	_____	_____
<b>4. Spent Chemicals</b>	_____	_____	_____	_____	_____

**K. CONTACT OFFICIAL:**

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**\*The information contained in this survey is familiar to me, and to the best of my knowledge and belief, such information is true, complete, and accurate.**

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Signature of Official \_\_\_\_\_ Date \_\_\_\_\_