



# Commercial/Industrial Waste Survey

This form must be completed and returned to the CITY OF GREELEY WTRF. Please use additional sheets when necessary to complete any section of this document. For additional copies or information, please visit our website at:

<http://greeleygov.com/services/ws/system/ipp>

## SECTION A – Facility Information

*Facility Name:* \_\_\_\_\_

*Facility Physical Address:* \_\_\_\_\_

*Facility Mailing Address:* \_\_\_\_\_

*Facility Contact Name and Title:* \_\_\_\_\_

*Facility Contact Phone:* \_\_\_\_\_

*Facility Contact Email:* \_\_\_\_\_

## Section B – Facility Specifics

### 1. Type of Business

*Please check all that apply:*

- Sales**      
 **Service**      
 **Distribution**      
 **Manufacturing**      
 **Other**

### 2. Business Activity

*Please provide a brief description of all business activities*

**Section C – Wastewater**

1. Please choose one or both:

**Domestic\***

**Industrial**

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

**STOP!** If your wastewater is **only** “Domestic”, skip to Question 3. Otherwise, please continue.

2. Please indicate **all** types of Industrial wastewater your facility discharges to the City Sewer:

- |   |                          |                                       |                          |
|---|--------------------------|---------------------------------------|--------------------------|
| Cleanup waste from floor drains               | <input type="checkbox"/> | Dental waste                          | <input type="checkbox"/> |
| Food service establishment waste              | <input type="checkbox"/> | Wastewater from laundry equipment     | <input type="checkbox"/> |
| Wastewater from dry cleaning equipment        | <input type="checkbox"/> | Wastewater from paint booth(s)        | <input type="checkbox"/> |
| Wastewater from parts cleaning or preparation | <input type="checkbox"/> | Wastewater from x-Ray/photo finishing | <input type="checkbox"/> |
| Wastewater from car washing                   | <input type="checkbox"/> | Wastewater from vehicle maintenance   | <input type="checkbox"/> |
| Boiler/cooling system discharge               | <input type="checkbox"/> | Other                                 | <input type="checkbox"/> |

a. If other, please describe below.

3. Please indicate **all** methods of Wastewater disposal:

- |               |                          |                          |                          |
|---------------|--------------------------|--------------------------|--------------------------|
| City sewer    | <input type="checkbox"/> | Septic tank and leaching | <input type="checkbox"/> |
| Recycle water | <input type="checkbox"/> | Waste hauler             | <input type="checkbox"/> |
- (includes sand/oil and grease interceptor waste)*

a. If waste hauler, please respond to the following:

Are receipts/manifest available?

Yes

No

Please provide the name and address of the waste hauler:

**STOP!** If your wastewater is disposed of in a "Septic Tank", skip to Section E - Acknowledgement. Otherwise, please continue.

4. Describe the discharge to the City Sewer:

Steady

Intermittent

**Section D – Miscellaneous Waste**

1. Is a Spill Prevention Control Plan in effect for this facility?

Yes

No

2. Describe how spilled chemicals would be contained and disposed of below:

3. Please use the chart below to describe how other wastes are disposed of (Check **all** that apply):

	Sewer	Trash	Recycle	Haul	N/A
Solid Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oily Waste	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process-generated Sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION E – Acknowledgement**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Return the completed form to City of Greeley WTRF via mail to:  
**Wastewater Treatment and Reclamation Facility**  
**Industrial Pretreatment Program**  
 300 East 8th St.  
 Greeley, CO 80631