



INFORMATION ABOUT THE WASTEWATER DISCHARGE QUESTIONNAIRE

Section 12-5-901:A of the Colorado Springs Utilities Wastewater Treatment Code and Part 403(f)(2) of the Code of Federal Regulations require the Industrial Pretreatment Section to assess the operations and discharge practices of Colorado Springs Utilities' industrial customers. This questionnaire must be completed and returned no later than thirty (30) days after receipt.

- The questionnaire must be completed in its entirety. Incomplete questionnaires will not be accepted. If we are unable to obtain a completed questionnaire, we will be required to perform an inspection of your facility.
- The first page of the questionnaire asks for SIC or NAICS codes. "SIC" is an acronym for the **Standard Industrial Classification** that is a four-digit number used for statistical classification by the Federal government. "NAICS" is an acronym for the **North American Industry Classification System**, and is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy. You must provide either the SIC code or NAICS code for your facility.
- Many companies have more than one utility account. For the purpose of this questionnaire, only account(s) with water and sewer charges are necessary. The letters "W" and "S" (as in W1C or S1C) denotes water and sewer accounts on the facility's utility bill.

FAQs

1. *Why did I get this survey?*

As a publically owned wastewater treatment facility, Colorado Springs Utilities is required by the Environmental Protection Agency (EPA), under the enforcement of the Code of Federal Regulations to:

- (a) Identify and locate all possible industrial users which might be subject to our Industrial Pretreatment Program [40 CFR 403.8 (f)(2)(i)];
- (b) Identify the character and volume of pollutants from these users [40 CFR 403.8 (f)(2)(ii)]; and,

- (c) Notify these industrial users of all applicable pretreatment standards [40 CFR 403.8 (f)(2)(iii)]

To meet this requirement, we continuously review our customer base and send surveys to industries which fall into certain categories, or which we feel may have the potential to impact our wastewater treatment plants by way of the waste they discharge to the sanitary sewer system. Commonly, new businesses or businesses that have recently moved to a new location may be asked to complete a survey so that we may keep an inventory of what types of waste we are receiving at our treatment facilities. *Many businesses that have previously completed surveys are asked to complete new surveys every few years so that we may be assured that all of the information submitted in the previous survey is still correct, and that no new operations have commenced since the last survey.*

2. *Who should complete the questionnaire?*

Questionnaires are mailed to the water or sewer billing address; however, they may be completed by the owner of the property, property manager, tenant, or other authorized representative regardless of whether this person primarily works at this facility. The person completing the questionnaire must be knowledgeable enough about the facility and operations to accurately answer all questions. The individual who signs the questionnaire must have the authority to certify the accuracy of any information provided in official documents on behalf of the company.

3. *My facility only has restroom wastewater. Do I still have to complete the questionnaire?*

Yes. The Industrial Pretreatment Section must have completed questionnaires for all facilities of which they have requested so that we may classify the commercial/industrial facilities in our service area.

4. *My water is included in the rent that I pay to my landlord, and I don't know what my consumption is.*

If this is the case, you may be able to ask your landlord for an estimate. If not please provide a rough estimate to the nearest thousand gallons per day.

For any additional questions, please call us at (719) 448-4800 and ask for the Industrial Pretreatment Section. Please mail completed questionnaires to us at the following address:

Colorado Springs Utilities
Industrial Pretreatment Section
701 East Las Vegas Street
Colorado Springs, CO 80903-4348



WASTEWATER DISCHARGE QUESTIONNAIRE

Completed Questionnaire Due Date: _____

For questions regarding this questionnaire, please call (719) 448-4800 and ask for the Industrial Pretreatment Section.

GENERAL INFORMATION:

Date: _____ SIC and/or NAICS Code(s) _____

Company Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Utilities Account No(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Person(s) to be contacted regarding this questionnaire:

Name: _____ Title: _____

Phone: (_____) _____ Email: _____

Name: _____ Title: _____

Phone: (_____) _____ Email: _____

FACILITY OPERATIONS AND WASTEWATER INFORMATION:

1. Check all activities which are or will be present at your facility:

- | | |
|---|---|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Medical Services |
| <input type="checkbox"/> Auto Services | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Food Processing/Service | <input type="checkbox"/> Vehicle/Equipment Wash |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehousing |
| <input type="checkbox"/> Material Transfer/Distribution | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Office (not medical) | |

2. Describe in detail the type of work (service or manufacturing) performed at this location. Include processes, products, services, etc.

3. List the basic materials used, sold, and/or distributed in the operation at your facility. Include base materials and end products.

4. Are there any floor drains in the work or storage areas at your facility: YES NO
If yes, please describe the location (s):

5. Are any liquid wastes, sludges, or other waste materials generated from this facility's processes?

YES NO

6. Are any of the wastes that are generated by this facility's processes, service, or manufacturing activities discharged to the sanitary sewer system?

YES NO

If you do not have a connection to the Colorado Springs Utilities wastewater collection system, how often is your septic/holding tank pumped?

(Please provide waste hauler information on page 6)

7. What chemicals are used in this facility's processes, service, or manufacturing activities?

8. Number of shifts at this facility: _____

Average number of employees per shift: _____ 1st _____ 2nd _____ 3rd

9. Indicate the total daily process (**non-domestic**) wastewater discharge from your facility.

_____ Gallons per _____ Day NONE

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): _____

10. Indicate the overall average water use at this facility.

_____ Gallons per _____ Day

Information Obtained From

- Estimate
- Water bill
- Flow meter or totalizer
- Other source (please specify): _____

11. Are any of the following plans in effect at this facility?

- | | | |
|---|------------------------------|-----------------------------|
| RCRA plan to handle hazardous waste? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Spill prevention plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Closure plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Plan for handling solvents and/or solvent wastes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

12. Below is a list of processes/activities that are either categorically defined and regulated by the US Environmental Protection Agency (EPA) or considered significant by the Colorado Springs Utilities Industrial Pretreatment Section. Do any operations in your facility include any of the following processes or activities?

Yes (check all that apply)

No

- Adhesives
- Airport Deicing
- Aluminum Forming
- Asbestos Manufacturing
- Battery Manufacturing
- Beverage Manufacturing
- Canned & Preserved Fruits & Vegetables
- Canned & Preserved Seafood
- Carbon Black Manufacturing
- Cement Manufacturing
- Coal Mining
- Coil Coating
- Copper Forming
- Dairy Products
- Electrical & Electronic Components
- Electroplating
- Explosives Manufacturing
- Feedlots
- Ferroalloy Manufacturing
- Fertilizer Manufacturing
- Glass Manufacturing
- Grain Mills
- Gum & Wood Chemicals Manufacturing
- Hazardous Waste Combustors
- Hospitals
- Industrial Laundry
- Ink Formulating
- Inorganic Chemicals
- Iron & Steel Manufacturing
- Landfills
- Leather Tanning & Finishing
- Meat Products

- Metal Finishing
- Metal Molding & Casting (Foundry)
- Mineral Mining & Processing
- Nonferrous Metals Forming & Metal Powders
- Nonferrous Metals Manufacturing
- Oil & Gas Extraction
- Ore Mining & Dressing
- Organic Chemicals
- Paint Formulating
- Paving & Roofing Materials
- Pesticide Chemicals
- Petroleum Refining
- Pharmaceutical Manufacturing
- Phosphate Manufacturing
- Photographic or X-ray Processing
- Plastics Manufacturing
- Plastics Molding & Forming
- Porcelain Enameling
- Pulp, Paper & Paperboard
- Rubber Manufacturing
- Soap & Detergent Manufacturing
- Steam Electric Power Generating
- Sugar Processing
- Synthetic Fibers
- Textile Mills
- Timber Products
- Tobacco Products Processing
- Transportation Equipment Cleaning
- Waste Treatment

Describe: _____

13. For each item checked in Question 12, describe the type of wastewater discharged: *Attach additional sheets if needed.*

| Operation / Activity | Description of wastewater discharged from the operation/activity |
|----------------------|--|
| | |
| | |
| | |

14. Do you anticipate any operational or process changes in the future: YES NO
 If yes, please explain:

15. Is any of your wastewater treated prior to discharge to the sanitary sewer? YES NO
 (i.e. interceptors/traps, metals treatment, pH adjustment, filtration, etc.)

If yes, indicate pretreatment devices or processes that are used for treating wastewater. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Air Flotation | <input type="checkbox"/> Neutralization, (pH adjustment) |
| <input type="checkbox"/> Amalgam Separator | <input type="checkbox"/> Oil Separation |
| <input type="checkbox"/> Biological (specify): _____ | <input type="checkbox"/> Ozonation |
| <input type="checkbox"/> Centrifuge | <input type="checkbox"/> Precipitation |
| <input type="checkbox"/> Chlorination | <input type="checkbox"/> Sand Interceptor |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Screening |
| <input type="checkbox"/> Filtration | <input type="checkbox"/> Sedimentation |
| <input type="checkbox"/> Flocculation | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Silver Recovery |
| <input type="checkbox"/> Grease Trap / Interceptor | <input type="checkbox"/> Solvent Separation |
| <input type="checkbox"/> Grit Removal | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Ion Exchange | |

16. Describe the treatment system and/or treatment unit(s):

17. Attach a copy of any chemical analyses performed on your process wastewater flows within the last three (3) years:

Analyses Attached

No Analyses Available

WASTE DISPOSAL:

18. Provide the following information on all waste hauler(s) and or onsite treatment vendor(s) if used (not including typical garbage haulers):

Waste Hauler or On-Site Treatment Vendor #1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Waste Hauler or On-Site Treatment Vendor #2

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Attach additional sheets as needed.

19. What is your RCRA waste generator status?

- Large Quantity Generator
- Small Quantity Generator
- Categorically Exempt Small Quantity Generator
- None

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words "Confidential Business Information" on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

STATEMENT OF CERTIFICATION:

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information:

Signature: _____ Date: _____

Print Name: _____ Title: _____