



4255 N US Highway 85  
 Castle Rock, CO 80108  
 Phone: (303)688-1991  
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## INDUSTRIAL WASTE QUESTIONNAIRE

**Instructions:** For Plum Creek Water Reclamation Authority (PCWRA) to properly evaluate, process, and issue a connection approval, an Industrial Waste Questionnaire must be filled out.

- The Industrial Waste Questionnaire must be signed by an official company representative.
- The form will be returned to you if it is not signed by the proper company official.
- The application fee of **\$100** is due at the time the application is submitted. **Make checks payable to Plum Creek Water Reclamation Authority.**
- For Industrial Waste Questionnaires being submitted in conjunction with a Food Service Questionnaire, a single application fee of \$100 is required. *Applications being submitted at separate times will be assessed a full fee in the amount of \$100 each.*
- Mail application with payment to the address listed above. Application and payment submittals can also be made in person at PCWRA.
- PCWRA will return your application to you if **ANY** section is incomplete. **ALL subsequent application resubmittals will be charged an additional fee of \$100.**

<b>PRINT OR TYPE INFORMATION LEGIBLY</b> <b>ALL SECTIONS MUST BE COMPLETED</b>			
<b>SECTION A: APPLICANT INFORMATION</b>			
<b>1. Company Name:</b>			
<b>2. Company Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; padding: 2px 5px;"><small>Street address</small></td> <td style="border: none; width: 30%; padding: 2px 5px;"><small>City, state, zip</small></td> </tr> </table>	<small>Street address</small>	<small>City, state, zip</small>
<small>Street address</small>	<small>City, state, zip</small>		
<b>3. Telephone Number:</b>			
<b>4. Name of Official:</b>			
<b>SECTION B: PROPOSED OR EXISTING COMMERCIAL OR PRODUCTION FACILITY INFORMATION</b>			
<b>1. Company Name:</b>			
<b>2. Company Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; padding: 2px 5px;"><small>Street address</small></td> <td style="border: none; width: 30%; padding: 2px 5px;"><small>City, state, zip</small></td> </tr> </table>	<small>Street address</small>	<small>City, state, zip</small>
<small>Street address</small>	<small>City, state, zip</small>		
<b>3. Telephone Number:</b>			
<b>SECTION C: PROPERTY OWNER OF THE PROPOSED OR EXISTING FACILITY LOCATION</b>			
<b>1. Company Name:</b>			
<b>2. Company Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; padding: 2px 5px;"><small>Street address</small></td> <td style="border: none; width: 30%; padding: 2px 5px;"><small>City, state, zip</small></td> </tr> </table>	<small>Street address</small>	<small>City, state, zip</small>
<small>Street address</small>	<small>City, state, zip</small>		
<b>3. Telephone Number:</b>			
<b>SECTION D: AUTHORIZED REPRESENTATIVE IN OFFICIAL DEALINGS WITH PCWRA</b>			
<b>1. Name:</b>			
<b>2. Title:</b>			
<b>3. Address:</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 70%; padding: 2px 5px;"><small>Street address</small></td> <td style="border: none; width: 30%; padding: 2px 5px;"><small>City, state, zip</small></td> </tr> </table>	<small>Street address</small>	<small>City, state, zip</small>
<small>Street address</small>	<small>City, state, zip</small>		
<b>4. Telephone Number:</b>			

### SECTION E: FACILITY INFORMATION

1. Provide a brief description of the commercial, manufacturing, or service activities your firm plans to conduct:


2. When did/will the business begin operations? \_\_\_\_\_

3. Business Category: **CHECK ONE**

<input type="checkbox"/> Assembly	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail
<input type="checkbox"/> Auto Services	<input type="checkbox"/> Medical	<input type="checkbox"/> Vehicle/Equipment Wash
<input type="checkbox"/> Dental	<input type="checkbox"/> Office (Not Medical)	<input type="checkbox"/> Warehouse/Storage
<input type="checkbox"/> Food Processing/Service	<input type="checkbox"/> Other (Specify): _____	

4. How many employee shifts expected to be worked per 24 hour day? \_\_\_\_\_

5. How many employees per shift? \_\_\_\_\_

6. Check the days of week this facility will be operating:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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7. List the hours of each shift (include AM and PM):

First Shift	Second Shift	Third Shift
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### SECTION F: PLANT PROCESS CHARACTERISTICS

1. Does your facility involve the use of any of the following? **CHECK YES OR NO**

PROCESSES/ACTIVITIES	Yes	No	PROCESSES/ACTIVITIES	Yes	No
Inks, Dyes or Paints			PCB's & Related Compounds		
Acids			Halogenated Aliphatics		
Solvents or Degreasers			Ethers		
Flammables			Monocyclic Aromatics		
Explosives			Phenols or Cresols		
Corrosives			Phthalate Esters		
Greases or Oils			Polycyclic Aromatic Hydrocarbons		
Pesticides			Nitrosamines		
Herbicides			Nitrogen Containing Compounds		
Metals			Radioactive Isotopes		

2. Does or will the facility generate the following types of wastes?

**CHECK YES OR NO. IF 'YES', INDICATE ESTIMATED GALLONS PER DAY**

YES	NO	WASTE DESCRIPTION	Estimated Gallons/Day
		Domestic Waste (Restrooms, Showers, etc.)	
		Process Waste	
		Equipment / Facility Washdown	
		Boiler / Tower Blowdown	
		Cooling Water, Non-contact	
		Cooling Water, Contact	
		Air Pollution Control Unit	
		Other (Describe)	

3. Do you expect any liquid wastes or sludge from this facility to be disposed of by means other than discharge to the sewage system? Yes No

If Yes, describe how waste is disposed: \_\_\_\_\_

4. These wastes may best be described as:	Estimated Gals or Lbs/Year
Acids / Alkalies	
Heavy Metal Sludge	
Inks / Dyes	
Oil / Grease	
Organic Compounds	
Paints	
Pesticides	
Plating Wastes	
Pretreatment Sludge	
Solvents / Thinners	
Other (Specify)	

5. Briefly describe the production process. Include chemicals, raw materials, process flow schematics, plant layout, etc.  
**Attach additional sheets if necessary.**

6. The production process is: **CHECK ONE**

Batch	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Both	<input type="checkbox"/>
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7. If batch process is used, what is the average number of batches per day?

8. Is production expected to be subject to seasonal variation? Yes No

9. Are there any process changes or expansions planned during the next three years? Yes No

If yes, describe:

10. If your facility expects to employ processes in any of the industrial categories below, place a check beside the category or business activity.

<input type="checkbox"/>	Adhesives and Sealants	<input type="checkbox"/>	Paint and Ink Formulation
<input type="checkbox"/>	Aluminum Forming	<input type="checkbox"/>	Pesticides
<input type="checkbox"/>	Auto and Other Laundries	<input type="checkbox"/>	Petroleum Refining
<input type="checkbox"/>	Battery Manufacturing	<input type="checkbox"/>	Pharmaceutical Preparation
<input type="checkbox"/>	Coal Mining	<input type="checkbox"/>	Photographic Supplies and Equipment
<input type="checkbox"/>	Coil Coating	<input type="checkbox"/>	Plastics and Synthetic Materials Manufacturing
<input type="checkbox"/>	Copper Forming	<input type="checkbox"/>	Plastics Processing
<input type="checkbox"/>	Electric and Electronic Components	<input type="checkbox"/>	Porcelain Enameling
<input type="checkbox"/>	Electroplating	<input type="checkbox"/>	Printing and Publishing
<input type="checkbox"/>	Explosives Manufacturing	<input type="checkbox"/>	Pulp and Paper Mills
<input type="checkbox"/>	Foundries	<input type="checkbox"/>	Rubber Products
<input type="checkbox"/>	Gum and Wood Chemicals	<input type="checkbox"/>	Soaps and Detergent Manufacturing
<input type="checkbox"/>	Inorganic Chemicals Manufacturing	<input type="checkbox"/>	Steam Electric Power Plants
<input type="checkbox"/>	Iron and Steel Manufacturing	<input type="checkbox"/>	Textile Mills
<input type="checkbox"/>	Leather Tanning and Finishing	<input type="checkbox"/>	Timber Products Processing
<input type="checkbox"/>	Mechanical Products Manufacturing	<input type="checkbox"/>	Dairy Products
<input type="checkbox"/>	Nonferrous Metals Manufacturing	<input type="checkbox"/>	Slaughter / Meat Packing / Rendering
<input type="checkbox"/>	Ore Mining	<input type="checkbox"/>	Food / Edible Products Processor
<input type="checkbox"/>	Organic Chemicals Manufacturing	<input type="checkbox"/>	Beverage Bottler

11. For each item checked above, describe the type of wastewater discharged. *Attach additional sheets if needed.*

Operation/Activity	Description of wastewater discharged from the operation/activity.

**SECTION G: SANITARY SEWER AND DISCHARGE LOCATION**

1. Is a Spill Prevention Control Plan prepared for your facility? Yes No  
 If Yes, attach a copy of the Spill Prevention Plan.

2. Does the facility have floor drains? Yes No  
 If Yes, describe locations:

3. Attach a schematic flow diagram, indicating the various processes, with special emphasis on points where specific wastes are produced. Include sewer discharge connection and outlets to open runs or surface waters (be specific).

**SECTION H: PRETREATMENT**

1. Pretreatment devices or processes anticipated to be used for treating wastewater or sludge prior to discharge to the sanitary sewer. (Check all that are applicable)

<input type="checkbox"/>	Air Flotation	<input type="checkbox"/>	Neutralization or Ph Correction
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Ozonation
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Reverse Osmosis
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Screening
<input type="checkbox"/>	Cyclone	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Solvent Distillation
<input type="checkbox"/>	Grease or Oil Separation	<input type="checkbox"/>	Solvent Separation
<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Biological Treatment (Specify)
<input type="checkbox"/>	Grease and Sand Trap	<input type="checkbox"/>	Other Chemical Treatment (Specify)
<input type="checkbox"/>	Grit Removal	<input type="checkbox"/>	Other Physical Treatment (Specify)
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	No Pretreatment Provided

2. Provide names and addresses of contractors that may haul wastes from your site. (Used solvents, oils, dry-cleaning solvents, sludge, etc.)

Company Name	Company Name	Company Name
Street address	Street address	Street address
City, state, zip	City, state, zip	City, state, zip

- If any laboratory analysis has been performed on the wastewater discharge(s) from a similar facility, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, the name of the laboratory performing the analysis, and the location(s) from which sample(s) were taken. Attach sketches, plans, and more as necessary.
- Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

***\*To be signed by an authorized official of the proposed facility***

***\*Connection approval will not be granted unless the FSQ form is signed & dated***

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, including the possibility of a fine and/or imprisonment.

Date:	Title:
Signature of Official:	Printed Name of Official:

**Receipt Information for PCWRA, Office Use Only**

Application Fee \$100 paid in full:	Yes	No	Paid by:
Check Number:	Received by:		Date Received:
Facility Name and Address:			

