City of Montrose Wastewater Questionnaire

The City of Montrose has the responsibility delegated by the United States Environmental Protection Agency to apply and enforce the federally mandated Industrial Pretreatment Program. One part of the program is ***all commercial and industrial users*** have a completed Wastewater Questionnaire on file at the City of Montrose Wastewater Treatment Plant.
We ask that you please take time to complete this questionnaire, sign and return it to us within ten (10) business days. After reviewing this, an appointment may be scheduled for the inspection of your place of business. If you have any concerns, or if you need help filling out this form, please call Pretreatment Coordinator at (970) 240-1451. Thank you for your cooperation.

General Information

1. Business Name: _____
2. Mailing Address: _____
   _____
3. Facility Address: _____
   _____
4. Phone Number: _____
5. Email Address: _____
6. Person to Contact _____Title:_____
7. Responsible Official: _____Title:_____

Product/Service Information

1. Check all activities that may be present at your facility.

[ ] Assembly
[ ] Electroplating
[ ] Flammables, Explosives
[ ] Food Processing, service
[ ] Government
[ ] Laboratory
[ ] Manufacturing
[ ] Laundry
[ ] Medical Care
[ ] Metal Finishing
[ ] Office Unit
[ ] Painting, Stripping or Finishing
[ ] Plant Wash down
[ ] Printing, Photo
[ ] Repair Shop, Garage
[ ] Research
[ ] Retail Trade
[ ] Vehicle, Equip. wash
[ ] Warehousing
[ ] Wholesale Trade
[ ] Other (specify)
_____
_____

2. Please provide a brief description of the operations at this facility:

_____
_____
_____
_____

3. List basic materials used in your product or operation:

_____
_____
_____
_____

Sewer Use

1. Is your daily water usage greater than 25,000 gallons? [ ] Yes [ ] No

2. Will this facility generate any wastewater other than from restrooms, cafeterias, or kitchen areas? [ ] Yes [ ] No

3. Will there be changes proposed which will cause generation of wastewater other than from restrooms, cafeterias, or kitchen areas? [ ] Yes [ ] No

4. Will any liquid wastes or sludge be generated at the facility site? [ ] Yes [ ] No

5. If this is a food service, where is the location of your grease trap?
   _____

6. How often is the removed from the grease trap at this facility?
   Weekly [ ] Monthly [ ] Bi-Monthly [ ] Quarterly [ ] Other [ ]
   If other, please explain_____

7. Does your company remove the grease from your facility? [ ] Yes [ ] No
   If yes, to where?_____

8. Does another company remove the grease from your facility? [ ] Yes [ ] No
   If yes, Name, Address, Telephone number of company
   _____
   _____

Please check the following Items that best describe the waste and quantity that would be discharged from your facility.

Estimated Units Per Month

[ ] Grease _____
[ ] Oil _____
[ ] Waste Solvent _____
[ ] Inks/Dyes _____
[ ] Paints _____
[ ] Thinner _____
[ ] Acids & Alkaline_____
[ ] Plating Wastes_____

[ ] Pretreatment Sludge_____
[ ] Pesticides _____
[ ] Radioactive Wastes _____
[ ] Waste Product _____
[ ] Other_____
_____
_____
_____

9. Does your business seek to discharge these checked wastes to the City Wastewater System? [ ] Yes [ ] No

10. Does your company practice on site disposal of any of these checked wastes?
Yes [ ] No [ ] (specify) _____

11. Does your company remove these checked wastes from the facility?
Yes [ ] No [ ] if yes, to where? _____

12. Does another company remove theses checked wastes from the facility?
Yes [ ] No [ ] if yes, Name, Address, Telephone number of company
_____
_____

13. Are these checked wastes placed with trash for disposal? Yes [ ] No [ ]

14. Have you had any laboratory test of your discharge? Yes [ ] No [ ]
If yes, please attach most recent data. Indicate any anticipated changes in this discharge quality.

Certification

I hereby certify, under penalty of a violation, that the information found in this questionnaire is familiar to me, is complete, and represents an accurate statement of fact to the best of my knowledge.

_____ _____
Name Title

_____ _____
Signature Date