



Please have the tenant complete form.

INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form Renewal Form

Fill out form completely. If a question is not applicable, indicate so on the form. Do not leave blanks.

Section: 1

Name of Business: _____

Property Address: (street, city, zip) _____

Mailing Address: (street, city, zip) _____

Contact Person: (Name) _____

Contact Person: (Title) _____ Email: _____

Business Phone: _____ Mobile Phone: _____

Facility is: Owned: Leased: Home Business: Other: _____

Check the boxes which apply to your business or give a brief description below of the business products or services provided:

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Auto-repair | <input type="checkbox"/> Dental | <input type="checkbox"/> Metal Finishing | <input type="checkbox"/> Screen Printer/ Printing |
| <input type="checkbox"/> Auto-sales | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Pharmaceutical Mfg. | <input type="checkbox"/> Warehouse / Storage |
| <input type="checkbox"/> Car Wash | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Powder Coating | <input type="checkbox"/> Office Only |
| <input type="checkbox"/> Circuit Board Mfg. | <input type="checkbox"/> Medical | <input type="checkbox"/> Restaurant / Fast Foods | <input type="checkbox"/> Other |

Required - Brief Description of business: _____

Section: 2

Average Number of Employees: Day: _____ Afternoon: _____ Night: _____ Total: _____

Wastewater discharge types other than SANITARY WASTEWATER (restrooms). Check all boxes which apply to your business:

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Equipment Wash Down | <input type="checkbox"/> No Discharge other than Sanitary Wastewater |
| <input type="checkbox"/> Contact Cooling Water | <input type="checkbox"/> Boiler Blow Down | <input type="checkbox"/> Other Process Wastewater (describe below) |

List Other Discharges: _____

List Expected Daily Water Use in Gallons Per Day (GPD): _____

Section: 3

List all Standard Industrial Classification (SIC) codes applicable to your business: _____

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes No

If yes, list Standards: Code of Federal Regulations (CFR) _____

Will any chemicals be used or stored on site? Yes No

If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs. or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes No

If yes, list types on the back of this form.

Any questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Signature: _____ Date: _____

CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD

(FOR CVWRF USE ONLY)

Business Classification: (_____) _____

Reviewed by: (CVWRF) _____ Date: _____