

# HIGHLANDS RANCH METRO DISTRICT

## Industrial Waste Questionnaire

- 1) Company/ Owners name, mailing address, city, state, zip code and phone  
 Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_
  
- 2) Proposed Commercial, Production or Manufacturing facility location.  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_
  
- 3) Name of person authorized to represent this facility in official dealings with the District.  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_
  
- 4) Identify the type of business to be conducted (auto repair, machine shop, electroplating, painting, warehousing, printing, meat packing, food processing, etc.)
  
- 5) Provide a brief narrative description of the commercial, manufacturing, production or service activities your firm plans to conduct.

6) Does your activity involve the use of any of the following (Please check the appropriate box Yes, No, or ? for not sure.)

	Yes	No	?		Yes	No	?
Inks, dyes or paints				Polycyclic Aromatic Hydrocarbons			
Solvents or Degreasers				Nitrosamines			
Flammables				Nitrogen Containing Compounds			
Explosives				Radioactive Isotopes			
Corrosives				Halogenated Aliphatics			
Greases or Oils				Ethers			
Pesticides				Monocyclic Aromatics			
Herbicides				Phenols or Cresols			
Metals				Phthalate Esters			
PCB's & related compounds							

7) This facility is expected to generate the following types of waste. (Check all that apply)

	Est. gal per day	Est. gal per day
Domestic waste (restrooms, showers, etc.)		Cooling water, non contact
Process waste		Cooling water, contact
Equipment / Facility washdown		Air pollution control unit
Boiler / Tower Blowdown		Other (describe)

8) 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

9) These wastes may best be described as: Estimated Gallons or Pounds per year Estimated Gallons or Pounds Per year

Acids / Alkalies		Pesticides	
Heavy Metal Sludge		Plating wastes	
Inks / Dyes		Pretreatment sludge	
Oil / Grease		Solvents / Thinners	
Organic Compounds		Other (specify)	
Paints		Other (specify)	

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

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11) Is a Spill Prevention Control Plan prepared for your facility?

Yes \_\_\_ No \_\_\_ If yes, please attaches a copy.

12) Number of employee shifts expected to be worked per 24-hour day \_\_\_\_\_

13) Average number of employees per shift? \_\_\_\_\_

14) Check days of week this facility will be operating.

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday
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15) Hours of each shift (Include AM and PM)

First shift \_\_\_\_\_ Second Shift \_\_\_\_\_ Third Shift \_\_\_\_\_

16) Briefly describe the production process (include chemicals, raw materials, process flow schematics, plant layout, etc. attach additional sheets if necessary.

17) The production process is: (check applicable)

<input type="checkbox"/>	Batch	<input type="checkbox"/>	Continuous	<input type="checkbox"/>	Both
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If batch process, the average number of batches per day \_\_\_\_\_

18) Is production expected to be subject to seasonal variation?

Yes \_\_\_\_ No \_\_\_\_

19) Are there any process changes or expansions planned during the next three years?

Yes \_\_\_\_ No \_\_\_\_

If yes describe. 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 Sealant	<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

20) 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

Chlorination	Screening
Cyclone	Sedimentation
Filtration	Septic Tank
Flow Equalization	Solvent Distillation
Grease or Oil Separation	Solvent Separation
Grease Trap	Biological Treatment (Specify)
Grease and Sand Trap	Other Chemical Treatment (Specify)
Grit Removal	Other Physical Treatment (Specify)
Ion Exchange	No Pretreatment Provided

- 21) If any laboratory analyses have 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, name of the laboratory performing the analysis, and the location(s), from which sample(s) were taken (attach sketches, plans, etc. as necessary).

**HAZARDOUS WASTE DISCHARGE REPORTING NOTIFICATION:** This notification is intended to inform your business of their obligations under 40 CFR Section 403.12(p). These requirements are for the reporting discharges of hazardous waste to the sanitary sewer.

The User shall notify the District, the EPA Regional Waste Management Division Director, and State hazardous waste authorities in writing of any discharge into the sanitary sewer system of a substance, which, if otherwise disposed of, would be a hazardous waste under 40 CFR Part 261. Such notification must include the name of the hazardous waste as set forth in 40 CFR Part 261, the EPA hazardous waste number, and the type of discharge (continuous, batch, or other). The District is requiring this notification for a discharge of hazardous waste to the sanitary sewer system and the report shall be made immediately or immediately of learning of the discharge.

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.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

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 fine and or imprisonment.

Date \_\_\_\_\_

Signature of Official \_\_\_\_\_

Name of Official \_\_\_\_\_

Title \_\_\_\_\_