City of Louisville
COLORADO • SINCE 1878 | Industrial Pretreatment Program

Industrial Waste Survey Form

ATTENTION ALL **COMMERCIAL AND INDUSTRIAL USERS** OF THE CITY'S SEWER SYSTEM

As required by City of Municipal Code 13.32, all commercial and industrial users of the City of Louisville Publicly Owned Treatment Works (POTW) are required to submit a completed Industrial Waste Survey. Information supplied is used to determine whether your company will be required to complete an Industrial Wastewater Discharge Permit Application. Please place all proprietary or confidential information on a separate sheet and label it CONFIDENTIAL. If you have questions please contact the Environmental Compliance Specialist at (303) 335-4785.

This form must be completed and submitted to the City within thirty (30) days of receipt. Respond to:

City of Louisville Industrial Pretreatment Program
Attn: Environmental Compliance Specialist
749 Main St.
Louisville, CO 80027

Email submissions may be sent to: ecs@louisvilleco.gov

Business Information

Company Name _____

Company Address _____

Mailing Address (if different) _____

Products Made or Services Performed _____

I.R.S Employer I.D. # _____

Standard Industrial Classifications (SICs), if known _____

Contact Information

Individual Responsible for Operation of Facility		Individual Providing Information	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	

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Type of Business (please check all that apply)

☐ Assembly	☐ Laboratory	☐ Photo Processing
☐ Automotive Services	☐ Machine Shop	☐ Research
☐ Biotechnology	☐ Manufacturing	☐ Retail
☐ Dental Office	☐ Material Transfer (Distribution)	☐ Vehicle Equipment / Wash
☐ Dry Cleaning / Laundry	☐ Medical Office	☐ Warehousing
☐ Electroplating	☐ Metal Finishing	☐ Wholesale Trade
☐ Flammables / Explosives	☐ Office	☐ Other (specify)
☐ Food Processing	☐ Painting / Stripping / Finishing	
☐ Food Service / Restaurant	☐ Printing	

Does your company engage in food preparation, manufacturing, processing or service[1]? ☐ **Yes** ☐ **No**

If yes, please fill out the Grease Interceptor Sizing Form and attach all required supplemental documentation.

Describe your company's business activities (include raw materials, processes used, products produced)

Does your company generate any wastewater other than from restrooms? ☐ **Yes** ☐ **No**

Does your company generate wastewater from a membrane process [microfiltration (MF), ultrafiltration (UF), nanofiltration (NF), reverse osmosis (RO) and deionization (DI)]? ☐ **Yes** ☐ **No**

If yes, indicate which process(es) are used, volume of wastewater generated (gallons per day) and method of disposal

Membrane Process	Volume of Wastewater Generated	Method of Disposal

[1] Examples include café, fast food outlet, pizza outlet, delicatessen, sandwich shop, coffee shop, animal slaughterhouse, tallow / fat rendering establishment, hide curing establishment, schools, nursing homes, and other establishments capable of discharging fats, oils and grease to the sanitary sewer.

Describe your company's waste streams from business activities, including volume generated and disposal method.

Business Activity	Volume Generated (gallons per day)	Method of Disposal	Waste Stream Characteristics

Is your wastewater treated before it leaves the facility? ☐ **Yes** ☐ **No** ☐ **N/A**

If yes, indicate how it is treated below.

☐ Sand / Sediment Interceptor Hauler? _____ Frequency? _____

☐ Oil / Grease Interceptor Hauler? _____ Frequency? _____

☐ pH Neutralization ☐ Amalgam Recovery ☐ Silver Recovery ☐ Other (describe)

Are there any wastes generated that are not discharged to the sanitary sewer? ☐ **Yes** ☐ **No**

If yes, indicate the waste stream, disposal method and hauling frequency below. Attach additional sheets if necessary.

Waste Stream	Disposal Method / Waste Vendor	Frequency of Pickup / Haul

Do you use or store chemicals or petroleum products in quantities greater than five (5) gallons? ☐ **Yes** ☐ **No**

If yes, list the chemical (including oil, gasoline, detergent), quantity kept on hand and use. Attach MSDS for chemicals.

Chemical	**Quantity**	**Use**

Is there a specific storage place for these chemicals? ☐ Yes ☐ No

If yes, how close is the nearest floor drain? _____ feet

In case of a spill, can the floor drain be isolated? ☐ Yes ☐ No

Do you have spill prevention measures and cleanup procedures in place and posted? ☐ Yes ☐ No

Do hazardous waste notification requirements apply to your business? ☐ Yes ☐ No

Do your business activities involve the use of any of the following? ☐ Yes ☐ No

If yes, complete the table below and attach an MSDS for each chemical identified by name

Chemicals	Yes	No	To the sewer?	If yes, identify chemical by name	Volume to sewer (gallons / day)
Acids					
Corrosion Inhibitors (incl. cooling / boiler systems)					
Corrosives					
Ethers					
Explosives					
Flammables					
Greases / Oils					
Haolgenated Aliphatics (hexane, methane, propane)					
Herbicides					
Inks / Dyes / Paints					
Metals / Inorganics					
Monocyclic Aromatics (benzene, toluene, substituted benzene)					
Nitrogen Containing Compounds (ammonia, nitric acid, etc.)					
Nitrosamines (found in latex, rubber, cosmetic products)					

PCBs and related compounds					
Phenols / Cresols					
Phthalate Esters (plasticizers)					
Polycyclic Aromatic Hydrocarbons (naphthalene, anthracene, phenanthrene)					
Radioactive Isotopes					

Company Representative Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name _____ Title _____

Signature _____ Date _____