



INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form Renewal Form

Section: 1

Name of Business: _____

Property Address: (street, city, zip) _____

Mailing Address: (street, city, zip) _____

Contact Person: (Name) _____

Contact Person: (Title) _____ Phone # _____

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

Check the appropriate boxes which may apply to your business or give a brief description below of the business products or service's provided;

- Auto-body Car Wash Machine Shop Restaurant / Fast Foods
- Auto-repair Dental Medical Screen Printer / Printing
- Auto-sales Dry Cleaner Office Only Warehouse / Storage
- Other

Required; Brief Description of business: _____

Section: 2

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

Types of Waste Water Discharges; other than SANITARY WASTEWATER (restrooms) check the boxes below which may apply to your business:

- Non-Contact Cooling Water Equipment Wash Down
- Contact Cooling Water Boiler Blow Down

Other Discharges; Explain: _____

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

Section: 3

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 reported herein is true, accurate, and complete

Signature: _____ Date: _____

(FOR CVWRF USE ONLY)

Business Classification: (_____)

Is there a (GOSI) Installed at this location: Yes No Is a (GOSI) Needed at this location: Yes No

Reviewed by: (CV) _____ Date: _____



CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD