



City of Prescott Sewer Usage Questionnaire

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

*** 1. Facility Name:**

*** 2. Facility Physical Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

*** 3. Owner Mailing Address:**

Street: _____

City: _____

State: _____

Zip Code: _____

4. Tenant Mailing Address (if applicable):

Street: _____

City: _____

State: _____

Zip Code: _____

*** 5. Facility Phone Number (including area code):**

(XXX) XXX-XXXX

*** 6. Person authorized to represent the facility with official dealings with the City of Prescott:**

Name: _____

Title: _____

Phone Number (including area code): (XXX) XXX-XXXX

* 7. **Email address:**

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 8. What category below best describes the facility?

- Industrial/Manufacturing (Examples: electroplating, pharmaceuticals, paint & ink manufacturing, chemical manufacturing, iron & steel, mining)
- Medical Services (Examples: hospitals, urgent cares, medical offices, dental offices, long-term care facilities, veterinary clinics/hospitals)
- Food Services (Examples: restaurants, educational facilities, grocery stores, delis, coffee shops)
- Vehicle Services (Examples: vehicle repair facilities, vehicle maintenance facilities, tire shops, car washes)
- Waste Hauling
- Dry Cleaning
- None of the above

* 9. What type of waste(s) does the facility generate?

(Check all that apply)

- Sanitary wastewater (i.e., restrooms, showers)
- Non-sanitary wastewater (i.e., discharges to the sewer that differ in quality or quantity from ordinary residential households)
- Waste containing metals
- Waste containing chemicals and/or solvents
- Medical waste
- Fats, oils, and/or greases (i.e., restaurants)
- Sand, grit, and/or gravel
- Detergents and/or cleaners
- Septage, RV waste, and/or other pumped waste
- Stormwater run-off
- Facility or equipment washdown
- Other (please describe below):

* 10. Where are waste(s) disposed of?

(Check all that apply)

- Sanitary sewer
- Stormwater sewer
- Waste haulers
- Evaporation
- Other (please describe below):

* 11. Does the facility have pretreatment devices or on-site treatment processes for wastewater? (i.e., grease trap, grease interceptor, oil/water separator, chemical precipitation)

- Unsure
- No
- Yes (please describe type, size and location):

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

* 12. Indicate the type(s) of services offered at the facility:

(Check all that apply)

- Air Conditioning Repair
- Battery Sales/Repair
- Body Filling
- Brazing
- Brake Repair
- Engine Cleaning/Repair
- Fiber Glassing
- Filter Change
- Fluid Change
- Fuel Dispensing
- Fueling
- Grinding
- Machining
- Paint Stripping
- Painting
- Parts Cleaning
- Radiator Repair
- Sanding
- Tire Sales/Repair
- Transmission Repair
- Engine Tune-up
- Vehicle Washing
- Welding
- Other (please specify)

13. How many service bays are at the facility?

14. Approximately how many vehicles are serviced each day?

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

15. Indicate the type of fixtures at the facility and whether they are plumbed to an interceptor (i.e., grease, solids):

	Number	Plumbed to Interceptor? (Y/N)
Trench Drain	_____	_____
Service Sink	_____	_____
Mop Sink	_____	_____
Floor Drain	_____	_____
Sump	_____	_____
Other	_____	_____

16. Indicate the number of interceptors and associated sizes at the facility (if applicable):

	Number of Units	Size(s) (in gallons)
Grease/Oil Interceptor	_____	_____
Solids Interceptor	_____	_____
Sand/Oil Interceptor	_____	_____
Oil/Water Separator	_____	_____
Other	_____	_____

17. How often are the interceptor(s) cleaned/pumped out (if applicable)?

- Daily
- Weekly
- Monthly
- Quarterly
- Semi-Annually
- Annually
- Varies

18. Provide the following details on interceptors (if applicable):

What company services the unit(s)? _____

Does management observe servicing of the unit(s)? _____

Does servicing entail complete cleaning of the unit(s), not just removing the grease layer? _____

Is the unit(s) refilled with clean water? _____

Is there a maintenance log available for the unit(s)? _____

Please complete the following information regarding your business. Red asterisks indicate questions that must be answered.

19. Indicate the volume of waste per day and disposal method for the following types of waste:

	Waste Volume (gal/day)	Waste Disposal Method
Acids	_____	_____
Used Oil	_____	_____
Used Antifreeze	_____	_____
Used Brake Fluid	_____	_____
Used Transmission Fluid	_____	_____
Used Degreasing Solvent	_____	_____
Radiator Flush Water	_____	_____
Vehicle Wash Water	_____	_____
Gasoline or Diesel Fuel	_____	_____
Grease	_____	_____
Other	_____	_____

* 20. Is waste separated into storage drums?

- Yes
- No
- N/A

* 21. Are waste storage drums labeled?

- Yes
- No
- N/A

* 22. Are waste storage drums placed outside the facility?

- Yes
- No
- N/A

* 23. Are waste storage drums covered?

- Yes
- No
- N/A

* 24. Are waste storage drums located away from storm drains?

- Yes
- No
- N/A

* 25. **Are waste storage drums checked for leaks?**

- Yes
- No
- N/A

* 26. **Are waste storage drums placed inside secondary containment?**

- Yes
- No
- Unsure

* 27. **Does the facility have a Spill Prevention Control and Countermeasure (SPCC) Plan?**

- Yes
- No
- Unsure

* 28. **Does the facility store spill clean-up materials?**

- Yes
- No
- N/A

* 29. **Does the facility use a waste disposal contractor?**

- No
- Yes. Contractor name and phone number:

* 30. **Please read the following statement carefully.**

By entering your name and date below, you certify that you have read the statement and agree with its content.

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document. 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 penalties for submitting false information.

Name: _____

Date: _____