



## 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:**

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**\* 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

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\* 7. **Email address:**

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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. Provide a brief description of the facility. Include information on the products manufactured and/or the industrial activities conducted:

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13. If applicable, provide the Standard Industrial Classification (SIC) code(s) for the facility:

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- \* 14. Does the facility discharge wastewater from any source besides the restrooms?

Yes  No

- \* 15. Is the facility subject to Federal Categorical Pretreatment Standards AND/OR does the facility discharge an average of 25,000 gallons per day or more of wastewater to the sewer system (excluding sanitary wastewater)?

Yes  
 No  
 Unsure

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

\* 16. Provide information on the product(s) manufactured and/or activities conducted at the facility:

(Check all that apply)

- Adhesives
  - Aluminum Forming
  - Batteries
  - Coal Mining
  - Coil Coating
  - Copper Forming
  - Electric & Electrical Components
  - Electroplating
  - Explosives
  - Foundries
  - Inorganic Chemicals
  - Iron & Steel
  - Leather Tanning & Finishing
  - Mechanical Products
  - Metal Finishing
  - Non-ferrous Metals
  - Organic Chemicals
  - Paint & Ink
  - Pesticides
  - Pharmaceuticals & Nutraceuticals
  - Photographic Supplies
  - Rubber
  - Soaps & Detergents
  - Textile Mills
  - Timber
  - None of the Above
  - Other (please describe below):
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Please complete the following information regarding your business. Red asterisks indicate questions that must be answered"

17. Indicate the average water usage at the facility:

	Water Usage (gal/month)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Average Monthly Usage	_____	_____	_____

\* 18. Does the facility have pretreatment equipment?

- Unsure
- No
- Yes - grease trap
- Yes - grease interceptor
- Yes - other (please describe below):  
\_\_\_\_\_

19. Provide the following details on pretreatment equipment (if applicable):

Number of units: \_\_\_\_\_

Size(s) (in gallons): \_\_\_\_\_

Location(s): \_\_\_\_\_

How often is the unit(s) serviced (i.e., pumped out/cleaned)? \_\_\_\_\_

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.

20. Provide the mode for wastewater discharges at the facility:

- Continuous
- Batch (i.e., Intermittent)
- Both Continuous and Batch

21. Continuous Discharge. Provide details on the continuous wastewater discharge (if applicable):

Hours per Day \_\_\_\_\_

Days per Week \_\_\_\_\_

22. Batch Discharge. Provide details on the batch wastewater discharge (if applicable):

	Process	Hours	Volume (gallons)	Rate (gallons per minutes)
Monday	—	—	—	—
Tuesday	—	—	—	—
Wednesday	—	—	—	—
Thursday	—	—	—	—
Friday	—	—	—	—
Saturday	—	—	—	—
Sunday	—	—	—	—

23. Volume. Provide the volume of water per day discharged to the following sources:

	Volume (gallons/day)	Estimated or Measured (E or M)	Method of Estimation or Measurement
Sanitary Sewer	_____	_____	_____
Storm Sewer	_____	_____	_____
Surface Water	_____	_____	_____
Groundwater	_____	_____	_____
Evaporation	_____	_____	_____
Waste Hauler	_____	_____	_____
Other	_____	_____	_____

\* 24. Discharge Characteristics. Indicate pollutants that are known to be present or known to be absent in wastewater discharges:

	Known Present	Known Absent	Unknown
Metals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Polychlorinated Biphenyls (P CBs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volatile Organic Compounds (VOCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Semi-volatile Organic Compounds (SVOCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adhesives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pesticides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbicides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. For the pollutants marked as "Known Present" in the above question, provide more detail if possible (i.e., analyte/chemical name, concentration):

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

\* 26. Does the facility generate hazardous waste?

- Yes - Conditionally Exempt Small Quantity Generator (CESQG)
- Yes - Small Quantity Generator (SQG)
- Yes - Large Quantity Generator (LQG)
- No
- Unsure

\* 27. Are any waste liquids or sludges generated and discharged to a source besides the sanitary sewer?

(If NO, you do not need to answer any other questions on this page. Click 'Next')

- Yes  No

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

	Waste Volume (gal/day)	Waste Disposal Method
Acids and Alkalis	_____	_____
Dyes and Inks	_____	_____
Heavy Metal Sludges	_____	_____
Inorganic Compounds	_____	_____
Oil and Grease	_____	_____
Extra Product	_____	_____
Paints	_____	_____
Pesticides	_____	_____
Petroleum	_____	_____
Sludge	_____	_____
Solvents and Thinners	_____	_____
Used Degreasing Solvent	_____	_____
Other	_____	_____

29. Is waste separated into storage drums?

- Yes  No

30. Are waste storage drums labeled?

- Yes  No  N/A

31. Are waste storage drums placed outside the facility?

- Yes  No  N/A

32. **Are waste storage drums covered?**

- Yes  No  N/A
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33. **Are waste storage drums located away from storm drains?**

- Yes  No  N/A
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34. **Are waste storage drums checked for leaks?**

- Yes  No  N/A
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35. **Are waste storage drums placed inside secondary containment?**

- Yes  No  Unsure
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36. **Does the facility have a Spill Prevention Control and Countermeasure (SPCC) Plan?**

- Yes  No
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37. **Does the facility store spill clean-up materials?**

- Yes  No
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38. **Does the facility use a waste disposal contractor?**

- No  
 Yes. Contractor name and phone number:

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