



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):

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* 12. **Indicate the type of waste the facility accepts:**

(Check all that apply)

- Residential sanitary waste
- Commercial sanitary waste
- Medical facility waste
- Food service facility fats, oils, and greases
- Vehicle service facility waste
- Dry cleaning/laundry waste
- Chemical waste
- Other (please describe below):

13. **Number of loads hauled for disposal per day:**

14. **Average volume hauled for disposal per day (in gallons):**

* 15. **Where does the facility dispose of hauled waste?**

- Sundog WWTP
- Landfill
- Other (please describe below):

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16. **What criteria does the facility use to reject waste?**

- Unusual odor
- Unusual color
- High temperature
- Low/high pH
- Oxidation-reduction potential (ORP)
- None
- Other (please describe below):

17. **Are different types of waste (i.e., food service facility grease, medical waste, sanitary waste) hauled separately or mixed together?**

- Separately
- Mixed together
- Separately and mixed together

Provide percentage that is separated verse mixed:

18. **Does the facility keep records of waste hauling activities?**

- Yes
 - No
-

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

19. Provide the Vehicle Identification Number (VIN), the Arizona Department of Environmental Quality (ADEQ) permit number, and tank capacity for each vehicle that hauls waste:

	VIN	ADEQ Permit Number	Tank Capacity (gallons)
Vehicle #1	—	—	—
Vehicle #2	—	—	—
Vehicle #3	—	—	—
Vehicle #4	—	—	—
Vehicle #5	—	—	—

20. How frequently are vehicles cleaned?

- After each load
- Daily
- Weekly
- Other (please describe below):

21. What type of cleaner is used?

22. Where is vehicle washing water disposed?

- Sanitary sewer
- Storm drain
- City drying beds
- Collected and hauled off-site
- Other (please describe below):

23. Does the facility have a Spill Prevention, Control and Countermeasure (SPCC) plan?

- Yes
- No
- Unsure

24. Does the facility store spill clean-up materials?

- Yes
- No

* 25. **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: _____