



Industrial Pretreatment Program Questionnaire (Short Form)

1. Company Information.

Company Name: _____

Mailing Address: _____

Telephone: _____

Fax: _____

2. Production or facility information (if different than above).

Mailing Address: _____

Telephone: _____

Fax: _____

3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the ECUA Industrial Pretreatment Coordinator.

A.

Name: _____

Title: _____

Telephone: _____

Email: _____

B.

Name: _____

Title: _____

Telephone: _____

Email: _____

4. Identify type of business or services conducted.

5. Describe this company's manufacturing processes, use additional pages if necessary.

6. List Standard Industrial Classification (SIC) code(s) for the facility. Reference <https://www.osha.gov/pls/imis/sicsearch.html> for codes.

7. List number of employees and shift starting times for the facility.

Number of employees:

Starting time:

1st Shift: _____

_____ AM/PM

2nd Shift: _____

_____ AM/PM

3rd Shift: _____

_____ AM/PM

8. Average water use (In gallons per month).

Water Sources: (Check as many as are applicable.)

☐ Private Well: On Property ☐ Yes ☐ No

☐ Municipal Water Utility

☐ Surface Water

☐ Other (Specify) _____

_____ Gallons (Irrigation)

☐ Estimated ☐ Measured

_____ Gallons (well)

☐ Estimated ☐ Measured

_____ Gallons (ECUA)

☐ Estimated ☐ Measured

8. (Continued)

Is the private well used for process water? ☐ Yes ☐ No

Is the private well used for irrigation? ☐ Yes ☐ No

Is the private well shared with other users? ☐ Yes ☐ No

If yes, list the users (not required): _____

9. Check all types of wastewater generated at the facility.

- | | |
|--|--|
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Equipment/Facility Wash-down |
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Air Pollution Control Equipment |
| <input type="checkbox"/> Contact Cooling Water | <input type="checkbox"/> Boiler/Tower Blowdown |
| <input type="checkbox"/> Process Water | <input type="checkbox"/> Stormwater Runoff to Sewer |

Other (Explain): _____

10. This facility discharges to the following (Check all that apply).

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Sanitary Sewer | <input type="checkbox"/> Groundwater |
| <input type="checkbox"/> Storm Sewer | <input type="checkbox"/> Evaporation |
| <input type="checkbox"/> Waste Haulers | |

Other (Explain): _____

_____ Gallons (domestic) ☐ Estimated ☐ Measured

_____ Gallons (industrial) ☐ Estimated ☐ Measured

Independent Sewer Meter? ☐ Yes ☐ No

11. Industry Approval:

Signature of Responsible Official / Date: _____

Print Name of Responsible Official: _____

12. Industrial Pretreatment Approval:

Signature of IP Coordinator / Date: _____

Print Name of IP Coordinator: _____