

# Industrial Pretreatment Program Questionnaire For Commercial / Industrial Businesses



City of Goodyear  
Water Services  
Industrial Pretreatment Program  
Email : Buildingsafety@Goodyearaz.gov and  
IPP@Goodyearaz.gov

The City of Goodyear is required by EPA 40 CFR 403.8 (f) (2) to identify and locate any industrial and commercial facility that may impact the Publicly Owned Treatment Works (POTW). In support of this requirement, the Pretreatment Program uses an Industrial Pretreatment Questionnaire to evaluate the potential for facilities within our service area to impact the POTW.

Information collected by the questionnaire is used in the determination if any industrial or commercial wastewater at the facility could:

- Interfere with daily POTW operations
- Limit the usefulness of biosolids
- Endanger the health or safety of wastewater collection system workers
- Pass through the POTW's treatment process, ultimately harming human health and/or the environment.

If your facility has received a questionnaire, please complete it to the best of your ability. Do not leave any blanks. For questions please call the Pretreatment Program at 623-932-3010. When finished, please mail or fax the completed and signed questionnaire to the address/fax number above.

## SECTION A—GENERAL INFORMATION

1. Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

2. Facility or production information (if different than above):

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

New construction [ ] Existing Business [ ] Tenant Improvement [ ]

3. Name, title, and telephone number of personal authorized to represent this company in official dealings with the Industrial Pretreatment Program (Control Authority):

Name/Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone No. \_\_\_\_\_

Name/Title \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Identify type of business activities or services conducted at this site:

	Restaurant		Bakery		Medical Clinic
	Auto Shop		Deli/Market		Nursing Home
	Car Wash		School		Brewery
	Grocery Store		Salon		Coffee Shop
	Convenient Store		Pet Grooming		Barber/Beauty Shop
	Laundry Mat		Dental Office		Other

Describe other activities not mentioned: \_\_\_\_\_

5. Describe this company's manufacturing processes (if any):

6. List Standard Industrial Classification (SIC) or North American Industry Classification System (NAICS) codes for the facility:

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

# of employees	Start time
1st Shift _____	_____ a.m. / p.m.
2nd Shift _____	_____ a.m. / p.m.
3rd Shift _____	_____ a.m. / p.m.

8. Hours of operation: Su \_\_\_\_ Mon \_\_\_\_ Tue \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_

9. Average water use (in gallons) per month \_\_\_\_\_ Estimated [ ] Measured [ ]

10. Water account number: \_\_\_\_\_

## SECTION B—WASTEWATER INFORMATION

1. Check all types of wastewater generated at the facility:

Domestic	[ ]	Equipment / Facility Wash-Down	[ ]
Non-Contact Cooling Water	[ ]	Air Pollution Control Equipment	[ ]
Contact Cooling Water	[ ]	Boiler / Tower Blow-Down	[ ]
Process Water	[ ]	Storm water Run-Off	[ ]
Food Preparation water	[ ]	Other(s) Explain _____	
		_____	
		_____	

2. Wastewater discharges from the facility go to the following: (check all that apply)

- |                |                          |  |                          |
|----------------|--------------------------|--|--------------------------|
| Sanitary Sewer | <input type="checkbox"/> | Groundwater (dry well, injection well/leach field) | <input type="checkbox"/> |
| Storm Sewer    | <input type="checkbox"/> | Evaporation (basin/pond)                           | <input type="checkbox"/> |
| Waste Haulers  | <input type="checkbox"/> | Other (Explain)                                    | <input type="checkbox"/> |
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3. Does your facility use any of the following to treat wastewater discharges derived from on-site operations and/or activities (check all that apply and list any other treatment and explain).

<input type="checkbox"/>	Sand & oil interceptor	<input type="checkbox"/>	Lint / Hair interceptor
<input type="checkbox"/>	Solids interceptor	<input type="checkbox"/>	Silver recovery
<input type="checkbox"/>	Acid/base neutralization	<input type="checkbox"/>	Grease interceptor
<input type="checkbox"/>	Grease trap	<input type="checkbox"/>	Other pretreatment system - explain

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4. What are the size and/or capacity of any of the previous listed pre-treatment system or equipment used at your facility (ex: 350-gal oil/water separator).

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5. Disclose amount of property plumbing fixtures attached to grease line:

Fixture Count			
<input type="checkbox"/>	3 Comp Sink	<input type="checkbox"/>	Garbage Disposal
<input type="checkbox"/>	Prep Sink	<input type="checkbox"/>	Floor Sink
<input type="checkbox"/>	2 Comp Sink	<input type="checkbox"/>	Floor Drain
<input type="checkbox"/>	Dish Washer	<input type="checkbox"/>	Trench Drain
<input type="checkbox"/>		<input type="checkbox"/>	Mop Sink
<input type="checkbox"/>		<input type="checkbox"/>	Hand Sink
<input type="checkbox"/>		<input type="checkbox"/>	Wok
<input type="checkbox"/>		<input type="checkbox"/>	Other:

6. Are the pre-treatment systems/equipment functioning properly? Yes \_\_\_\_\_ No \_\_\_\_\_ If

“NO”, please explain: \_\_\_\_\_

7. How often are the listed pre-treatment system/equipment serviced or cleaned?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Date(s) of last service for the pre-treatment system/equipment.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACH A COPY OF THE MOST RECENT SERVICE BILL**

9. Name, address and phone number of the business(s) that have serviced your pre-treatment system/ equipment

\_\_\_\_\_

\_\_\_\_\_

## SECTION C—CHEMICAL STORAGE AND WASTE DISPOSAL

1. Attach a diagram showing chemical storage areas and drains leading to the sanitary sewer or storm drain.

2. Describe all precautions taken to prevent accidental discharge of chemicals to the sewer or storm drain (e.g. berms, secondary containment, spill clean-up kits, employee training).

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3. List the type and volume of liquid waste hauled off-site and hauler information.

<u>Type</u>	<u>Volume</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## SECTION D—BACKFLOW PREVENTION

1. How many backflow prevention devices are on sight? \_\_\_\_\_

2. Locations and serial numbers of backflow preventers \_\_\_\_\_

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## SECTION E—CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

Name of Company Official: \_\_\_\_\_

Title of Company Official: \_\_\_\_\_

Signature of Company Official: \_\_\_\_\_

Date: \_\_\_\_\_