ST. VRAIN SANITATION DISTRICT
NON-RESIDENTIAL WASTE SURVEY

1. BUSINESS NAME________________________________________________________
MAILING ADDRESS_____________________________________________________
BUSINESS LOCATION___________________________________________________

INDIVIDUAL RESPONSIBLE FOR OPERATION

Name ___________________________________________________________ Title ___________________________ Phone No. 

INDIVIDUAL PROVIDING INFORMATION

Name ___________________________________________________________ Title ___________________________ Phone No. 

2. TYPE OF BUSINESS
(Please check) MANUFACTURING [ ] DISTRIBUTION [ ] SALES [ ] SERVICE [ ] OTHER [ ]

DESCRIBE YOUR BUSINESS ACTIVITY ___________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

CHECK ALL ACTIVITIES OCCURRING AT YOUR LOCATION

[ ] Centralized Waste Treatment [ ] Mining
[ ] Copper or Aluminum Forming [ ] Non Ferrous Metals Forming
[ ] Chemical Manufacture [ ] Oil & Gas Refining/Extraction
[ ] Electrical Component Assembly or Manufacturing [ ] Pharmaceutical Manufacture
[ ] Electroplating [ ] Painting/Finishing
[ ] Flammables/Explosives Use [ ] Photographic/X-Ray developing
[ ] Glass Manufacture [ ] Porcelain Enameling
[ ] Grain Mills [ ] Printing/Publishing
[ ] Laundry, Commercial [ ] Rubber Processing
[ ] Leather Tanning & Finishing [ ] Smelting/Metal Refining
[ ] Metal Finishing (Including electroless plating, anodizing, coating, chemical etching, etc.) [ ] Steam Power Generation
[ ] Metal Molding and Casting [ ] Timber Products & Processing
[ ] None of the Listed Activities [ ] Transportation Equipment Cleaning
[ ] Trucked/Hauled Waste [ ] Vehicle Repair Shop/Garage
LIST PRINCIPAL PRODUCTS OR SERVICES______________________________

LIST RAW MATERIALS USED ________________________________

LIST PROCESSES INVOLVED ________________________________

STANDARD INDUSTRIAL CLASSIFICATION CODE(S) FOR MANUFACTURING
AND SERVICE INDUSTRIES. ([www.osha.gov/pls/imis/sicsearch.html]) ____________

3. METHOD OF WASTEWATER DISPOSAL:

MUNICIPAL SEWER [ ] SEPTIC TANK [ ] HAUL [ ]

If answer is septic tank, skip to the end of the form, sign, date and return.

TYPE OF WASTEWATER DISCHARGED INTO MUNICIPAL SEWER:

DOMESTIC [ ] INDUSTRIAL [ ]

Note: Domestic wastewater includes wastewater produced from the non-commercial
preparation of food, or wastewater containing only human excrement and similar matter
from the sanitary conveniences of dwellings and commercial, industrial or institutional
buildings. All other wastewater should be considered industrial.

4. DOES YOUR ACTIVITY INVOLVE THE USE OF ANY OF THE FOLLOWING:

<table>
<thead>
<tr>
<th>CHEMICAL</th>
<th>YES</th>
<th>NO</th>
<th>NOT SURE</th>
<th>IF YES, PLEASE IDENTIFY</th>
<th>TO SEWER</th>
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<tbody>
<tr>
<td>Antifreeze/Glycol Compounds</td>
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<td>Greases/ Oils</td>
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<td>Acids/Corrosives</td>
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<td>High Solids Wastes</td>
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<td>Solvents (incl. cleaning solvents)</td>
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<td>Flammables/Explosives</td>
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<td>Pesticides/Herbicides</td>
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<td>Phenols</td>
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<td>Cyanides</td>
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<td>Metals/ Metal Solutions</td>
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<td>Nitrogen Containing Compounds</td>
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<td>Organic Chemicals</td>
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<td>Hazardous Waste Accumulation</td>
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<td>Radioactive Isotopes</td>
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<td>Trucked or Hauled Wastes</td>
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<td>High Temperature Wastes</td>
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5. IF ANY OF THE TABLE CONSTITUENTS ARE DISCHARGED OR PROPOSED TO BE DISCHARGED INTO THE PUBLIC SANITARY SEWER, INDICATE WITH AN (X) IN THE FAR RIGHT HAND TABLE COLUMN. PLEASE USE AN ADDITIONAL SHEET IF MORE SPACE IS NEEDED FOR ANY INFORMATION.

6. DO THE CONTAINERS OF THE SOLUTIONS OR MATERIALS USED IN YOUR MANUFACTURING, CLEANING, OR OTHER OPERATIONS BEAR ANY HAZARD WARNING LABELS? IF SO, PLEASE LIST THE NAME OF SOLUTION OR MATERIAL AND TYPICAL QUANTITIES KEPT ON-SITE.

7. IS YOUR WASTEWATER TREATED BEFORE IT LEAVES YOUR FACILITY BY SEDIMENT INTERCEPTOR, OIL SEPERATOR OR OTHER MEANS? YES NO IF YES, PLEASE DESCRIBE; INCLUDE DIMENSIONS & SITE LOCATION.

8. ARE THERE ANY FLOOR DRAINS IN THE WORK AREA YES NO

9. DO YOU ANTICIPATE ANY FUTURE CHANGES IN OPERATION? YES NO IF YES, PLEASE DESCRIBE.

10. ESTIMATE THE TOTAL WATER USAGE AT YOUR BUSINESS.
    This information is usually available from your water bill. _________________________
    __________________________________________________________________________

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, effluent data provided in this questionnaire shall be available to the public without restriction. Any other information provided may be claimed as confidential by the submitter. Such claim must be asserted at the time of submission by stamping the words “Confidential Business Information” on, or similarly identifying the information claimed as confidential. Requests for confidential treatment of information shall be governed by procedures specified in 40 CFR Part 2.

I HAVE READ THE ENCLOSED INFORMATION AND BELIEVE THAT IT IS ACCURATE AND CORRECT.

NAME_________________________________________ TITLE____________________

SIGNATURE____________________________________ DATE____________________

Return to: St. Vrain Sanitation District 11307 Business Park Circle, Firestone, Colorado 80504 303-682-4692